

EIM Consortium Meeting

Tuesday 16th June, 2015, 1.00 – 4.00 PM

ESHRE Annual meeting, Lisbon

Participants: Members of EIM Consortium, the Steering Committee

Chair: Markus Kupka

Chair-elect: Carlos Calhaz-Jorge

Steering Committee Present: José Antonio Castilla, Christian de Geyter, Thomas D’Hooghe, Karin Erb, Anna-Pia Ferraretti (past-chair), Jacques De Mouzon (exco) and Veerle Goossens

1. Welcome (MS Kupka)

Markus Kupka welcomes all delegates to this EIM meeting.

2. Delegates’ presentation and National Register Status : short report only on new development on National ART Registries (each National Representative)

No delegates were present for the following countries: Austria, Bosnia, Greece, Iceland, Macedonia, Moldova, Norway, Poland, Turkey and the UK.

Were present:

Albania:

Represented by Prof. Orion Glozheni.

The legislation has remained the same. Gamete and embryo donation are allowed, surrogacy isn’t. No registry exists. A minimum number of cycles a year is required for the centre to receive reimbursement.

There are 8 private centres of which 5 perform less than 50 cycles a year. The one public centre is the only centre that reports to the EIM.

Belarus:

Represented by Dr. Elena Petrovskaya

No national register exists. Everything is allowed except for embryo donation. There are 7 clinics: 2 public and 5 private ones. No reimbursement is foreseen. One center refuses to share their data. Belarus still needs help from the EIM

Belgium:

Represented by Prof. Christine Wyns

In Belgium a cycle by cycle registration exists. The system is linked to the reimbursement policy and is now also mandatory for non-IVF cycles (IUI). Six fresh cycles are reimbursed, so everyone can afford IVF now.

More details on the Belgian system, see attached slides.

Bulgaria:

Represented by Prof. Tania Milachich

No changes recorded. Three cycles without FER are reimbursed. No embryo donation or surrogacy is allowed.

The number of clinics (3 public centers) increases, but the number of cycles does not increase.

Data are reported to the EIM on a voluntary basis, with 30-40% of the centers actually reporting.

The official registry does not want to give their data to report to the EIM, a letter from to the registry will be needed.

Croatia:

Represented by Dr. Dean Ljiljak.

There are 12 centers of which 5 are private. Since two years there is a law, but there is still a need for a public registry. Now the ministry of Health is organizing the registry on cycle by cycle data.

Cyprus

Represented by Dr. Michael Pelekanos

Since May 2015 a new law is ready allowing surrogacy within Cyprus, as well as oocyte donation (only one donation). Single mothers are also allowed.

The number of embryos transferred is restricted.

Czech Republic:

Represented by Prof. Karel Rezabek

No changes. A cycle by cycle register with anonymous donor registration.

Denmark:

Represented by Dr. Josephine Lemmen.

No changes, all data are collected on a cycle by cycle base via the national Health Authority. The number of cycles is stable, due to the reimbursement system of three cycles.

Estonia:

Represented by Dr. Deniss Soritsa

No changes: there are 2 private and 3 public centers. Surrogacy is not allowed.

Finland:

Represented by Dr. Aila Tiitinen

No changes to report. Everything seems stable, in total 4.4% of the children are born after ART.

France:

Represented by Prof. Dominique Royère

There is a change in the registries as, again, cycle by cycle data are now collected in 95% of all centers. Since 2013 100% of all centers report.

A disclosure of the results of the centers is foreseen.

Germany:

Represented by Prof. Markus Kupka.

PGD and embryo donation are now allowed, under special conditions.

At the moment the national registry is confronted with an initiative of 15 medical associations that would like to create a registry, a cooperation seems difficult. Centers will have to decide to whom they will report. Both registries need to be paid by the centers.

Hungaria:

Represented by Dr. Janos Urbancsek

Cycle by cycle register since 2008 with 100% inclusion, no changes to be reported.

Ireland:

Represented by Dr. Edgar Mocanu

There will be a referendum on an ART law by next summer.

It is obvious that financial interest is taking over Ireland. An Australian clinic took over two centers who refuse to report their data to the EIM consortium. How to handle when companies take over?

