

Vth REPRODUCTIVE MEDICINE & SURGERY SOCIETY CONGRESS

28 - 31 October 2015
Cornelia Diamond Resort
Belek, Antalya



Reproductive Medicine and Surgery Society

12:45 PM - 1:45 PM		
1:45 PM - 3:15 PM		DATABASE CONSENSUS IN IVF
	<i>Moderators:</i>	<i>Yaprak Üstün, Gürkan Uncu, Serdar Günalp, Bayak Balaban, Ümit Göktoğa</i>
1:45 PM - 2:05 PM	<i>Markus Kupka</i>	Differences in ART Registries Between USA and Europe
2:05 PM - 2:25 PM	<i>Markus Kupka</i>	Trends and Changes in the European IVF Data Collection
2:25 PM - 2:45 PM	<i>Timur Gürkan</i>	IVF Data Collecting in Europe and Turkey: Difficulties and Advices For Solutions
2:45 PM - 3:05 PM	Ministry of Health Representative <i>Prof. Mehmet Zafer Kalaycı</i>	
3:05 PM - 3:15 PM		Discussion

THE FIRST MEETING
OF THE EUROPEAN SOCIETY
OF HUMAN REPRODUCTION
AND EMBRYOLOGY

BONN, GERMANY
June 23-26, 1985

KUPKA, M.

FRG

JUNE 26 - DAY 8 / ROOM 1 (MORNING)

X 08:30-09:00 ETHIC IN REPRODUCTION
Chairman: S.D. Swann (United Kingdom)
Discussion: S. Christian (FRG), W. Straus (Germany), J. G. Lee (France)

09:30-10:30 1. Genetic fertilization, J. G. Swann (United Kingdom)
2. Research programs, F. Sauer (Germany)

10:30-11:00 Coffee

11:30-11:30 3. The clinical results of IVF, Klaus Glander
11:30-11:30 Discussion
Lecture to all other

12:30-14:00 POSTER DISCUSSIONS in Room

JUNE 24 - DAY 6 / ROOM 1 AFTERNOON	JUNE 25 - DAY 7 / ROOM 1 MORNING	JUNE 26 - DAY 8 / ROOM 1 AFTERNOON
<p>14:30-15:30 Symposium Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p> <p>15:30-16:30 Symposium of the authors Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p>	<p>08:30-09:00 ETHIC IN REPRODUCTION Chairman: S. Swann (Germany) Discussion: S. Christian (FRG), W. Straus (Germany), J. G. Lee (France)</p> <p>09:30-10:30 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany)</p> <p>10:30-11:00 Coffee</p> <p>11:30-11:30 Symposium of the authors Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p> <p>12:30-14:00 Lunch</p>	<p>12:30-13:00 ETHIC IN REPRODUCTION Chairman: S. Swann (Germany) Discussion: S. Christian (FRG), W. Straus (Germany), J. G. Lee (France)</p> <p>13:00-13:30 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany)</p> <p>13:30-14:00 Coffee</p> <p>14:30-15:00 Symposium of the authors Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p> <p>15:00-15:30 Lunch</p>
JUNE 24 - DAY 6 / ROOM 2 AFTERNOON	JUNE 25 - DAY 7 / ROOM 2 MORNING	JUNE 26 - DAY 8 / ROOM 2 AFTERNOON
<p>14:30-15:00 FREE COMMUNICATIONS Chairman: S. Swann (Germany) Discussion: S. Christian (FRG), W. Straus (Germany), J. G. Lee (France)</p> <p>15:00-15:30 Lunch</p> <p>16:00-16:30 Symposium of the authors Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p>	<p>08:30-09:00 ETHIC IN REPRODUCTION Chairman: S. Swann (Germany) Discussion: S. Christian (FRG), W. Straus (Germany), J. G. Lee (France)</p> <p>09:30-10:30 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany)</p> <p>10:30-11:00 Coffee</p> <p>11:30-11:30 Symposium of the authors Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p> <p>12:30-14:00 Lunch</p>	<p>12:30-13:00 ETHIC IN REPRODUCTION Chairman: S. Swann (Germany) Discussion: S. Christian (FRG), W. Straus (Germany), J. G. Lee (France)</p> <p>13:00-13:30 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany)</p> <p>13:30-14:00 Coffee</p> <p>14:30-15:00 Symposium of the authors Chairman: S. Swann (Germany) 1. Genetic fertilization, J. G. Swann (United Kingdom) 2. Research programs, F. Sauer (Germany) 3. Genetic fertilization, J. G. Swann (United Kingdom) 4. Research programs, F. Sauer (Germany)</p> <p>15:00-15:30 Lunch</p>

