



## Press release

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### **Reality check: a realistic look at assisted reproduction #PETconf19**

Fertility and genetics charity, the Progress Educational Trust (PET) explores today, at its annual conference, fertility-related practices, technologies and treatments that are the subject of popular claims or widely held assumptions, but that can give rise to challenging questions when examined in light of available evidence.

Sarah Norcross, director of PET, said: 'PET's 2019 conference aims to take a realistic look at assisted reproduction – what really works and what doesn't. One focus is add-on fertility treatments which continue to be prevalent in the fertility sector despite a lack of robust evidence supporting their efficacy. The chief executive of the Human Fertilisation and Embryology Authority (HFEA), Peter Thompson, recently said add-on treatments pose the biggest reputational risk to the sector. Change won't happen in these areas unless people make a case for it and make a fuss, so that's why PET is re-igniting these discussions with our 2019 conference – because we want to improve patient choice, so couples struggling with infertility can make informed decisions and not be hoodwinked into paying for the latest fad.'

Reality Check: a realistic look at assisted reproduction will hear from:

Professor Søren Ziebe, head of fertility at Rigshospitalet's Juliane Marie Centre, is giving the keynote address. Prof Ziebe says: 'Would any of us accept a cancer treatment consisting of a basic package with the possibility of supplementing it with add-on services of our own choice that might or might not increase our chance of surviving the cancer? The answer is of course "NO". When receiving medical treatment for a health problem we – like everybody else - expect the highest professional standards. Why should this be different for fertility patients? In assisted reproduction we should hold ourselves to the highest professional standards. Can we claim to advise patients solely with the intention of optimising their chances of success and at the same time try to sell

supplementary high-cost services which often have no documented effect? Patients place their trust in us as fertility experts. And they expect us to use our knowledge, judgment and expertise to help them have children. To receive this trust from patients is a privilege that we as reproductive specialists must treasure and protect.'

Dr James Duffy, co-chair of the Priority Setting Partnership for Infertility is speaking in session 2 of the conference looking at how to build a fertility evidence base. Dr Duffy says: 'Despite the escalation in research activity and an exponential rise in published research, many of the fundamental questions about the treatment of infertility remain. More than 700 people, including over 330 people with fertility problems and their partners, from 52 countries, have participated in a global study to identify future priorities for infertility research. By identifying the most pressing research questions, whether on male infertility, unexplained infertility, or so-called add-on treatments, it is hoped they will provide a much-needed focus to help researchers and funders to tackle the most pressing problems people with infertility face.'

Professor Nick Macklon, medical director of the London Women's Clinic, will consider whether randomised controlled trials (RCTs) should be the sole arbiter of good clinical practice in IVF. Prof Macklon says: 'Evidence-based medicine has transformed how we assess the efficacy of new interventions. However, basing clinical policy and decision-making solely on the results of RCTs ignores the weaknesses of this approach. It is time to address these if we are to generate a clinically-applicable evidence base.'

Dr Roger Sturmey, senior lecturer in reproductive medicine at Hull York Medical School, is speaking at session 3 of the conference which aims to shine a light on aspects of fertility treatment. He is asking: What are the secret recipes of embryo culture media, and who needs to know? Dr Sturmey says: 'When human embryos are grown in vitro for assisted conception, they are placed in embryo culture medium. This is a carefully controlled mixture of ions, nutrients and proteins that provide the embryo with the essentials it needs to develop. However, there are many different embryo culture media available, and while the manufacturing process is tightly regulated, there is little disclosure of what they contain. This is unfortunate because we know that the environment to which embryos are exposed in the first five days may lead to subtle changes in embryo development that might impact on the health of the future child. So, what should be done about this – and should we worry? Is it realistic to expect that more information will be provided, and does it matter?'

Professor Geeta Nargund, medical director of CREATE Fertility and ABC IVF, will provide an update on mild stimulation for IVF. Prof Nargund says: 'I will discuss published scientific papers comparing mild versus conventional stimulation in women with low, normal and high egg reserve, that demonstrate equivalent success rates delivered with reduced drug dosage, complications and cost. There is overwhelming evidence that mild IVF minimises side-effects and potential health risks, and reduces the

cost and burden of treatment, while at the same time delivering the equivalent success rates achieved by conventional stimulation IVF.'