Italy:

Represented by Dr. Giulia Scaravelli

Oocyte and sperm donation, as well as PGD and PGS are now legal.

Data are reported on a compulsory basis with 100% coverage. 63% of the centers are public centers.

Kazakhstan:

Represented by Dr. Vyacheslav Lokshin

Data are reported since 2008, with 5600 cycles in 2014. The number of reimbursed cycles are divided between the centers. The costs of the reimbursed program are higher than in the commercial program. Everything is allowed, although surrogacy is only allowed for married couples

Latvia:

Represented by Dr. Valeria Godunova

Five clinics, all private.

Changes in the law: everything is accepted, except for surrogacy. The law is now open to make changes on export and import of donor eggs and sperm.

No registry for now, it will be set up by December 2015. There is now a governmental reimbursement program where 550 cycles, for all indications, are reimbursed.

Lithuania:

Represented by Dr. Giedre Belo Lopes

There is no specific ART regulation, no registry and no reimbursement. Only a few aspects are regulated by separate laws.

All clinics are private clinics that report on a voluntary basis.

Malta:

Represented by Dr. Jean Calleja-Agius

Since the November meeting in Leuven, one public center opened its doors. Cycle by cycle reporting is now compulsory

The reimbursement is high in the public center, as only the medicines need to be paid. However there are some restrictions: couples need to be married, not younger than 25

years and no lesbian couples are allowed. PGD is not allowed and only 2 oocytes can be fertilized.

Montenegro:

Represented by Dr. Tatjana Motrenko Simic

There are 5 centers, one center refuses to send data

The government reimburses three cycles, in both public and private centers. The centers need to sign a special counter, they have to send the bill to the insurance company and they are the ones paying.

Everything is possible, but they cannot practice it, because there is no registry.

Tatjana wrote a project for the EU and organizes a workshop on 7-8 October for 5 countries in the region + Albania.

Netherlands:

Represented by Dr. Jasper Smeenk

The registration system is used by the 13 clinics.

Because of a change in the legislation concerning the reimbursement, a drop in IVF cycles is seen. Patients of 38 years or younger get three cycles reimbursed, if transfer of one embryo.

Every patient now gets a prognosis and if the chance of getting pregnant in a natural cycle is high, no reimbursement is allowed. This results in a 10% drop in IVF cycles and a drop in multiples from 10 to 5%. The increase of FER cycles, results in the same number of babies born compared to previous years.

Three cycles are being reimbursed, but the criteria became stricter in order to make the number of cycles decrease (crisis).

It would be even better if the complete registry was obligatory and cycle by cycle.

The results of the centers are now also available on the internet, showing that some centers are double as good as others. However, patients still go to these "less good" centers. This results in the following: Social security now looks at these figures and only centers with good results will get a contract. This again, results in centers refusing to share their data.

There is no longer a complete transparency.

Next to the 13 centers performing IVF, there are also 90 centers performing IUI. These numbers are not reported to the EIM and are difficult to obtain for the moment. An improvement will be seen in the next years.

Portugal:

Represented by Prof. Carlos Calhaz-Jorge

A mandatory data collection by a national regulatory authority is in place. Since 2013 an online and cycle by cycle database is established.

The accessibility still seems to be low.

Romania:

Represented by Mrs. Ioana Rugescu.

A reimbursement program for 300 couples is started. It is a pilot program and only cases with good prognosis are accepted.

There is still no specific law on ART and no registry, although there is a mandatory registry for transplantations. The majority of professional societies joins under the same umbrella and there is hope that the collection of cycles will increase in this way.

Russia:

Represented by Prof. Vladislav Korsak

Next year they will celebrate 20 years of Russian registry. The number of centers and cycles is still increasing with 63000 in 2012. The registry is voluntary, without support of the ministry of health. However, they do ask for information.

Serbia:

Represented by Dr. Nebojsa Radunovic

No changes. There are 8 public hospitals that are obligated to report, while the 4 private centers report on a voluntary basis. Resulting in no complete numbers (75% of data).

Slovakia:

Represented by Dr. Ladislav Marsik

Until 2006 there was a voluntary register, since then no register... Now there is a new, good law that also covers the registry. It should become obligatory and cycle by cycle. In two years. These data will be sent to the EIM.