Differences in ART registries between the U.S. and Europe

Prof. Dr. Markus S. Kupka MD, PhD

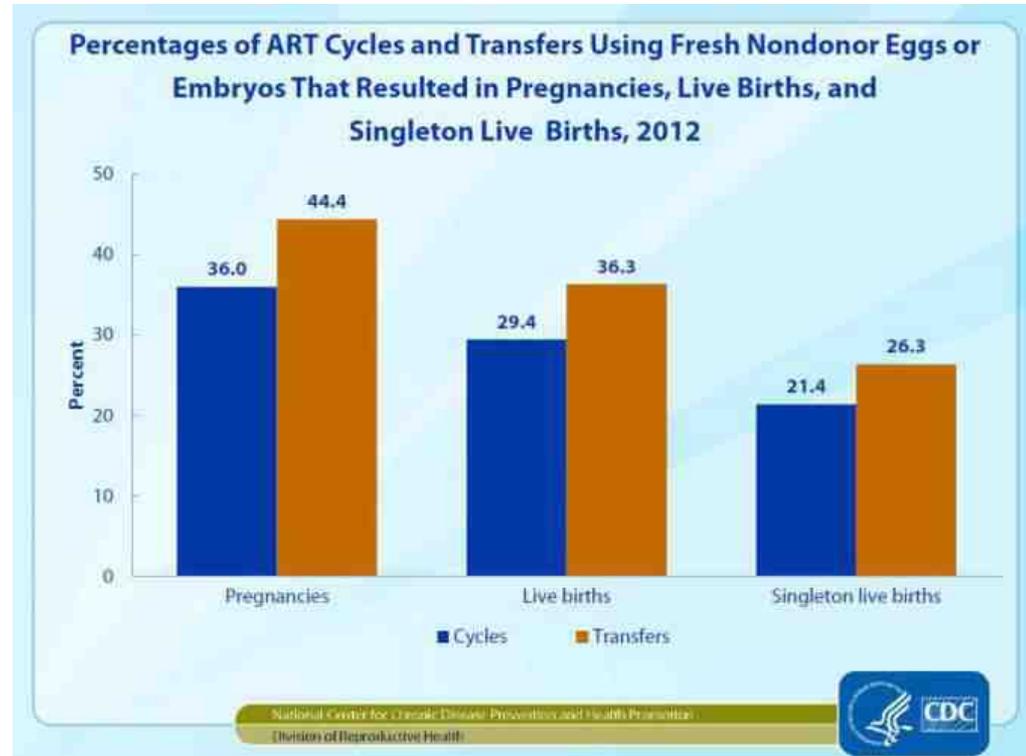
Past Chair, European IVF monitoring consortium (EIM)
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year	2012
IVF	29.4
ICSI	27.7
FER	23.5
ED	51.7



FER: PR/thawing
ED : PR/donation (fresh ED)

what means Europe in this context ?

51 European countries (geographically)

41 countries are EIM members

33 countries reported in 2011

1,034 clinics

588,629 cycles



25 countries reported every year since 2006



14 countries reported once or more



2 countries never reported :
Malta (first year member)
Slovakia



5 small states without IVF clinics



the EIM consortium is now working for 15 years
and covers more than 90% of European data

registers characteristics

compulsory : 17 countries

voluntary : 16 countries

based on individual cycles: 10 countries

public access to individual clinic data: 11 countries

all clinics are reporting: 15 countries

Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, Hungary, Iceland, Norway, Portugal, Slovenia, Sweden, The Netherlands, United Kingdom

proportion of clinics is reporting: 18 countries

Belarus, Bulgaria, France, Germany, Greece, Ireland, Italy, Kazakhstan, Lithuania, Moldova, Montenegro, Poland, Romania, Russia, Serbia, Spain, Switzerland, Ukraine

Denmark	Voluntary	Medical Organization	Summaries
Finland	Compulsory	National Health Authority	Summaries
Hungary	Compulsory	National Health Authority	Individual
Iceland	Compulsory	Medical Organization	Summaries



6 countries with > 50,000 cycles in 2011

	2007	2008	2009	2010	2011
France	67,572	68,446	74,475	79,427	85,433
Germany	62,322	69,902	67,349	62,571	67,596
Italy	43,708	47,829	52,032	58,860	63,777
Spain	54,620	38,245	54,266	58,735	63,120
UK	46,688	50,555	54,314	57,856	59,807
Russia	26,983	31,217	42,110	34,026	56,253
Belgium	24,459	28,751	27,674	28,521	28,860
The Netherlands	19,699	21,164	22,061	23,627	16,669
Czech Republic	15,060	19,607	19,431	20,020	20,161
Sweden	15,061	16,107	16,714	17,628	18,510
Denmark	14,067	13,476	14,992	15,954	14,578
Poland	-	10,490	12,068	13,325	15,174

2011 ART SUCCESS RATES^c

Number of cycles in table:^d 151,923

Type of Cycle	Age of Woman					
	<35	35-37	38-40	41-42	43-44	>44
Fresh Embryos from Nondonor Eggs						
Number of cycles	42,059	20,963	21,128	10,733	4,744	1,586

101,213

Type of ART and Procedural Factors^a

IVF	>99%	With ICSI	67%
Unstimulated	1%	Used PGD	0%
Used gestational carrier	<1%		

Patient Diagnosis^b

Tubal factor	14%	Uterine factor	5%	Multiple Factors:	
Ovulatory dysfunction	14%	Male factor	34%	Female factors only	11%
Diminished ovarian reserve	30%	Other factor	15%	Female & male factors	18%
Endometriosis	10%	Unknown factor	12%		

