

CURRICULUM VITAE

MRS. VINAY SHARMA MBBS, DCH, FRCOG, PhD, Hon PhD

CONSULTANT in GYNAECOLOGY & REPRODUCTIVE MEDICINE

AFFILIATIONS

LAST FULL-TIME APPOINTMENT (1991-2017)

Consultant Obstetrician & Gynaecologist & HFEA Person Responsible
The Leeds Centre for Reproductive Medicine (LCRM) **(Now Leeds Fertility)**
Seacroft Hospital, Leeds Teaching Hospitals NHS trust
York Road
Leeds LS14 6UH

CURRENT PRACTICE (1991- todate)

Spire Leeds Hospital, Jackson Avenue, Roundhay, Leeds LS8 1NT

WEBSITE

<http://mrsvinaysharma.com>

BIO-DATA:

NAME: SHARMA Vinay

DATE OF BIRTH: 9.3.53

MARITAL STATUS: Married, 2 sons

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REGISTRATION:

- GMC Registration Full: No. 3035566
- National Insurance No. WL 432012C
- Member of British Medical Association
- Fellow of the Royal College of Obstetricians and Gynaecologists: Reg no 11119
- Member of the British Fertility Society

EDUCATION AND QUALIFICATIONS

UNDERGRADUATE HONOURS & DISTINCTIONS

Pre-University examination, 1970

Distinction in Physics & Chemistry

Pre-Medical examination, 1971

1. First in the University among girls
2. Fifth position in the overall honours list
3. Distinction in Physics & Chemistry

First MBBS examination, 1972

1. Silver Medal in Anatomy

2. 2nd Prize in Physiology

Second MBBS examination, 1972

Bronze Medal in Social and Preventive Medicine

Final MBBS examination, 1974

1. College Council Gold Medal for being the best graduate of session 1970-76
2. Certificate of Merit awarded by the University
3. Gold Medal in General Surgery
4. Silver Medal in General Medicine
5. Bronze Medal in Ophthalmology

POSTGRADUATE DEGREES:

FRCOG	Awarded in September 1997
MRCOG	July 1984
DCH	September 1979

Ph.D. (London) November 1995

Title: Endocrine factors affecting the outcome of assisted reproduction.

MEDICO-LEGAL QUALIFICATIONS:

The Cardiff University Bond Solon (CUBS) Expert Witness Civil Certificate (2022)

To complete my Cardiff University Bond Solon (CUBS) [Civil, Criminal, Family] Expert Witness Certificate I have undergone the following Bond Solon expert witness training courses:

- Civil Law and Procedure (2022)
- Excellence in Report Writing (2022)
- Courtroom Skills (2022)
- Cross-Examination Day (2022)



OTHER HONOURS AND DISTINCTIONS:

1. **Yorkshire Woman of the Year** (unsolicited nomination and election) in the Overall and Career category: 1995
2. **Honorary Ph.D.** (Leeds Metropolitan University) Awarded May 1997
3. **Nomination** (unsolicited nomination) Asian Woman of the year (2000)
4. **Independent member of the Board of Governors (Leeds Metropolitan University):** August 1997 to 2007 (10 years of service)

CURRENT PRACTICE:

I am now in full time private practice working as a Consultant in Gynaecology and Reproductive Medicine from the Spire Hospital Leeds.

LAST FULL-TIME APPOINTMENT (1991-2017):

Consultant Obstetrician & Gynaecologist & HFEA Person Responsible
The Leeds Centre for Reproductive Medicine (LCRM) **(Now Leeds Fertility)**
Seacroft Hospital, Leeds Teaching Hospitals NHS trust
York Road
Leeds LS14 6UH

Below I have summarised the key roles I have played in my current post over the last >20 years. Even though I have been active in my academic and research roles throughout my career, I consider myself to be first and foremost **'a service provider'** as an NHS consultant.

