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**Selling Eggs: The Untold Risks of Donation and Fertility Treatments and Need for Tracking**

**by Tina Stevens, PhD and Diane Beeson, PhD**

DES got 20th century physicians excited about the "tremendous clinical possibilities" of the first synthetic hormone; they routinely placed pregnant women at risk for miscarriage on diethylstilbestrol (DES).  It took decades of exposing 5-10 million women and their offspring to virulent cancers and other reproductive abnormalities, before DES' deadly effects were recognized.  Similarly, millions of women took Hormone Replacement Therapy (HRT) until belated studies revealed HRT's deleterious health effects. Now it's Lupron and fertility drugs.

We are now being tested on history's lessons. The global demand for women's eggs by the fertility and medical research industries is increasing dramatically. To retrieve her eggs, a woman's hormones are whipsawed with one set of powerful synthetic hormones to shut down her ovaries, then another to hyperstimulate them to induce a yield of eggs many times the normal number.  Whether this is done as part of her own fertility treatment, or to donate eggs to another woman, or for medical research, the process is the same.

One of the drugs most commonly used (though not approved for this purpose) is Lupron.  It has been associated with thousands of serious adverse health effects yet remains uninvestigated by the FDA.

Without long-term follow up, it simply is not possible to offer women truly informed consent about the long-term health risks of taking these hormones.  Yet, there is no effort now under way to establish a registry to find out what the long-term health risks are. Why is that?

For a 2000 *Ms. Magazine* article, Ann Pappert interviewed biologist and pioneering fertility expert Jacques Testart. He believed, she reports, that "in ten years there would be an epidemic of premature menopause and reproductive cancers caused by (fertility) drugs... (She) asked why he and other scientists were continuing their work despite these concerns. Testart's answer was chilling," she relates. "Because...we are learning a lot about conception and contraception, and that is the important thing."

But if early researchers were insufficiently concerned, we should be. Consider what happened to magazine editor Liz Tilberis, comedian-actor Gilda Radner, playwright Wendy Wasserstein, and many others who underwent ovarian hyperstimulation and died of cancer in the prime of their lives.  One of the few independent studies that does exist suggests that women who undergo egg retrieval face an increased risk of many forms of [cancer.](http://www.humanebiotech.org/eggdonorsproject.html) Cause and effect has not yet been established in these cases.  But such cases should alert us that before paying women to take potentially harmful hormones, more information is needed.

We have friends who have undergone hyper-stimulation to start or expand their families.  One of us has family members who are the breathing bounty of fertility treatment.  As prochoice feminists, we are not calling for fertility clinics to close up shop.  Nor are we urging women not to donate their eggs for research (although we do think that claims for the imminent cures to come from research cloning - which requires eggs -- deserve a heaping helping of healthy skepticism.)  We are suggesting that before stake-holders get a pass to pay women to take drugs that may cause serious illness and possibly death, long-term, well-controlled, independent studies that will document the health risks should be well underway.   Without these studies, paying women to donate eggs ignores history's sobering lessons.  Additionally, women should be told well in advance of undergoing the procedure, that the long-term health risks are unknown.

Currently, before being informed of even the known risks, potential donors are enticed by financial and emotional appeals through egg broker ads featured in student newspapers, Craigslist, Facebook, etc.  Some ads emphasize altruism, most make a more plainly commercial pitch.  Especially at state universities with their swelling tuition costs and shrinking course offerings, financially strapped students have often already spent the cash in their heads before ever talking to anyone in a white coat who mentions "health risks," even if only to minimize them.  California's new law requiring (unexempted) ads to reference risks has a perfect record of non-compliance.

Even with the ads, it's difficult to get young women to donate eggs.  That explains, in part, why the price for eggs is going up in the western world AND why women in developing countries are increasingly being targeted.

Let's learn from history.  The NIH and the Centers for Disease Control should begin tracking women who have been hyperstimulated so that one day consent will be truly informed.

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