EIM, 1997 - 2011

year	countries	clinics	cycles	cycle-increase (%)	ART infants
1997	18	482	203,225		35,314 *
1998	18	521	232,225	+ 14.3	21,433 *
1999	21	537	249,624	+ 7.5	26,212 *
2000	22	569	275,187	+ 10.2	17,887 *
2001	23	579	289,690	+ 5.3	24,963 *
2002	25	631	324,238	+ 11.9	24,283
2003	28	725	365,103	+ 12.6	68,931
2004	29	785	367,056	+ 0.5	67,973
2005	30	923	419,037	+ 14.2	72,184
2006	32	998	458,759	+ 9.5	87,705
2007	33	1029	493,420	+ 7.6	96,690
2008	36	1051	532,260	+ 7.9	107,383
2009	34	1005	537,463	+ 1.0	109,239
2010	31	991	550,296	+ 2.4	120,676

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	<35	35-37	38-40	41-42	43-44	>44
Fresh Embryos from Nondonor Eggs						
Number of cycles	42,059	20,963	21,128	10,733	4,744	1,586
Percentage of conceptions	6.8	9.4	12.5	16.1	18.2	26.6
Average number of embryos transferred	3.0	2.2	2.5	3.0	3.1	2.0
Percentage of embryos transferred resulting in implantation	35.6	27.3	17.3	9.4	4.5	1.8
Percentage of elective single embryo transfer (eSET)	12.2	7.0	2.2	0.7	0.4	1.2
Outcomes per Cycle						
Percentage of cycles resulting in singleton live births	37.2	22.9	16.7	10.2	4.7	1.1
Percentage of cycles resulting in triplets or more live births	0.5	0.4	0.3	0.1	0.0	0.0
Percentage of cycles resulting in live births	40.0	31.6	21.5	12.1	5.3	1.1
Percentage of cycles resulting in pregnancy	46.1	39.5	29.2	19.4	10.7	4.1
Outcomes per Transfer						
Number of transfers	36,400	17,410	16,025	7,900	3,277	800
Percentage of transfers resulting in singleton live births	31.3	27.6	21.2	13.9	6.8	2.0
Percentage of transfers resulting in triplets or more live births	0.6	0.5	0.4	0.1	0.0	0.0
Percentage of transfers resulting in live births	46.0	38.4	27.3	16.5	7.6	2.1
Percentage of transfers resulting in pregnancy	53.1	46.3	37.1	26.4	15.5	7.5
Outcomes per Pregnancy						
Number of pregnancies	19,379	8,065	6,166	2,863	506	65
Percentage of pregnancies resulting in singleton live births	99.0	99.5	97.3	92.6	84.1	56.2
Percentage of pregnancies resulting in triplets or more live births	1.1	1.1	1.0	0.4	0.0	0.0
Percentage of pregnancies resulting in live births	96.7	82.9	73.7	62.4	49.2	27.7

Fresh Embryos from Nondonor Eggs

2011	33	1034	588,629			
Percentage of transfers resulting in live births	39.0	35.5	29.7	24.0	17.0	14.8
Percentage of transfers resulting in pregnancy	48.6	45.7	40.5	36.7	26.9	21.5

All Ages Combined^a

Donor Eggs	Fresh Embryos	Frozen Embryos
Number of cycles	10,797	7,730
Number of transfers	9,767	7,143
Average number of embryos transferred	1.9	1.9
Percentage of embryos transferred resulting in implantation	45.0	27.7
Percentage of transfers resulting in singleton live births	36.1	27.2
Percentage of transfers resulting in live births	54.8	35.7
Percentage of transfers resulting in pregnancy	64.7	45.5

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human
reproduction

ESHRE PAGES

Assisted reproductive technology in Europe, 2010: results generated from European registers by ESHRE[†]

M.S. Kupka*, **A.P. Ferraretti**, **J. de Mouzon**, **K. Erb**, **T. D’Hooghe**, **J.A. Castilla**, **C. Calhaz-Jorge**, **C. De Geyter**, **V. Goossens**, and **The European IVF-monitoring (EIM)[‡] Consortium**, for the **European Society of Human Reproduction and Embryology (ESHRE)**

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Submitted on June 2, 2014; resubmitted on June 2, 2014; accepted on June 5, 2014