During this period whilst public expectations have escalated, the NHS budget has become progressively restricted. As a consequence (quite rightly) there is a progressively increasing emphasis on efficiency, safety and quality of services. There have been several major events such as the Bristol and Alder Hey Enquiries that have had a major impact on practice and regulation of the profession. There has also been a major local incident, leading to international adverse publicity, trust liability for the two affected couples and two children and a national introduction of strict and statutory witnessing procedures.

With a 'hands on approach' at all levels, I actively developed a safe and compliant service at SJUH to start with and have taken the same ethos to The Leeds Centre for Reproductive Medicine at Seacroft Hospital. I have been committed to constant improvement and have adapted with change in regulation, service requirements and society demographics. Even when I see my favoured pathway, I have always sought consensus and am a team player. I also understand the difficulties experienced by professionals in simultaneously meeting all of the demands of the public, the regulating bodies and the trust.

In this environment and with the introduction of GMC validation, it is more important than ever before that both the public's and the professional's safety is protected. I feel that my breadth of experience and ethos enables me to be a safe, fair, problem solving and supportive appraiser.

LAST PRIVATE COLLABORATION (Oct 2017 – March 2018):

For a period of 6 months, I collaborated with the London Women's Clinic, BMI Woodlands Hospital, Darlington and the London Women's Clinic, 112-113 Harley Street, London with a view to risk assessments and HFEA regulatory issues and exploring the feasibility for more substantive collaborative relationship.

EXPERIENCE: During the course of my career, I have fulfilled many roles that could be broadly described in the following categories:

- A. CLINICAL**
 - a. Establishment of services**
 - b. Service Delivery, Administration & Regulation**
 - c. Teaching & Training**
- B. MEDICO-LEGAL**
- C. RESEARCH & PUBLICATIONS**

A. CLINICAL

Prior to the establishment of formal training programmes in RCOG, I was fortunate to have received **dual sub-speciality** training in both **Reproductive and Feto-Maternal Medicine** in the premier institution of that time, the King's College hospital.

In 1991, I was amongst the **first wave of specialist formally trained consultant appointments** in Reproductive medicine.

Since 2005, I have worked as a Consultant Gynaecologist concentrating on benign gynaecology and reproductive medicine at LTHT.

a. Establishment of services

The key features of my career have been the following:

- i. I **pioneered ambulatory ultrasound-based ART** and published on the world's largest series of USS based collection in 1987.
- ii. At the invitation of the **Ministry of Health, Singapore**, I established The Assisted Conception Units at the Singapore General Hospital and Thomson Medical centre in 1987-88.
- iii. I **established and developed The Assisted Conception Unit (ACU)** at SJUH in **1991** and ran this entire service **single-handed from August 1991 - Dec 2009**.

b. Service Delivery, Administration & Regulation

i. As HFEA Person Responsible, I have:

1. **written and inspired almost all of the protocols /operating procedures** for **standardisation** of the service well ahead of practice in other parts of medicine. I have continued to take the lead in doing so at The Leeds Centre for Reproductive Medicine.
2. **developed a risk aware culture and conducted risk managements** in the ACU **several years ahead** of the trust lead developments
3. established **ISO 9001 accreditation** for the clinical service, which is amongst the first of this kind in the trust
4. lead the **annual review, modification and adaptation** of practice to the changing requirements namely **HFEA, RCOG, NICE and European Union Tissue Directive (EUTD)**
5. with local and neighbouring **PCTs and Strategic Health authorities**, I have been involved from inception in the development and subsequent review of the local policies for the assessment and provision of sub-fertility services in the region
6. in mid 1990's, I established direct links with commissioning officers and local consultants in the regions of **South Humber, North Lincolnshire and East Lancashire** winning contracts from other competitive providers in the

North of England. These relationships continue to date and have brought in excess of a £1M annually of extra-contractual income into the trust

