

FIRST MEETING OF THE HFEA

MULTIPLE BIRTHS AND SINGLE EMBRYO TRANSFER ADVISORY GROUP

THURSDAY 27 OCTOBER 2005, 2PM

ROOM LG07, 21 BLOOMSBURY STREET, LONDON WC1

PRESENT

ADVISORY GROUP MEMBERS

| | |
|------------------------|------------------|
| Peter Braude (Chair) | Helen Kendrew |
| Sam Abdalla | Bill Ledger |
| Siladitya Bhattacharya | Dave Morroll |
| Kate Brian | Karl Nygren |
| Clare Brown | Claire O'Donnell |
| Jane Denton | Martin Stanley |
| Jan Gerris | |

HFEA STAFF

Angela McNab
Tim Whitaker
Charles Lister
Juliet Tizzard
Cathleen Schulte
Stephanie Croker

1 Apologies

1.1 Apologies received from Brian Lieberman and David Barlow.

2 Terms of reference

2.1 The advisory group agreed the proposed terms of reference.

3 Work plan

3.1 The scope of the project was discussed. It was agreed that the presentation of outcome data, the definition of a successful outcome and the definition of a treatment cycle should be part of the group's remit.

3.2 IUI and ovulation induction contribute considerably to the incidence of multiple births. However, if they take place in an unlicensed centre, they are currently outside the remit of the HFEA. Once the European Tissues and Cells Directive comes into force, the HFEA will start to inspect these centres, although it will not have the same information gathering powers as for licensed treatments. This situation may change if, under new legislation, the regulation of assisted reproduction is extended to include the use of fresh gametes.

3.3 It was agreed that the group should collect what information it can about unlicensed treatments, but that any proposed policy options should focus primarily upon licensed treatments.

3.4 State funding of infertility services was seen as a vital issue. It was agreed that this will be examined in detail at a later meeting.

4 The problem of multiple births: Siladitya Bhattacharya

4.1 The presentation and discussion (see 6) will be summarised in a report.

Action: Juliet Tizzard to produce report

5 The impact of multiple births: Jane Denton

5.1 The presentation and discussion (see 6) will be summarised in a report.

Action: Juliet Tizzard to produce report

6 Discussion

6.1 The group discussed the importance of informing patients about the risks associated with twin and higher order multiple pregnancies. It was pointed out that patients generally do not want triplets, but often see twins as a positive outcome, because most patients would like to have two children and therefore do not need to have further treatment if they conceive twins.

6.2 The HFEA produces a leaflet on avoiding multiple births. However, members of the group felt that a more proactive information programme on the risks associated with multiple births will be necessary if patients are to accept any policies introduced to reduce the incidence of multiple births.

6.3 The group also acknowledged that there are differences between countries in the way that data is recorded and reported. For example, in Sweden the success rate of treatment is based upon live births per egg collection. In the UK it is based upon live births per cycle started. Since the success rate in the UK does not take into account the outcome of frozen embryo cycles (i.e. cumulative pregnancy rate per cycle), UK clinics may be reluctant to offer single embryo transfer because it will make their success rate appear lower. This may deter patients, who often select a clinic on this criterion. It was agreed that the presentation of success rates be discussed in detail at a future meeting.

Outcomes data

6.4 It was agreed that there is a need to collect data on neonatal outcomes for multiple pregnancies and the financial and logistical impact that they have on neonatal care. A presentation made at an ESHRE conference by Professor Adam Balen was mentioned. It was agreed that the abstract for this presentation be reviewed and, if this does not contain sufficient information, Jane Denton should explore the possibility of collecting data via neonatal networks.

6.5 The group agreed upon the importance of having a neonatologist on the Advisory Group. An invitation sent previously to the Royal College of Paediatrics and Child Health will be followed up.

6.6 It was also agreed that the HFEA's own outcome data should be reviewed in order to evaluate the impact of the two-embryo transfer policy introduced in April 2004. This work is already part of the project work plan.

Belgium and Sweden

6.7 Sweden and Belgium both have successful selective single embryo transfer programmes in place. The introduction of the single embryo transfer policies in Belgium and Sweden was done with the full support of all involved including patients, clinicians and funders. In Belgium, SET was introduced by the profession before it was tied to funding policies.

6.8 In Belgium, six cycles of treatment are reimbursed by the state (a cycle including the use of any spare embryos for frozen embryo transfer) for women below 43 years. In Sweden, funding varies across the country, but generally two fresh cycles are reimbursed for women under 38 years old, though not if they have an existing child.

6.9 Sweden has seen a large drop in the proportion of twins born following IVF, with the national rate now being approximately 5% (the rate in the UK is around 23%). The live birth rate, an average of 30%, has been maintained.

6.10 The law in Sweden does not make single embryo transfer mandatory. Instead, the law states that clinics should reduce the number of multiple pregnancies, allowing for some variation amongst clinics.

7 Any other business

7.1 Members had no other items of business.

8 Date and agenda of next meeting

8.1 The date of the next meeting is 22 December 2005.

8.2 The group agreed that the next meeting would be a full day and would be used to discuss single embryo transfer in countries in which it is successful. The group discussed the possibility of hearing both from an American clinician and from patient representatives the countries where SET has been adopted. It was also suggested that the funding of treatment in the UK would be discussed in the afternoon, when Clare Brown will give a presentation.