year of data-collection	published in	years between	paper
1997	2001	4	Assisted reproductive technology in Europe, 1997 . Results generated from European registers by ESHRE. Human Reproduction. Vol.16, No 2 , 384-391, 2001
1998	2001	3	Assisted reproductive technology in Europe, 1998 . Results generated from European registers by ESHRE Human Reproduction. Vol.16, No 11, 2459-2471, 2001
1999	2002	3	Assisted reproductive technology in Europe, 1999. Results generated from European registers by ESHRE Human Reproduction. Vol.17, No 12, 3260-3274, 2002
2000	2004	4	Nyboe Andersen A, Gianaroli L, Nygren KG. Assisted Reproductive Technology in Europe, 2000 . Results generated from European Registers by ESHRE. Human Reproduction, 2004, 19, 490 – 503.
2001	2005	4	Nyboe Andersen A, Gianaroli L, Felberbaum R, de Mouzon J and Nygren KG. Assisted Reproductive Technology in Europe, 2001 . Results generated from European Registers by ESHRE. Human Reproduction 2005, 20, 1158-76.
2002	2006	4	Nyboe Andersen A., Gianaroli L., Felberbaum R., de Mouzon J. and Nygren K.G. Assisted reproductive technology in Europe, 2002 . Results generated from European registers By ESHRE. Human Reproduction 2006
2003	2007	4	Nyboe Andersen A., Goossens V., Gianaroli L., Felberbaum R., de Mouzon J. and Nygren K.G. Assisted reproductive technology in Europe, 2003 . Results generated from European registers by ESHRE. Human Reproduction 2007
2004	2008	4	A. Nyboe Andersen, V. Goossens, A.P. Ferraretti, S. Bhattacharya, R. Felberbaum, J. de Mouzon, K.G. Nygren, Assisted reproductive technology in Europe, 2004 . Results generated from European registers by ESHRE. Human Reproduction 2008
2005	2009	4	A. Nyboe Andersen, V. Goossens, S. Bhattacharya, A.P. Ferraretti, M.S. Kupka, J. de Mouzon, K.G. Nygren Assisted reproductive technology and intrauterine inseminations in Europe, 2005 : results generated from European registers by ESHRE, Human Reproduction 2009
2006	2010	4	J. de Mouzon, V. Goossens, S. Bhattacharya, J.A. Castilla, A.P. Ferraretti, V. Korsak, M. Kupka, K.G. Nygren, A. Nyboe Andersen and The European IVF-monitoring (EIM) Consortium, Assisted reproductive technology in Europe, 2006 : results generated from European registers by ESHRE, Human Reproduction 2010
2007	2012	5	J. de Mouzon, V. Goossens, S. Bhattacharya, J.A. Castilla, A.P. Ferraretti, V. Korsak, M. Kupka, K.G. Nygren, and A. Nyboe Andersen Assisted reproductive technology in Europe, 2007 : results generated from European registers by ESHRE Hum. Reprod. (2012) 27(4): 954-966 first published online February 17, 2012 doi:10.1093/humrep/des023
2008	2012	4	A.P. Ferraretti, V. Goossens, J. de Mouzon, S. Bhattacharya, J.A. Castilla, V. Korsak, M. Kupka, K.G. Nygren, A. Nyboe Andersen, Assisted reproductive technology in Europe, 2008 : results generated from European registers by ESHRE Hum. Reprod. (2012) 27(9): 2571-2584 first published online July 10, 2012
2009	2013	4	A.P. Ferraretti*, V. Goossens, M. Kupka, S. Bhattacharya, J. de Mouzon, J.A. Castilla, K. Erb, V. Korsak, and A. Nyboe Andersen Assisted reproductive technology in Europe, 2009: results generated from European registers by ESHRE Human Reproduction, Vol.28, No.9 pp. 2318–2331, 2013
2010	2014	4	M.S. Kupka*, A.P. Ferraretti, J. de Mouzon, K. Erb, T. D'Hooghe, J.A. Castilla, C. Calhaz-Jorge, C. De Geyter, V. Goossens Assisted reproductive technology in Europe, 2010: results generated from European registers by ESHRE Hum. Reprod. Advance Access published July 27, 2014
2011	2015	4	submitted
2012			data just came in (1st version) 03/15

scientific project in 2002



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costs to run a registry

country	costs	
Germany	2,20 € per cycle = 2,50 \$	paid by the owner of the IVF-unit
Italy	The Centers do not have to pay	the Register, by Law, financed by the Minister of Health. The institutional body responsible of the collection is the ISS (Istituto Superiore di Sanita)
Spain	62.500 €/year	40.000 Health Minister 22.500 Spanish Fertility Society
UK	75-100 Pounds = 100-150 \$ per cycle	paid by the patient - very largely funded from fees that apply to cycles however not all interventions are charged and some are discounted. No charge applies to egg collection only cycles & donation only cycles. Discounted cycles are those in which the initial transfer was an elective single embryo transfer (eSET), that is charged with one single fee of £75, regardless of a how many (eSET) frozen embryo transfers follow. In effect, all eSET transfers following an initial eSET will not be charged.
Russia		paid by Russian Ass Human Reproduction Secretary RAHR - data collection and calculation. President - analyse and description. Committee of Register discussion
U.S.	approx . \$8.4 per cycle	Paid by Federal Government - Centers for Disease Control and Prevention (CDC)
Sweden		All costs are paid for by public money to the National IVF Quality register
Denmark	no fees	Integrated into the NHS health monitoring. The overall cost of running the register is unknown.
Austria	"paid" by the ministry	The registry was established by the ministry of health. As there is a reimbursement system in Austria, the registry is the basis to administer these cycles.