7. developed the local **satellite services with the Wakefield centre in Pinderfields** hospital, standardising and developing their secondary service in parallel with us by providing the relevant SOPs, guidance and training to their consultant, nurses and ultra-sonographer
8. assessed, audited, inspected and provided support to other **three satellite services (Bradford, Calderdale, and Isle of Man)** that feed substantial work into the trust. This too was with the provision of or own SOP's patient information, guidance and advice to ensure patient safety and regulatory compliance
9. have written and reviewed most if not all of the **Risks assessments and Management** documents in ACU, at SJUH since early 2000; since merger in 2010 in the LCRM at Seacroft Hospital
10. developed the **custom made LTHT data base with the Informatics personnel (my brain child and intellectual property with the trust in principle)** over 7-8years to provide a Quality Assurance system within the service that provides the trust:
 - a. reassurance that activity is accounted, and trust receives its due remuneration
 - b. that the unit KPI's can be regularly monitored
 - c. that the statutory obligations for electronic data submission to the HFEA can be met
 - d. that the running cost of the database can be minimised by incorporating data input into clinical team's duties
 - e. that the data is as up to date and accurate as possible by enabling real-time and direct input at source
 - f. that the cost of data input errors can be minimised by ensuring that the team leaders have reports generated to appraise and correct their team members
 - g. working relentlessly until regular data reports can be generated from the database with accuracy and errors through incomplete submission can be eliminated
11. developed the **Patient Satisfaction Questionnaire** in early 2000 for continuous and objective patient feedback and for a realistic appraisal of the service by the majority of clients
12. developed a structured protocol for the **training of the junior doctors** in the service

13. developed a **standardised procedure for regular and mandatory audits** for the service with nominated personnel and time lines/schedule for completion so that the unit has demonstrable compliance throughout the year for Unannounced HFEA inspections
- ii. As the Head of Service at SJUH and HFEA-PR at LCRM, I have played a key role in the **design, licensing, establishment and management** of our services. In this:
1. despite a late nomination for leadership in this activity, I ensured that the trust's time lines for **submission of a new licence and the relevant documents** were met. This enabled the service to be opened on time with no inconvenience to the patients and with no financial loss to the trust
 2. in the first 20 years, I may have taken my full complement of **annual leave** in only 2 years. Additionally, despite significant injuries, continuity of service for the patients and activity for the trust has never been disrupted
 3. after merger, In the first 4 years at LCRM, acted as a consistent and dependable figure in the service inputting **250-300hrs each year** over and above those that were recognised by the trust in job plans
 4. in the first 3 years after merger, worked hard **to rectify the significant decline in the unit success rates...** This included:
 5. Laboratory services:
 - a. arranging training in **management of 'clean laboratory'** as per the requisite standards by arranging an educational tour of a Grade A laboratory in the Seacroft blood Bank laboratory
 - b. convincing the embryologists that the laboratory **lighting** needed to be significantly reduced as per peer practice; bulbs and tubes were changed, and windows blackened
 - c. not giving up on the investigation of the source of **fluctuating and 'too low' temperatures** in the laboratory as well as theatre area; the thermostat's recorded range in temperature and frequency of air flow changes between laboratory and theatre were adjusted to minimise damage to the gametes and embryos during transit
 - d. identifying that the **choice of culture medium** was out of step with peer practice and in the course finding that the laboratory was not even using their selected medium as manufacturer's recommendations; arrangements were made to send the two seniors to the manufacturing plant in Denmark for training
 - e. identifying that the 3 yearly **rolling contract of the chosen culture medium** signed by the trust, reporting, discussing and negotiated change to a more suitable medium

