

ESHRE 2020 Virtual (5-8 July 2020)

Questions for the speakers

Session 40: Global ART Monitoring

ICMART preliminary world report 2016 - Geoffrey David Adamson (U.S.A.)

Q: How does ICMART address the balanced use of alternative treatments especially in poorer countries?

A: Thank you for your question. The ICMART registry data are collected from regions and countries that have registries for ART. ICMART can only collect and analyze data that are collected by those countries or regions. Those data are collected because of state regulations or professional guidelines and require significant resources at the country level and at the ART clinic level.

As technologies improve, ICMART adds fields to its data collection system to ask for data that countries might have. However, currently, most countries do not collect data on alternative treatments. Unfortunately, this is especially true in poorer countries. So it is not possible to create a global report when there is very little global information. The best way for you to obtain such information is by literature searches to find specific publications on desired topics.

Q: Is the current set of ICMART data still fit for the purpose considering the new tech. that emerged in the last decade? Which are the changes in your mind?

A: Thank you for your questions. Yes, ICMART continues to update its data collection system to collect data consistent with developing trends. It is important to note that ICMART can only collect data that are collected by registries in individual countries and regions. ICMART has no capability or authority to require clinics themselves to report data individually, although it will collect standardized data from individual clinics in a country or region that has no registry to which they can report.

In the future ICMART would like to collect more data on demographics of patients, PGT, oocyte cryopreservation, potentially different treatment protocols, complications and health of babies. However, it is important to note that a great many countries do not collect cycle-based data so that ICMART cannot collect data until a majority of countries collect those data themselves.

Q: How are the ICMART numbers/data validated?

A: Thank you for your question. ICMART has no capability to validate data in individual clinics. That validation must be done by the clinic itself and the registry collecting the data that are subsequently sent to ICMART. Many registries have some validation procedures, but the quality of the validation performed in different clinics and countries is highly variable. ICMART performs validation checks on the data received from the registries and requests further information and clarification when there are questions. ICMART is continually working to improve its data validation process.

Q: The overuse of IVF is disturbing. China's wanton use of IVF will simply legitimise the overall IVF data without alternative Tx. Is ICMART really independent?

A: Thank you for your comments and question. ICMART is an entirely independent organization. We are a non-State actor (NSA)/non-government organization (NGO) with the World Health organization and must be independent. We receive unrestricted funding from the major professional fertility organizations globally, namely American Society for Reproductive Medicine (ASRM), Australian and New Zealand Assisted Reproduction Database (ANZARD), European Society of Human Reproduction and Embryology (ESHRE), European IVF Monitoring Consortium (EIM), Fertility Society of Australia (FSA), Japan Society of Obstetrics and Gynecology (JSOG), Japan Society for Reproductive Medicine (JSRM), Latin American Network for Reproductive Medicine (REDLARA), and Society for Assisted Reproductive Technology (SART). We also receive completely unrestricted educational grants from Ferring and from Abbott. The Board and Regional Representatives of ICMART are all reproductive endocrinologist and epidemiology professionals representing all areas of the world with no conflicts of interest with their work on ICMART.

The global need for IVF is estimated in scientific publications at 20 million cycles per year. The world currently does approximately 1/6 that number, so the current need for IVF is not close to being met, let alone being overused. That does not mean that in some patients IVF might not be used inappropriately and/or that other treatments might be indicated, but that is on an individual patient basis, not on a global utilization basis.

China's report of 657 cycles per million population would indicate that China performs many fewer cycles per million population than Australia/New Zealand at 3,984, Japan at 3,526 and Europe at 1,419. The USA is at 600 cycles per million population is about 10% lower than China. The global average use not counting China is about 427 cycles per million population, so the data we have do not represent over-utilization.

Q: To be fair, the number of IVF cycles per capita seems to be much lower in China than that in rest of the world reported, with lower ICSI cycles per capita.

A: Thank you for your question. China's report of 657 cycles per million population would indicate that China performs many fewer cycles per million population than Australia/New Zealand at 3,984, Japan at 3,526 and Europe at 1,419. However, China's utilization is slightly higher than the USA which is 600 per million population and higher than the rest of the world which is about 427 per million population.

The China ICSI rate of 29% is significantly lower than the global average of other countries which has been just under 70% for about a decade.

SET in a global perspective. Regional similarities and differences - Osamu Ishihara (Japan)

Q: In the UK a shift in increasing the number of SET is also related to the way the success rate is now reported as LBR per embryos transferred.

A: Thank you very much for your comment on my presentation. I agree with you that the increasing SET ratio in UK can be also related to the improved success rate. I would like to point out again that the fairly strong initiative from HFEA would have worked as well.