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identification code – chances for follow-up studies

country	code
Germany	DDR-code, mathematical code with date of birth, gender, first name, family name, maiden name) 19530924M1951212 - TAX -code not allowed to use no link to other registries
Austria	There is no link to any other registry . The social security number is used for the insurance companies for their own analysis, but mainly to administer the reimbursement for their members. There is definitely no link to any other established registry, eg. birth, cancer ...
U.S.	Clinic ID, patient ID is only unique if the patient does not change clinic ART births are linked using indirect identifiers (maternal and infant dates of birth, plurality, gravity, zip code) with Birth Certificate data, and other registries (Birth Defects, Cancer, Hospital Discharge, etc.) in four states (Massachusetts, Michigan, Florida, Connecticut).
UK	no routine links – the data are anonymised The data for women and children can and have been linked using a variety of potential identifiers after obtaining special permission. Patients NHS number – this field is currently optional (and has only been populated since Oct'2007) , it may well be made mandatory. Childs NHS number– this field is currently optional
Denmark	Based on personal identification number (CPR number) linked to all Health registers , like: all Hospital contacts, all deliveries, all cytogenetic findings. linked to each child born by each mother. etc.
Sweden	linked by a PIN-code, unique to all Swedish citizens , cross links are made to some 10-12 pre-existing population based national health registers
Spain	no code used (register centre by centre)
Russia	no code used
Italy	The Register is not linked to any other Health register . Up to date, our national data collection is not based on individual forms, so it should be impossible the link with other Register.

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Sweden	<p>linked by a PIN-code, unique to all Swedish citizens, cross links are made to some 10-12 pre-existing population based national health registers</p>

consequences of non participating

country	comment
Germany	no "official" consequences no individual results of each center are available – this is not allowed (would be advertising in medicine)
Austria	participation/nonparticipation is not a question. As the reimbursement system is linked to the registry any center needs to report all requested data to ensure the payment of the cycles. The only limit is the fact that only reimbursement cycles are reported, all other private cycles are not reported.
U.S.	participation is mandatory by the Fertility Clinic Success Rates and Certification Act of 1992. The consequence for non-reporting is publication of non-reporting clinic names (approx. 6% of all clinics) in the Annual ART Report and online
UK	Clinics must report all cycles and provide registration details of all patients and donors associated with those treatments. Clinics records may be audited to ensure that we are not missing anything. Failure to report could initiate regulatory action.
Denmark	Compulsary - All clinics participate. Not aware of any practise in terms of sanctions in case on no-participation.
Sweden	same as for Germany, All clinics do participate
Spain	Appearing on the website of the national register as participating center (list, map center, rotator banner with name of center). Patient can check activity and a summary results of the center in web SEF . Receive certificate of participation on paper (for wall mounting) and logo to include on the website of the center .
Russia	no consequences
Italy	The Register in Italy is compulsory since the approval of the Law in 2004. In Italy, the health policy is under the direct control of each single region (20 regions). Therefore, the Authorization to the IVF centres is produced by the Regions. And even the data collection should be under the responsibility of each Region, but, for convenience, it was decide to sent the data directly to national Register at the ISS. In case of non participation to the Register, the ISS should inform the specific region and the risk is to have cancelled the Authorization . Actually, as you know, the proportion of participation in Italy is 100% since yeras.

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consequences of non participating

country	comment
Spain	<p>Appearing on the website of the national register as participating center (list, map center, rotator banner with name of center). Patient can check activity and a summary results of the center in web SEF . Receive certificate of participation on paper (for wall mounting) and logo to include on the website of the center .</p>
Russia	no consequences
Italy	<p>The Register in Italy is compulsory since the approval of the Law in 2004. In Italy, the health policy is under the direct control of each single region (20 regions). Therefore, the Authorization to the IVF centres is produced by the Regions. And even the data collection should be under the responsibility of each Region, but, for convenience, it was decide to sent the data directly to national Register at the ISS. In case of non participation to the Register, the ISS should inform the specific region and the risk is to have cancelled the Authorization. Actually, as you know, the proportion of participation in Italy is 100% since yeras.</p>

medication

<p>GnRH - Behandlung:</p> <p><input checked="" type="checkbox"/> Ja</p> <p>Details</p> <p>GnRH - Verabreichungsart</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> nasal, tägliche Injektion</p> <p>GnRH - Behandlungsablauf</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> long</p> <p>GnRH - Antagonist</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> Nein</p> <p>Hormonelle endometrische Vorbereitung</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> Nein</p>	<p>1. Stimulationstag</p> <p><input type="checkbox"/> 16.04.2003 <input type="checkbox"/></p> <p>Medikation</p> <p>u_FSH</p> <p><input type="checkbox"/> Nein</p> <p>rec-FSH</p> <p><input checked="" type="checkbox"/> Ja</p> <p>hMg</p> <p><input type="checkbox"/> Nein</p> <p>rec-LH</p> <p><input type="checkbox"/> Nein</p> <p>cc</p> <p><input type="checkbox"/> Nein</p> <p>Letzter Stimulationstag</p> <p><input type="checkbox"/> 18.04.2003 <input type="checkbox"/></p>
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medication