- f. facilitating / supporting **peer appraisal of the laboratory practice** by an senior external embryologist and affecting change as per recommendations
 - g. initiating the first two **FET cycle audits**; that changed practice for the service and very substantially improved the unit performance figures
 - h. providing impetus for **reintroduction of vitrification** of mature eggs and embryos using the elsewhere tested and tried '**open system**' as opposed to the previous independently selected and subsequently failed 'closed system'
6. Clinical services:
- a. **retraining the 4th consultant**
 - b. training 3 SSPRs and 5 registrars since 2010 and auditing the practice of all operators in the service
 - c. **auditing** the practice of the **satellite** patients against the primary centre
 - d. introducing **patient specific** and suitably tailored treatment regimens
 - e. introducing **luteal phase monitoring** of at risk patients for OHSS, methods for early identification and treatment
 - f. introducing **step up and down** regimens
 - g. revisiting the **hormonal support in luteal phase** of fresh and FET cycles
 - h. encouraging **training in critical appraisal** of failed cycle parameters at review, learning and rectifying errors for the future
 - i. **standardising documentation** of discussion and recommendation for treatments especially for FET cycles, no of embryos to be thawed and transferred
 - j. **implementing** unit strategy in meeting the **HFEA targets for minimising the risk of multiple pregnancy**
 - k. have developed a **structured process for preparation** in lieu of Unannounced HFEA inspections
 - l. for appropriate devolution of **accountability and responsibility** to the team leaders, I have developed a structured process for documenting recommendations and action points from the **HFEA Inspection Reports**. Such reports have been used to ensure that all action points are delegated with time lines, met and fed into the trust's Divisional Governance groups.

- m. over the years, many of my procedures have been adopted, adapted and promoted to other centres by the HFEA for a national guideline and I have received commendations from HFEA inspectorate
 - i. I have received **commendations** from HFEA
 - ii. I have been an invited member of the **HFEA Licensed Centre's Panel**
 - iii. I have above all been a **compliant and safe** service provider, with no major surgical complications and no major incidents in my watch to date
 - n. I have managed the **stored gametes and embryos** from cancer patients (>200 cases), that were inherited from the LGI unit; which had expired legal duration of storage making their storage illegal. Each of the cases were individually traced via National Tracing Agency and reviewed, corresponded to, or followed up until full compliance was achieved in early 2015
 - o. I have instituted **laboratory, clinic and informatics protocols** for the on-going work of review correspondence and tracing of patients in order to avoid a recurrence of non-compliance with the law
 - p. I have taken steps when required to protect the **trust's reputation**. The last in-depth inspection a number of **major non-compliances and defence of the** were identified by HFEA:
 - i. Only one was clinical; we successfully convinced HFEA to downgrade their assessment, as no specific professional or HFEA guidance had been / is available. In fact, in the end, all they wanted was a '*local risk assessment*' which was completed with the Lead Virologist in the trust, the SOP and the screening policy was suitably amended
 - ii. There were a number of major non-compliances in the laboratory that had not been known to the PR, other consultants or approved by anyone in responsibility. These were rectified and monitoring process instituted
 - iii. The inspection reports are made public and despite our good success rates, there was a risk of disrepute in the press. I acted with evidence to change the tenor of report in order to minimise the adverse impact of non-compliances on the trust's business activity.
7. In the **development of national and regional service**, I have:
- a. been a member- **HFEA Licensed Centre's Panel**
 - b. been an Invited Member of **ESHRE working group** for development of Reproductive Health services for cancer patients

