

How to develop and organize European IUI monitoring?

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Monitoring IUI in Europe

- Ongoing.
- Organized by the EIM Consortium
- Lastest report presented in Amsterdam 2009, included data from 20 countries on 145.000 IUI cycles performed during 2006
- Data is collected in parallell with IVF data.
- Needs to be developed further.

Why monitor IUI ?

- Large volume: 145.000 cycles, 20 countries (vs 430.000 IVF cycles from 32 countries)
- Access in relation to IVF ("1st line treatment")
- Similar outcome concerns (ov. stim, multiples, gamet donation)
- CBFC
- Increasing demand ? – developing countries
- WHO recommends monitoring of MAR (IUI incl)
- ICMART to include IUI data

When?

- Now

By whom?

Same 4-level system as for ART:

1. Clinics (EU Tissue Directive consequences)
2. National registers
3. EIM and other regional registers
4. ICMART

What data to collect?

- Similar strategies as for IVF data collection
 - a/ Key data, (by national and regional registers, and ICMART)
 - b/ Research data (by clinics, one or more)

What is key data?

- Key data
- Core data
- Minimal data
- Relevant national data
- Main data
- Established procedures data

Characterisation of key data

- Only mainstream , established techniques.
- Data clearly defined and quatifyable.
- Relevant to a majority of stakeholders.
- Factors of major ethical concerns.
- Safety data.
- Non-surrogate endpoints.
- Data not obtainable from other sources.

Main points...

- Key data are meant for national and international reporting
- Key data are meant to focus on data relevant, interesting and necessary for a majority of stakeholders.
- Key data are meant to monitor established techniques.
- Key data does not exclude detailed research data to be added as specific projects

Why key data?

- Manageable
- Compareable
- Relevant
- Digestible
- Affordable
- Producer friendly
- Consumer friendly

Assisted Reproductive Technology (ART) in Europe, 2006. Results generated from European registers by ESHRE

ESHRE's European IVF Monitoring (EIM)

A consortium of representatives from National Registers

Anders Nyboe Andersen, Chairman

Karl G. Nygren, Past-Chairman, Jacques de Mouzon, Chairman-elect

Ricardo Felberbaum, Anna Pia Ferraretti and Siladitya Bhattacharya, members

Veerle Goossens, Scientific manager, ESHRE Central Office

Intrauterine inseminations IUI H+D Europe, 2006

Countries with data on IUI-H (20)

Albania		Hungary	Portugal
Bulgaria		Ireland	Russia
Cyprus		Italy	Serbia
Denmark	Latvia		Slovenia
Finland		Lithuania	Spain
France		Macedonia	Ukraine
Greece		Poland	

IUI-H and IUI-D, 2006

	Cycles	Pregnant	%
IUI-H < 40	114 510	9 768	12.8
IUI-H > 40	13 751	591	6.4
IUI-D < 40	17 188	3 132	18.2
IUI-D > 40	3 059	254	8.3

- Note: the pregnancy rates on IUI-H only included 76.046 cycles (France no data)

Multiple gestations and IUI

- In women < 40 twin *pregnancy rates* after IUI-H (10.5%) were half of the twin *delivery rates* following IVF and ICSI (19.9%)
- The triplet *pregnancy rates* after IUI-H were similar to IVF/ICSI (< 1%)

Future developments, (IUI clinical policies are changing)

- New, cycle based, statutory registers being established around Europe
- Better coverage – complete coverage
- Gradual evolution of a European consensus on core-data-sets
- An infant follow-up database (based on selected countries, the MART project)

- Added variables? TBD !
- Sub-groups? TBD !

Variables? – TBD.

- Age categories <35 35-39 40 +
- Pregnancies
- Deliveries,
singletons, twins, triplets +

Subgroups ? – TBD.

- IUI, donor
- IUI , partner

- IUI in CBFC

- IUI, natural cycle
- IUI, stimulated cycle, ovulatory women

- IUI, stimulated anovulatory women
- NC, (non-IUI) , stimulated anovulatory women

Thank you!

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