IVF

	u-FSH	rec-FSH	hMG	recLH u. recFSH	recLH u. hMG	Other*	No Info.	Total
Short GnRHa	3	226	302	32	103	1	2	669
Transfer Rate (%)	100.00	93.78	91.24	91.43	91.96	100.00	100.00	91.77
CP/ET (%)	66.67	28.76	32.12	43.75	20.39	0.00	0.00	29.75
Long GnRHa	88	1,218	537	175	361	19	4	2,402
Transfer Rate (%)	89.80	88.58	92.91	89.29	93.04	61.29	100.00	89.96
CP/ET (%)	37.50	39.49	33.15	34.29	34.63	36.84	25.00	36.84
No GnRHa-Analoga	20	245	203	64	132	14	161	839
Transfer Rate (%)	86.96	92.11	90.63	98.46	84.08	93.33	72.20	86.23
CP/ET (%)	45.00	35.10	34.48	29.69	34.09	28.57	19.88	31.59
GnRHa-Antagonists	83	2,790	923	517	495	88	18	4,914
Transfer Rate (%)	93.26	86.86	86.97	84.20	86.54	83.81	60.00	86.46
CP/ET (%)	38.55	34.91	28.88	26.89	31.92	31.82	22.22	32.59
Total	194	4,479	1,965	788	1,091	122	185	8,824



D.I.R Annual 2013 – The German IVF-Registry

DEUTSCHE IVF REGISTRIER

V. Blumenauer, U. Czeromin, K. Fiedler, C. Gnoth, L. Happel, J.-S. Krüssel, M.S. Kupka, A. Tandler-Schneider



medication

National ART Surveillance System (NASS)

Patient Medication:

Patient medicated to stimulate follicular development: Yes No

Medications containing clomiphene: Yes No

Medications containing FSH: Yes No

Clomiphene dosage (Total mgs):

FSH medication dosage (Total IUs):

GnRH Protocol (Select only one, if applicable):

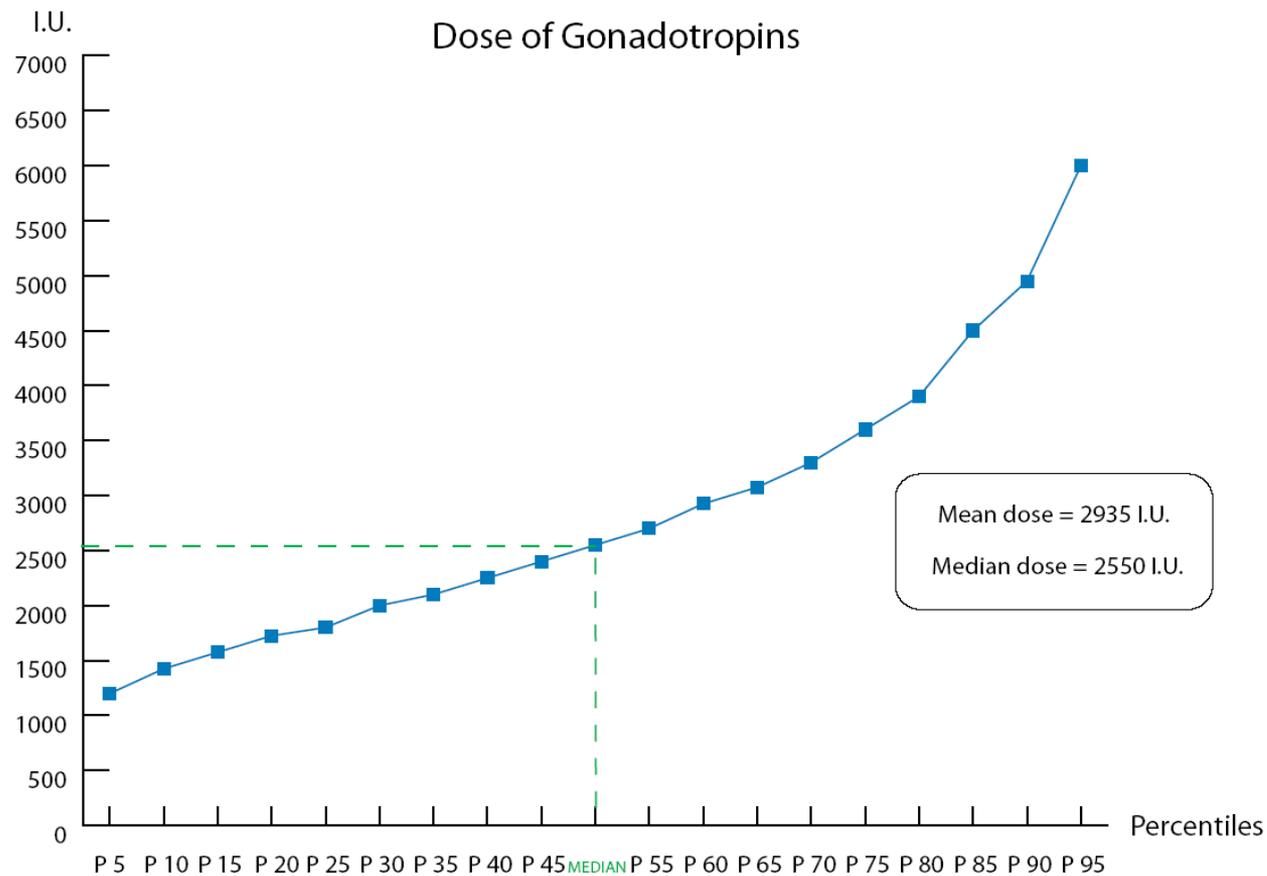
GnRH Agonist Suppression

GnRH Agonist Flare

GnRH Antagonist Suppression

U.S.