- c. been a Member of **DOH working party** in the development of - Patient Pathway 18 Wk Target-Infertility,
 - d. been an **RCOG Assessor for Failing Services & Doctors**.
 - e. have been a member of the **Strategic Commissioning Group** in the development of Guidelines for Yorkshire and Humber Group guidelines for:
 - i. The -Assessment & Management of subfertility
 - ii. Policies for the Storage of Fertility in Cancer patients
- iii. As a **teacher**, I have had:
- 1. a substantive role in the training of **21 subspecialists** in Benign Gynaecology and Reproductive Medicine (**1 is currently a professor, 1 a Reader in O&G & 18 are NHS Gynae/Repro Med consultants** in the UK).
 - 2. have been the Sub-speciality Training Programme Director in Reproductive medicine at LTHT
 - 3. have been asked to **train HFEA inspectors** in how to meet regulatory requirements from a service provider's view.
- iv. As a **trainer**, I have had:
- 1. I have trained more than 25 middle grade doctors in the sub-speciality of Reproductive Medicine since 1991, many of whom are currently Consultant Sub-specialists in Reproductive Medicine and one is a Professor in Reproductive Medicine.
 - 2. I have supervised many research projects leading to postgraduate degrees in the past, 8 MDs and 2 MSc's
- v. I established and conducted a '**Late Effects Clinic for the Survivors of Cancer**' in collaboration with a Paediatric Oncologist from 2000 to 2017. In this clinic I saw many patients who are in joint care with Paediatric Endocrinologists for conditions that have required '**Induction of Puberty**' and subsequently Hormone Replacement Therapy (HRT).
- vi. **In the course of my daily work, I provide medical and surgical services to many women and men who have been exposed to Chlamydia or another STD in the past.**
- vii. I also work for the RCOG as an assessor for gynaecological and assisted conception services.

B. MEDICO-LEGAL

Ever since my appointment as a Consultant in Obstetrics and Gynaecology (August 1991), I have been regularly asked for advice on medico-legal issues. In line with national service developments around 2005, I stopped active obstetric practice to concentrate on my sub-speciality of Reproductive Medicine and Surgery that included first trimester pregnancy management, but I CONTINUED to provide advanced surgical cover for my obstetric consultant colleagues in keep with the departmental requirements. Since then in my medico-legal work, I have restricted myself in advising regarding gynaecological and reproductive medicine related subjects except when the two are intertwined with an obstetric dimension or implication where I have felt appropriate to advise.

C. RESEARCH & PUBLICATIONS

Even as a full-time NHS consultant, I remained **academically active** and have:

- a. had my research and PHD cited as the **only Prior ART in EU Patent Application for long acting FSH in 2007**
- b. published **79 peer reviewed papers and further 2 are submitted**
- c. raised **research grants worth £664,108 approximately**
- d. supervised **8 post graduate students for an MD & 2 MSc students** with Leeds University
- e. I am a **reviewer for the journals**: The Lancet, Human Reproduction, Human Fertility, European J of O &G

I have been an active **contributor to service developments with funds**:

- f. I contributed 50% to costs of establishing a **Chair in Reprod Biology**, Leeds Univ
- g. As a supra-regional service provider **contribute >£5Million annually to the Trust's budget.**

As a **researcher**: I have had the following **Grants since 2005**:

- a. LRF 1995, 3 years - Cryopreservation of ovarian tissue as a strategy for conserving fertility - with R Gosden and A Rutherford: £91,752
- b. Wellbeing/RCOG 1996, 2 years - Growth and Maturation of human oocytes in vitro - with R Gosden and D Miller: £ 37,164
- c. Serono Laboratories 1995: Grant for the establishment of biochemistry labs in the ACU at St James's : £35,000
- d. Candlelighters research grant 2002, 3 years - Oocyte and ovarian tissue cryopreservation as a means to preserve the fertility of young cancer patients - with Dr H Picton, Dr A Glaser and Mr A Rutherford: £183,751

- e. Ferring Pharmaceuticals 2004: Grant for laboratory developments at ACU, St James's : £30,000
- f. Candlelighters research grant 2005, 3 years - Development and implementation of methods for restoring the fertility of young female cancer patients: £256,441
- g. Organon Pharmaceuticals 2005: Grant to the trust fund for research and educational purposes: £10,000
- h. Founder member of a Working Party for the Establishment of national framework for conservation of fertility for young oncology patients – first national meeting March 06 - funded by The Candlelighters.
- i. 2008: Unrestricted research grant of £10,000 from Nordic Pharma.
- j. 2010: Unrestricted research grant of £10,000 from Nordic Pharma.

