



**CANADIAN FERTILITY AND ANDROLOGY SOCIETY
SOCIÉTÉ CANADIENNE DE FERTILITÉ ET D'ANDROLOGIE**

Position Statement on Reporting of IVF Outcomes

June 2015

Reporting of IVF Outcomes

In vitro fertilization (IVF) is an effective treatment for many causes of infertility. While high quality IVF services are provided by clinics across Canada, there are many different ways to present IVF success rates. To assist patients as they make informed decisions about their care and in the interest of transparency, the Canadian Fertility and Andrology Society (CFAS) believes that each centre should present outcome data to the public in a form that is clear and easy to understand.

For more than a decade, almost all Canadian IVF centres have voluntarily reported their IVF outcomes to a national registry. Initially, this was called CARTR (the Canadian Assisted Reproductive Technology Registry). CARTR has recently agreed that BORN (the Better Outcomes Registry and Network) Ontario would administer the registry as the CARTR-BORN collaboration.

The CARTR-BORN collaboration produces a national report that is presented each year at the CFAS annual meeting[1]. That report organizes the data by patient age (<35, 35-39, 40+), the type of treatment performed (fresh cycles, frozen-thaw cycles, donor egg cycles, etc.), and the denominator used (cycles started or embryo transfer). Only aggregate data, not data for individual centres, is publicly presented in CARTR-BORN[1].

To allow patients to make well-informed decisions, it is the CFAS position that all Canadian IVF centres should adopt the CARTR-BORN framework for presentation of any IVF outcome data that they wish to share with their patients and the public:

Use the internationally-accepted definitions specified by the International Committee for



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Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO)[2].

- Explicitly state the definition of pregnancy used
- Report the exact time period to which the data refers and the number of cycles involved
- Present both fresh and frozen-thaw cycles separately and present the results per cycle start
- Divide patients into the CARTR-BORN age groups (<35, 35-39, 40+) and report the number of cycles in each group
- Separate reports on patients using their own eggs from those using donor eggs
- If CARTR-BORN national averages are used then include the most recent CARTR data.

References:

1 Gunby (2014) Assisted reproductive technologies in Canada: 2012 results from the Canadian ART register.

http://www.cfas.ca/index.php?option=com_content&view=article&id=1076&Itemid=668

2 Zegers-Hochschild et al. (2009) The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and World Health Organization (WHO) revised glossary on ART terminology. Hum. Reprod. 24: 2683-2687.