Dr Raj Mathur, consultant gynaecologist at St Mary's hospital will ask: What is the truth about ovarian hyperstimulation syndrome (OHSS)? Dr Mathur says: 'The UK is the only country in the world to have mandatory reporting of severe OHSS to its national regulator the Human Fertilisation and Embryology Authority (HFEA). For the last year the HFEA has asked clinics to provide additional data concerning their cases of OHSS. This data will, hopefully, be available for analysis in the future to help us learn more about the condition. We know that the data collected by routine NHS coding processes regarding OHSS is not reliable, so this is a welcome development.'

Professor Robin Lovell-Badge, group leader in stem cell biology and developmental genetics at the Francis Crick Institute, is discussing genome editing and Down's syndrome. Prof Lovell-Badge says: 'Genome editing is being hailed, and often hyped, as an almost miracle technique potentially applicable to many genetic diseases, either to treat patients or to avoid having affected children. However, this is mostly relevant to simple disorders where a single gene is responsible. In these cases, genome editing could be used to alter the DNA sequence of disease-associated variants of the gene into those that are linked with health. However, using the methods to tackle polygenic disorders or syndromes due to altered chromosome number would be challenging, if not impossible, with current knowledge.'

Sally Cheshire, chair of the HFEA, is speaking at session 5 of the conference: Should fertility patients be given what they want or what they need? She is looking at issues around regulating for the best patient treatment, and will address fertility treatment add-ons and the fertility clinic's responsibility to provide safe and effective treatment.

Dr Jane Stewart, chair of the British Fertility Society, is asking: Taking professional advice – what's so difficult? Dr Stewart says: 'Planning fertility assessment and treatment is not like going to a shop and choosing what you want, nor is there a standard fit for all. As with all medical processes, a good quality assessment by an expert will provide a guide to what is best fit. Treatment options are planned with the individuals or couples, but they should feel able to be guided by that expert who acts with their best interests at heart in keeping with good medical practice requirements. That is how a professional relationship can work and it is not demeaning to the patient at all to accept this.'

Professor Bobbie Farsides, professor of clinical and biomedical ethics at Brighton and Sussex Medical School, is also speaking in session 5: Should fertility patients be given what they want or what they need? Prof Farsides says: 'If we claim something is a need, as opposed to a want, we may feel more motivated to provide whatever is required to meet it. Sometimes we are keen to give people what they want because of how that locks in to their related needs, but as a healthcare professional it is important to ensure

what we provide is genuinely consistent with the primary goals the patient wishes to pursue.'

Dr Catherine Hill, head of communications at PET, author of *Raising the Skirt: the unsung power of the vagina* and a former fertility patient, is providing a personal perspective on: should fertility patients be given what they want or need? Dr Hill says: 'Patients deserve choice. But how can patients know what they need if clinics aren't scrupulously honest with them, emotional support is lacking, and information is ambiguous.'

Dr Cristina Hickman, chief scientific officer at Apricity, is addressing the question: will artificial intelligence take over assisted reproductive techniques?

Professor Chris Barratt, professor of reproductive medicine at the University of Dundee, will address the question: What's the truth about ICSI: is it being overused?

Jan Grace, consultant gynaecologist at Guy's and St Thomas' NHS foundation trust, is discussing: What's the truth about aneuploidy screening: can it improve IVF success?

The conference is at Amnesty International, 17-25 New Inn Yard, London EC2A 3EA, from 9.30am - 5.30pm. Register for the event at <https://sforce.co/2Q8dqf6> If tweeting about the event, please use the hashtag #PETconf19

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### **Notes for editors**

For interviews with participants and case studies, contact Catherine Hill, PET head of communications on 07305-091466 [chill@progress.org.uk](mailto:chill@progress.org.uk)

1. The Progress Educational Trust (PET) is a UK charity working to advance public understanding of, and engagement with, science, law and ethics in the fields of human genetics, human reproduction, embryology and stem cell research. Funded by grants and public donations, PET aims to improve the choices for people affected by infertility or genetic conditions. <https://www.progress.org.uk/>

2. PET organises free-to-attend events debating the responsible application of reproductive and genetic science and publishes BioNews, a free comment and news service. Subscribe to BioNews at <https://www.bionews.org.uk/subscribe>

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