Past Collaborative Projects:

- a. Prediction of ovarian function, fertility and menopause after chemotherapy and radiotherapy in childhood and adolescence (in collaboration with paediatric oncologists)
- b. Role of Somatostatin in the human ovary (in collaboration with local endocrinologists).
- c. Regulation of granulosa cell superoxide dismutase activity (in collaboration with local endocrinologists).
- d. A Phase IV, randomised, multicentre study to compare the safety and efficacy of Gonal-F with Metrodin HP to induce superovulation in women undergoing Assisted Conception Techniques.
- e. To study the effect of IVIg administration in patients with a history of recurrent unexplained pregnancy loss (with a local immunologist).
- f. Investigation into the efficacy and safety of the LHRH-antagonist Cetrorelix in women undergoing fertilisation treatment.
- g. The generation of Human Stem Cells: Current Collaborative work with University of Leeds (Dr Helen Picton), York (Professor Henry Leese) and Edinburgh (Professor Austin Smith and Dr Jenny Nicholls).

Recent Collaborative COREC projects:

- a. Gene polymorphisms implicated in fallopian tube disease and patho-physiological effects of chlamydiae infection on the development of the egg in females suffering from infertility : a series of studies completed with Dr Nic Orsi: Subject of a completed MD thesis (Ms Sumita Bhuiya: pass April 2012)

- b. Study of cytokines in the follicular fluids of follicles and their correlation with egg and embryo development: a series of studies in progress in collaboration with Dr Nic Orsi. Subject of an MD thesis (Dr Ellissa Baskind)
- c. Further studies of oxygen stress using NMR in follicular fluids of natural and stimulated cycles (in collaboration with Dr Julie Fisher; PhD student Ms Cassie Macrae)

Currently active / or recently completed Collaborative COREC projects:

- a. Comparison of cytokines in Follicular fluid after various ovarian stimulation regimens in humans and lower mammals (Collaboration with Dr Nic Orsi; MSc student Ms Sarah Field).
- b. Gene polymorphisms in women at risk of ovarian hyperstimulation syndrome (collaboration with Dr Nic Orsi).
- c. A randomised comparative study of various forms of luteal phase support in women after ovarian stimulation for IVF (Dr Nic Orsi & Dr E Baskind).
- d. Multi-centre trial (Principle Investigator; LCRM): Evaluation of non-invasive semen and urine sampling in the assessment of testicular and prostate function and pathology. (Chief Investigator: Prof D Miller, Leeds University).
- e. Multi-centre NIHR funded trial (Principle Investigator; LCRM): Selection of sperm for Assisted Reproductive Treatment by prior hyaluronic acid binding: improving the outcomes of fertility procedures by increasing pregnancy and reducing miscarriage rates. (Chief Investigator: Prof D Miller, Leeds University). This project has been completed and published in the NIHR journal as well as is in the process of being published in The Lancet.
- f. North of England Reproductive medicine Group; Collaboration of ART culture characteristics (specifically culture medium, incubator type, oxygen level and culture duration) within an IVF-treated cohort. (Chief Investigator: Prof Daniel Brison, Manchester University)

PUBLICATIONS

PEER-REVIEW JOURNALS & BOOK CHAPTERS

1. **Sharma V** (1983) Premenstrual Syndrome. International Synopsis, August, P10-11.
2. Pinto Furtado, Bolton AE, Grudzinskas, Chapman MG. Sinosich MJ, **Sharma V** (1984) The development and validation of a radio immunoassay for human pregnancy associated plasma protein A (PAPPA) Asch. Gynecol 236 83.
3. Parsons J, Riddle A, Booker M, **Sharma V**, Goswamy R, Wilson L, Akkermans J, Whitehead M, Campbell S (1985) Oocyte retrieval for in-vitro fertilisation by ultrasonically guided needle aspiration via the urethra. Lancet 1985, i:1076.