medication



Zyklusausgang: Unbekannt Klinische SS keine SS

Positiver SS Test Letzter bHCG: 6526.00
Datum: 08.01.2015

Verlauf **Ultraschall**

Datum der Feststellung der klinischen Schwangerschaft: 08.01.2015 Fruchthöhlen: Anzahl intrauterine: 1 Anzahl extrauterine: 0

Errechner Geburtstermin (EGT): 04.09.2015

Vollendeten Schwangerschaftswochen und Tage: [9+4]

HA Embryo 1 HA Embryo 2 HA Embryo 3 HA Embryo 4

Embryo 1

SS Verlauf bis SSW 24: **fortlaufend**

Bemerkung:



Embryo 2

SS Verlauf bis SSW 24:

Bemerkung:

Geburt

Kind 1

Datum Geburt: 01.08.2013 EGT: 10.10.2013

Woche: 31

Entbindungsart: **Sectio**

Geschlecht: **weiblich**

Geburtsgewicht [g]: 1240

Geburtslänge [cm]: 39

Zustand: **unauffällig**

Tod post partum am: **unbekannt**

Perinatal verstorben am: **unauffällig**

Identitätsnummer: **Intensiv. Ther.**

Vorname: **intrauteriner Fruchttod**

Nachname: **peripartaler Tod**

Geburtsstadt: **Sonstiges**

Geburtsland: **Tod ohne weitere Angaben**

ICD 10

Chromosomenanomalie

Kongenitale Malformation

Kind 2

Datum Geburt: 01.08.2013 EGT: 10.10.2013

Woche: 31

Entbindungsart: **Sectio**

Geschlecht: **unbekannt**

Geburtsgewicht [g]:

Geburtslänge [cm]:

Zustand: **intrauteriner Fruchttod**

Tod post partum am:

Perinatal verstorben am:

Identitätsnummer:

Vorname:

Nachname:

Geburtsstadt:

Geburtsland:

ICD 10

Chromosomenanomalie

Kongenitale Malformation

Komplikationen bis zur 20. SW (max. 4)

Infektions-Syndrom Sonstiges

Unbekannt

Komplikationen ab der 20. SW (nach Relevanz)

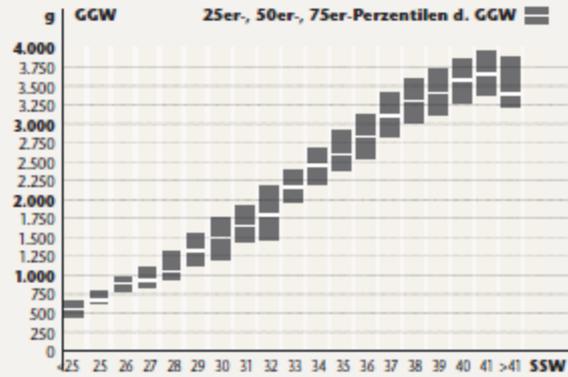
Komplikation 1:

Komplikation 2:

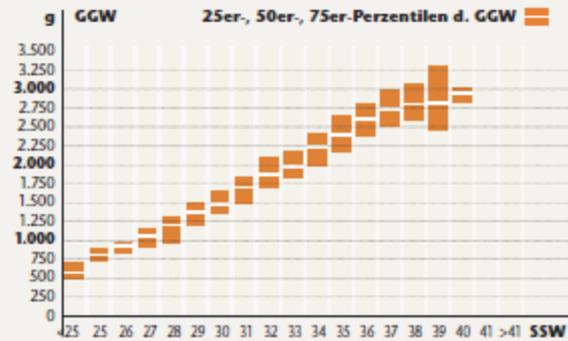
Komplikation 3:

Komplikation 4:

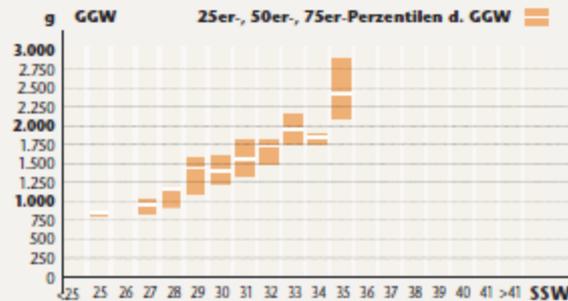
outcome



Zwillinge 2012



Drillinge 2012



Germany

outcome

IVF 2013

	n	%	Fertilisier. %	Embryo vorh. %	Transfer %	Klin. SS %
IVF	10.053	100,00				
Erfolgreiche Fertilisier.*	9.337	92,88	100,00			
Mind. 1 Embryo vorh.	8.920	88,73	95,53	100,00		
Transfer durchgeführt	8.824	87,77	94,51	98,92	100,00	
Klin. SS	2.950	29,34	31,59	33,07	33,43	100,00
Geburt	1.318					44,68
Abort	459					15,56
Extrauterin gravidität	56					1,79
Noch nicht erfasst	1.117					37,86