Slovenia:

Represented by Dr. Irma Virant-Klum

There are three centres (2 university centers, one private center).

Everything is allowed, a good donor program exists, but no payment is approved.

Therefore not enough donors can be found.

Reimbursement works as follows: each couples will receive reimbursement for 6 cycles by the medical insurance and 4 extra cycles for a second or third baby.

Spain:

Represented by Dr. José Antonio Castilla

There exists a voluntary, center by center registry in which 60% of the centers participate. 70% of the centers are private centers. An exponential grow in freezing cycles for egg donation and social freezing is seen.

Spain is performing half of the egg donor cycles and also plays an important role in PGD. There is now a movement towards a compulsory register.

Sweden:

Represented by Dr. Christina Bergh.

Data are collected cycle by cycle. A lot of research is done and attention is paid to the quality care data. Patients are asked how they were treated.

Switzerland:

Represented by Dr. Christian de Geyter

A new software is in place (register = FIVNAT).

The voting for the changes of the constitutions has been done last weekend, with a positive result. Now, the law still needs to be voted.

Ukrain:

The situation is not very good. A drop in cycle numbers was seen in different areas, although there were no changes in the regulations; everything is allowed.

3. Elections

When entering the room all delegates (one per country) received and signed for a voting form. This document shows the names of the four candidates and delegates are requested to nominate a max. of three.

Thomas D'Hooghe first makes a statement on the reason why he steps down as chair-elect and Steering committee member.

All candidates are then asked to present themselves briefly.

The voting forms are then returned anonymously to Veerle Goossens who counts the votes.

After the break the three new steering committee members are announced: Edgar Mocanu, Giulia Scaravelli and Christine Wyns.

4. The publication in Human Reproduction of the EIM 2011 data (MS Kupka)

The EIM 2011 data are almost ready to be published.

5. The status on the EIM 2012 collection (V Goossens)

34 countries have sent in data for 2012. Veerle is entering the data in the new online database, as check. All representatives will receive the request to correct their data very soon.

6. Summary of the EIM meeting in Leuven

Markus Kupka summarizes what was done during the EIM meeting in Leuven. The meeting was not completely what he had planned, but all participants were very happy. Hopefully such a meeting can be organized again in the future. It was the first meeting of 4 SIG's and the EIM together.

7. Project: new IT solutions (M Kupka)

An online database will be available soon. José Antonio Castilla presents a demo provided by the company Dynamic who will develop the database. For the countries, no real changes are foreseen, the database will look a bit different and can only be completed online, but without major changes. The difference will be mostly in the time needed for corrections and making tables.

Veerle is now testing the database with the 2012 data. If ready, the 2013 data can be collected online.

8. Project: ESHRE study on oocyte cryopreservation in Europe- the female fertility insurance study

Jacques De Mouzon explains the study of the SCAIF SIG. This groups consists of three members of the EIM and three members of the SIG

The questionnaire was sent out to all EIM members, but as it seems some of the replies did not get registered. Veerle will check this. Countries that still want to send in their reply are kindly asked to do so.

9. Update on 2 projects

Medically Assisted Reproduction Reimbursement Survey in Europe

(M Kupka)

Dr. Connolly presented the results of the survey from 2013 during the Leuven meeting in November. The results were interesting but were not sufficient. The question is now, can we do better on our own? If not the Exco will be asked whether they want a contract with Dr. Connolly or not.

Assisted Reproductive Technology Outcomes in the United States and Europe

Dmitry Kissin also presented this project during the Leuven meeting. However, it was thought to be too soon to look at the difference between the US and Europe, as there are already major differences between European countries. Therefore we will start with a project within Europe. The proposal will be written by Jacques De Mouzon.

A second reason to put the project on hold was the request of the Exco. A better political consensus between CDC, ASRM and ESHRE needs to be established first.

10. Any other business

Giulia Scaravelli would like to have an idea who has a national register for donors. Positive answers from Portugal, Switzerland, the Netherlands and Bulgaria

Dominique Royère mentions that as far as Eurocet is concerned, their data are used by European authorities and are now made better. It seems we can no longer ignore them. There is still no consensus within the EIM on this topic.

11. Date of next meeting

5 July 2016, 1-4 PM, Helsinki