4. Riddle AF, **Sharma V**, Goswamy RK, Mason BA, Parsons J. (1985) In-vitro fertilisation and Embryo Transfer as an Outpatient based procedure using ultrasound directed oocyte retrieval. In Proceedings of the Fifth World Congress of Human Reproduction. Athens.
5. **Sharma V**, Campbell S, Mason BA. (1986) Intrauterine and ectopic pregnancy after invitro fertilisation and embryo transfer. The Lancet, 1986: i, 514.
6. **Sharma V**, Riddle A, Ford N, Mason A, Campbell S. (1986) Pregnancy failure in invitro fertilisation. The Lancet, 1986: i; 1391.
7. **Sharma V**, Campbell S, Mason B. Intrauterine and ectopic pregnancy after in-vitro fertilisation. Lancet 1986: i; 514.
8. Cohen J, Avery S, Campbell S, Mason BA, Riddle A, **Sharma V** (1986) Follicular aspiration using a syringe suction system may damage the zona pellucida. J in-vitro Fert Embryo Transfer 3 224.
9. **Sharma V**, Riddle AF, Collins W, Mason BA, Campbell S (1986) Gonadotrophin induced successful follicular development, oocyte recovery, fertilisation and cleavage of embryos in undiagnosed early pregnancy. J In-Vitro Fert Embryo Transfer 4 61-63.
10. Riddle AF, **Sharma V**, Mason BA, Ford NF, Pampiglione J, Parsons JP, Campbell S (1987) Two year's experience of ultrasound directed oocyte retrieval. Fert Steril 48 454.
11. **Sharma V**, Williams J, Collins WP, Riddle AF, Mason BA, Whitehead M (1987) Studies on the measurement and pharmacodynamics of pure follicle-stimulating hormone. Fert Steril 47(2) 244.
12. **Sharma V**, Mason BA, Pinker G, Riddle AF, Pampiglione J, Ford N, Campbell S (1987) Ultrasound guided peritoneal oocyte and sperm transfer. J In-Vitro Fert Embryo Transfer. 4 89-92.
13. **Sharma V**, Williams J, Collins WP, Riddle A, Mason BA, Whitehead M (1987) A comparison of Treatments with exogenous FSH to promote folliculogenesis in patients with quiescent ovaries due to the continued administration of LHRH agonist. Human Reprod 2(7) 553
14. Mason BA, **Sharma V**, Riddle AF, Campbell S. Peritoneal oocyte and sperm transfer (POST). Lancet 1987: i; 386.
15. Pampiglione JS, **Sharma V**, Riddle AF, Mason BA, Campbell S (1988) The effect of cycle length on the outcome of in-vitro fertilisation. Fert Steril 50 603.
16. **Sharma V**, Williams J, Collins WP, Riddle A, Mason BA, Whitehead M (1988) The sequential use of a LH-RH agonist and human menopausal gonadotrophins to stimulate folliculogenesis in IVF patient with resistant ovaries. J IVF & Embryo Transfer 5 38.
17. **Sharma V**, Riddle A, Mason BA, Pampiglione JS, Campbell S (1988) An analysis of factors influencing the establishment of clinical pregnancy in an IVF programme using ultrasound directed trans-abdomino-vesical route for oocyte recovery. Fert and Steril 49 468.