ICSI 2013 Gesamt

	n	%	Fertilisier. %	Embryo vorh.%	Transfer %	Klin. SS %
ICSI	34.376	100,00				
Erfolgreiche Fertilisier.*	32.713	95,16	100,00			
Mind. 1 Embryo vorh.	30.923	89,96	94,53	100,00		
Transfer durchgeführt	30.710	89,34	93,88	99,31	100,00	
Klin. SS	9.382	27,29	28,68	30,34	30,55	100,00
Geburt	4.330					46,15
Abort	1.505					16,04
Extrauterin gravidität	121					1,25
Noch nicht erfasst	3.426					36,52

outcome

	Baby 1	Baby 2	Baby 3
10	Embryo reduction <input type="checkbox"/>	Embryo reduction <input type="checkbox"/>	Embryo reduction <input type="checkbox"/>
Reason	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Baby Born	Baby 1	Baby 2	Baby 3
	Live birth <input type="radio"/>	Live birth <input type="radio"/>	Live birth <input type="radio"/>
	Still birth <input type="radio"/>	Still birth <input type="radio"/>	Still birth <input type="radio"/>
	Neonatal death <input type="radio"/>	Neonatal Death <input type="radio"/>	Neonatal Death <input type="radio"/>
	Weight (grams) <input type="text"/>	Weight (grams) <input type="text"/>	Weight (grams) <input type="text"/>
	Male <input type="radio"/> Female <input type="radio"/>	Male <input type="radio"/> Female <input type="radio"/>	Male <input type="radio"/> Female <input type="radio"/>
	Date of delivery <input type="text"/>	Date of delivery <input type="text"/>	Date of delivery <input type="text"/>
	NHS Number <input type="text"/>	NHS Number <input type="text"/>	NHS Number <input type="text"/>
12	Baby's forename(s) <input type="text"/>	Baby's forename(s) <input type="text"/>	Baby's forename(s) <input type="text"/>
	Registered surname <input type="text"/>	Registered surname <input type="text"/>	Registered surname <input type="text"/>
13	Congenital abnormalities	Congenital abnormalities	Congenital abnormalities
	No anomaly observed <input type="radio"/>	No anomaly observed <input type="radio"/>	No anomaly observed <input type="radio"/>
	Uncertain - further review required <input type="radio"/>	Uncertain - further review required <input type="radio"/>	Uncertain - further review required <input type="radio"/>
	Yes - anomaly observed <input type="radio"/>	Yes - anomaly observed <input type="radio"/>	Yes - anomaly observed <input type="radio"/>
14	Baby's town of birth <input type="text"/>		

UK

outcome

	Pregnancy Outcome	Outcome of pregnancy	Num	1	423	423	1=Live birth (at least one live birth) 2=Stillbirth (all stillbirth) 3=Spontaneous abortion 4=Induced abortion 5=Maternal death prior to birth 6=Outcome Unknown
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Maximum fetal hearts on ultrasound prior to reduction, if any:

Pregnancy Outcome:

Outcome of pregnancy:

Date of pregnancy outcome (mm/dd/yyyy):

NOTE: If multiple births cover more than one date, enter date of first born.

Source of information confirming pregnancy outcome:

Number of infants born: NOTE: This number includes live-born and stillborn infants.

- Select--
- Live birth
- Stillbirth
- Spontaneous abortion
- Induced abortion
- Maternal death prior to birth
- Outcome Unknown

- Select--
- Verbal confirmation, patient
- Written confirmation, patient
- Verbal confirmation, physician or hospital
- Written confirmation, physician or hospital

summary_

- ▶ There is no perfect registry
- ▶ There is a huge variety of concepts in European IVF registries
- ▶ There is no need for having both registries at the same time:
a medical health organization and a National Health Authority
- ▶ Depending on the aspect which is to clarify (efficacy, coverage rate, follow-up studies, costs, freeze all, cumulative pregnancy rate...) you have to ask:
Which registry in Europe is “doing well”?
- ▶ There are some initiatives from the European Commission to establish an uniform dataset – this will take some time

summary_

- ▶ For an “optimal registry” it is important to clarify some aspects:
 - organization by a national health authority or a medical group
 - public access to individual clinic data or no access
 - only “standard charts” or also scientific questions
 - follow up of the newborns is one of the strongest quality indicators
 - who will pay
- ▶ registries must be updated

The European IVF monitoring consortium (EIM)



Carlos Calhaz-Jorge, Portugal (chair)
Markus S. Kupka, Germany (past chair)
Edgar Vasile Mocanu, Ireland
Giulia Scaravelli, Italy
Christine Wyns, Belgium
Christian de Geyter, Switzerland
Karin Erb, Denmark
Jacques de Mouzon, France (special advisor)
Veerle Goossens, Science manager

**You must look at the facts
because they look at you**

W. Churchill