

# Experience from the Private health system

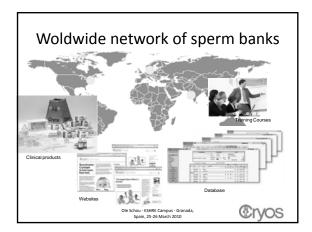
Ole Schou, HD Managing Director

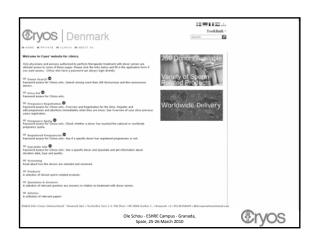
Sperm and testicular tissue banking ESHRE Campus Granada, Spain

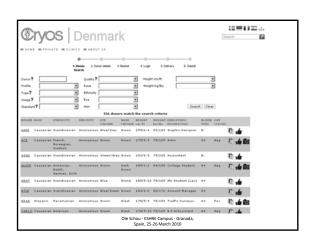


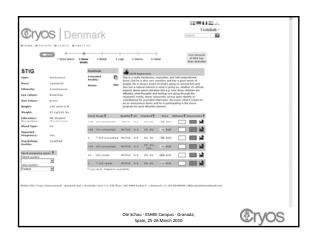
History & Statistics					
Year	News	Country (Dept.)	Staff(sqm)	Pregnancies	
1981	The Sperm Bank idea	-			
1983-86	The Sperm Study	-			
1987	Start Cryos in Aarhus, Denmark	1(1)	1 (9)		
1990	First donor	1(1)	1 (9)		
1991	First pregnancy	1(1)	2 (9)	55	
1993	Customers in 19 countries	1(1)	3 (43)	534	
1995	Start supply of clinical products	1(3)	5 (185)	1,291	
1998	Average 34% pregnancy rate per cycle reported	1(3)	6 (397)	3,159	
2000	Customers in >50 countries	1(3)	7 (397)	4,502	
2000-05	Sperm bank franchise development	1(3)	10 (551)	9,351	
2006	Sperm bank franchise ready	1(3)	12 (551)	10,589	
2007	First franchise-unit New York	2(4)	19 (706)	12,085	
2008	Second franchise-unit Mumbai	3(6)	27 (936)	14,047	
2009	Customers in >60 countries	3(6)	32 (1723)	(15,121)	

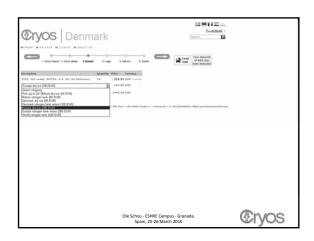
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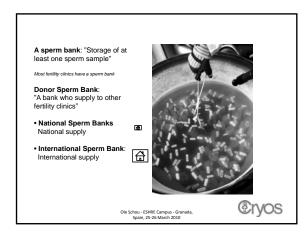


### What is a Sperm Bank?



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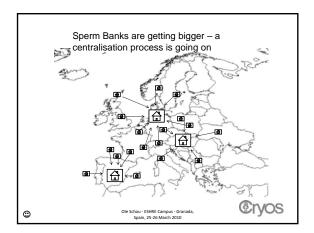


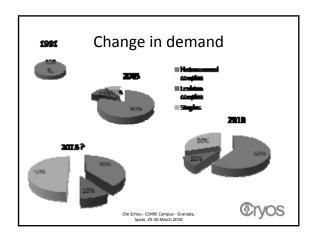
#### What is an International Sperm Bank?

- Many donors: >100 and all races/ethnicities
   Many Standards: different national regulations
   Large organisation: service, sale & marketing, QC, QA, R&D, logistic and administration



@ryos





## The new generation of childless?



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#### The "American" model

	Europe	USA
Characteristics	Few	Many
Extended Profile	No	Yes
Baby photo	No	Yes
Adult photo	No	Yes
Audio/Video	No	Yes
Staff Impression	No	Yes
Psycological profile	No	Yes
Handwritten message	No	Yes
Patient choice	No	Yes
Doctorate donors	No	Yes
Look-a-like	No	Yes

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**@ryos** 

# "My dream guy" Ole Schou- ESHE Campus - Granda, Span, 25-26 March 2010

#### Designer-baby?



- or natural selection?

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#### The Ethical Dilemma?



Restrictions are made in order to protect the child's interest or in order to meet other ethical or political goals. However, it seems that it is very complicated to attract semen donors even without restrictions, so any kind of restrictions will reduce the supply of donor semen. This is a true dilemma - but most often not taken care of by the responsible politicians.

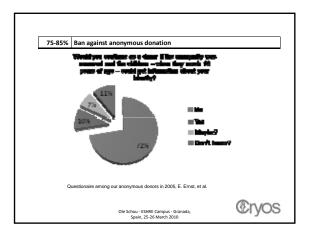
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#### Policies how to reduce donor supply

Impact	Tool	
100%	Ban against treatment with donated semen	
100%	Ban against sale of gametes (only private sperm banks)	
75-85%	Ban against anonymous donation	
50-85%	Restrictions against payment	
50-75%	Anonymous, but registration by authorities	
10-90%	Decrease numbers of offspring per donor (10 offspring = 90%)	
25-100%	Increase regulation and control (small sperm banks will disappear – centralisation in larger sperm banks)	
40-60%	Proven father	
0-50%	Increased screening procedure and increased rejection reasons	

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## Consequences by reducing access to treatment by donor semen

#### Fertility Tourism

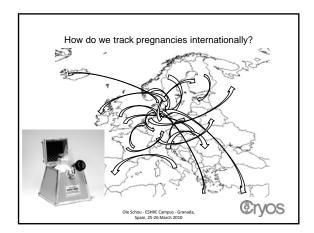
is when patients travel abroad to find available treatment not offered in their own country. Fertility Tourism is almost only caused by decreasing domestic supply. This is particular the case in countries where strict legislation have diminished the supply of donors or semen

#### The Grey Market

is made up of (unauthorized) sperm banks or private persons offering their services at a lower or non-existent level of screening, with the risk of Sexually Transmitted Diseases (STDs) and possible legal complications.

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#### National quotas per donor

Country	Offspring/Families
Australia	5
Belgium	6
Finland	5
Denmark	25
Ireland	3
Macedonia	2
The Netherlands	(25)
Switzerland	8
USA	1:32000
United Kingdom	10

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#### National or wordwide quota?

Clinic Country = Patient's nationality	National quota*	
Clinic Country ≠ Patient's nationality	Wordwide guota**	

\*) The "national quota" is the maximum number of pregnancies per donor based on any kind of regulation in the form of laws, circular letters, or coldivive agreements from organizations in the country in question (if such limitations are known to Cryos). Siblings and abortions are not included.

\*\*) "Cryos" "worldwide quota" is a general limit of 1 pregnancy per 200,000 citizens in the patient's country. Siblings and abortions are not included. This quota only takes into consideration the nationality.

#### Example

If a Finish woman is treated in Finland, her pregnancy will count in the national quote which is 5 pregnancies (abortions and shibings not included) per donor. Her pregnancy will also count in the workfilde quota. If she is treated in the UK her pregnancy will neither have an influence on the Finish nor the UK national quotas. However, will efinishence the workfolked quota (Finnish citizens 5,223,442: 00,000 = 28 pregnancies).

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