

The Reproductive Medicine Group

VERKAUF • BERNHISEL • TARANTINO • GOODMAN • YEKO

IVF Statistics

IVF Results		
	2002	Cumulative Results 1995 thru 2002
Initiated Cycles	544	2528
Egg Retrievals (ER)	452	2124
Embryo Transfers (ET)	437	2051
Clinical Pregnancies	212	826
Clinical Pregnancies per (ET)	212/437=48.5%	826/2051=40.3%
Clinical Pregnancy per (ER)	212/452=46.9%	826/2124=38.9%
Clinical Pregnancy per Initiated Cycle	212/544=39%	826/2528=32.7%
Other Assisted Reproductive Technology Results		
<i>Clinical Pregnancy Rates per Transfer</i>		
IVF - non ICSI	138/287=48.1%	619/1425=43.4%
IVF with ICSI	74/150=49.3%	207/626=33.1%
Frozen Embryo Transfer	12/36=33.3%	2001 8/20=40% 9/95=9.5% (by live birth)
Egg Donation	33/50=66%**	57/139=41%* (by live birth)
Multiple Pregnancy Rate (by Live Birth)		
	2002 (per pregnancy)	Cumulative thru 2001 (by live birth)
Single Pregnancy	108/197=54.8%	293/523=56%*
Twin Pregnancies	78/197=39.6%	183/523=35%*
Triplet Pregnancies	11/197=5.6%	46/523=8.8%*
Clinical Pregnancy Rate By Age (per Retrieval)		
	2002	
<35	101/187=54%	473/1068=44.2%
35-37	41/96=43%	177/452=39.2%
38-40	28/79=35%	114/365=31.2%
≥41	9/40=23%	29/189=15.3%
Results by Patient Diagnosis (per Retrieval)		
		2001 & 2002***
Tubal	48/125=38%	97/231=42%
Male Factor	61/137=45%	91/220=41.4%
Endometriosis	41/71=55%	60/107=56.1%
Unexplained	31/61=51%	56/105=53.3%
Diminished Ovarian Reserve	28/49=47%	38/78=48.7%
Other	27/42=64%	36/59=61%

*to be Updated

**per pregnancy

***have not collected prior to 2001

Please Note: Due to reporting changes by SART from year to year, the above data may not correlate with data reported by SART and the CDC. A comparison of clinic success rates may not be meaningful because patient medical characteristics and treatment approaches may vary from clinic to clinic.

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ART at University Community Hospital

ART Statistics January 1 through December, 2002

INTRODUCTION

This status sheet provides up to date IVF statistics through December, 2002. We are very proud of the level of success that we have achieved at our ART program. We believe that an examination of the following data provides our patients with results that they can rely upon when making significant decisions that have a profound affect on their future.

Most IVF programs, as we do, routinely submit annual ART statistics in a standardized format to SART (Society for Assisted Reproductive Technology). The information that is sent in from the various centers throughout the country are published by the Centers for Disease Control and is available online for public review. Unfortunately, the process of reporting often involves a delay of some two to three years to the time of actual publication. As a consequence, many changes may have occurred in ART programs that are not reflected in the statistics using this "old data". Contemporary information will be more meaningful to help our patients make critical decisions they need to make including where to do their IVF treatment.

The data enclosed will be revised every year. In addition, the cumulative statistics starting from the inception of the program in 1995 will also be included. Further information regarding our programs may be obtained by attending our free monthly patient education nights at University Community Hospital (telephone number 813-615-7956) and from our website www.floridafertility.com.

Key Terminology

Initiated cycle indicates medication has been initiated to stimulate ovaries to produce follicular stimulation.

Egg retrieval: An Attempt is made to obtain eggs or oocytes from the ovary for in vitro fertilization or GIFT.

Embryo transfer: The resulting embryos (fertilized eggs) are transferred into the uterus.

Clinical pregnancy: A gestational sac is verified and visualized in the uterus by a fetal heart beat.

Miscarriage (spontaneous abortion): The loss of a clinical pregnancy prior to 20 weeks gestation.

Ongoing pregnancy/Delivery: Pregnancy proceeding beyond 20 weeks gestation.

Cancellation: Cycles that may be cancelled following initiation of medication and prior to egg retrieval because of an inadequate response to medications.

Conventional fertilization: The union of sperm and oocyte (egg(s)) without microscopic manipulation.

Intracytoplasmic sperm injection (ICSI): The mechanical insertion of the sperm into the cytoplasm of the oocyte (egg) to achieve fertilization with many forms of male factor infertility.