18. **Sharma V**, Mason BA, Riddle AF, Campbell S. Peritoneal oocyte and sperm transfer. *Annals of New York Sciences*. 1988: 541; 767.
19. Riddle AF, Stabile I, **Sharma V**, Grudzinskas JG, Mason BA, Campbell S. Ultrasound in the detection and monitoring of early pregnancy. In *Implantation: Biological and Clinical Aspects*, Eds Chapman M, Chard T and Grudzinskas JG, Springer Verlag 1988, 207.
20. Riddle AF, **Sharma V**, Campbell S (1989) The biochemical and ultrasound diagnosis of ectopic pregnancy in pregnancies established by in vitro fertilisation and embryo transfer. *J Obstet Gynaecol* 10:81.
21. **Sharma V**, Riddle A, Whitehead M, Mason B, Collins WP (1989) Studies on Folliculogenesis after the administration of FSH at different times during the menstrual cycle. *Fertil Steril*. 51(2)
22. **Sharma V**, Pryse-Davies J, Ryder T, Dowsett M, Mason BA, Whitehead M, Campbell S, Collins W (1990) Influence of superovulation on endometrial and embryonic development. *Fertil Steril* 53 001
23. Johnson MR, Okokon E, Collins WP, **Sharma V**, Lightman SL (1991) The effect of human chorionic gonadotrophin and pregnancy on the circulating levels of relaxin. *J Clin Endocrinol Metab*. 72 (5) 1042-7.
24. **Sharma V**, Pampiglione J, Mason BA, Campbell S, Riddle A. (1991) Experience with Peritoneal Oocyte and Sperm Transfer (POST) as an outpatient-based treatment for infertility. *Fertil Steril*. 55 (3): 579-82.
25. **Sharma V**: Transabdominal Oocyte Recovery. In *Textbook of Ultrasound in Obstetrics and Gynaecology*. Eds. Chervanak F, Campbell S. 1992
26. Riddle A, **Sharma V**: Assisted Conception Techniques. In *Textbook of Ultrasound in Obstetrics and Gynaecology*. Eds. Chervanak F, Campbell S. 1992
27. Sharma R, Bromham DR, **Sharma V**: Establishment of pregnancy after removal of sperm antibodies in vitro. *BMJ* 304 (6827): 640, 1992
28. Johnson MR, Bolton VN, Riddle AF, **Sharma V**, Nicolaidis K, Grudzinskas JG, Collins WP. (1993) Interactions between the embryo and corpus luteum. *Hum Reprod* 8 (9) 1496-501.
29. Johnson MR, Riddle AF, Grudzinskas JG, **Sharma V**, Collins WP, Nicolaidis KH. (1993) Reduced circulating placental protein concentrations during the first trimester are associated with preterm labour and low birth weight. *Hum Reprod*. 8 (11) 1942-7.
30. Johnson MR, Riddle AF, Irvine R, **Sharma V**, Collins WP, Nicolaidis KH, Grudzinskas JG. (1993) Corpus luteum failure in ectopic pregnancy. *Hum Reprod*. 8 (9) 1491-5.

31. Johnson MR, Riddle AF, Grudzinskas JG, **Sharma V**, Collins WP, Nicolaides KH. (1993) The role of trophoblast dysfunction in the aetiology of miscarriage. *Br J Obstet Gynaecol.* 100 (4) 353-9.
32. Johnson MR, Riddle AF, Grudzinskas JG, **Sharma V**, Campbell S, Collins WP, Lightman SL, Mason B, Nicolaides KH. (1993) Endocrinology of in-vitro fertilization pregnancies during the first trimester. *Hum Reprod.* 8 (2) 316-322.
33. Johnson MR, Riddle AF, **Sharma V**, Collins WP, Nicolaides KH, Grudzinskas JG. (1993) Placental and ovarian hormones in anembryonic pregnancy. *Hum Reprod* 8 (1) 112-5.
34. Sharif K, Kaufmann S & **Sharma V** (1994) Heterotopic pregnancy obtained after in-vitro fertilization and embryo transfer following bilateral total salpingectomy: case report. *Hum Reprod.* 9 (10) 1966-7.
35. Sharif K & **Sharma V** (1994) Ectopic pregnancy: are biochemical tests at all helpful? *Br J Obstet Gynaecol.* 1994 Feb;101(2):179-80.
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There are several hundred posters and co-authored as well as presented oral abstracts that in the interest of brevity have not been listed here.