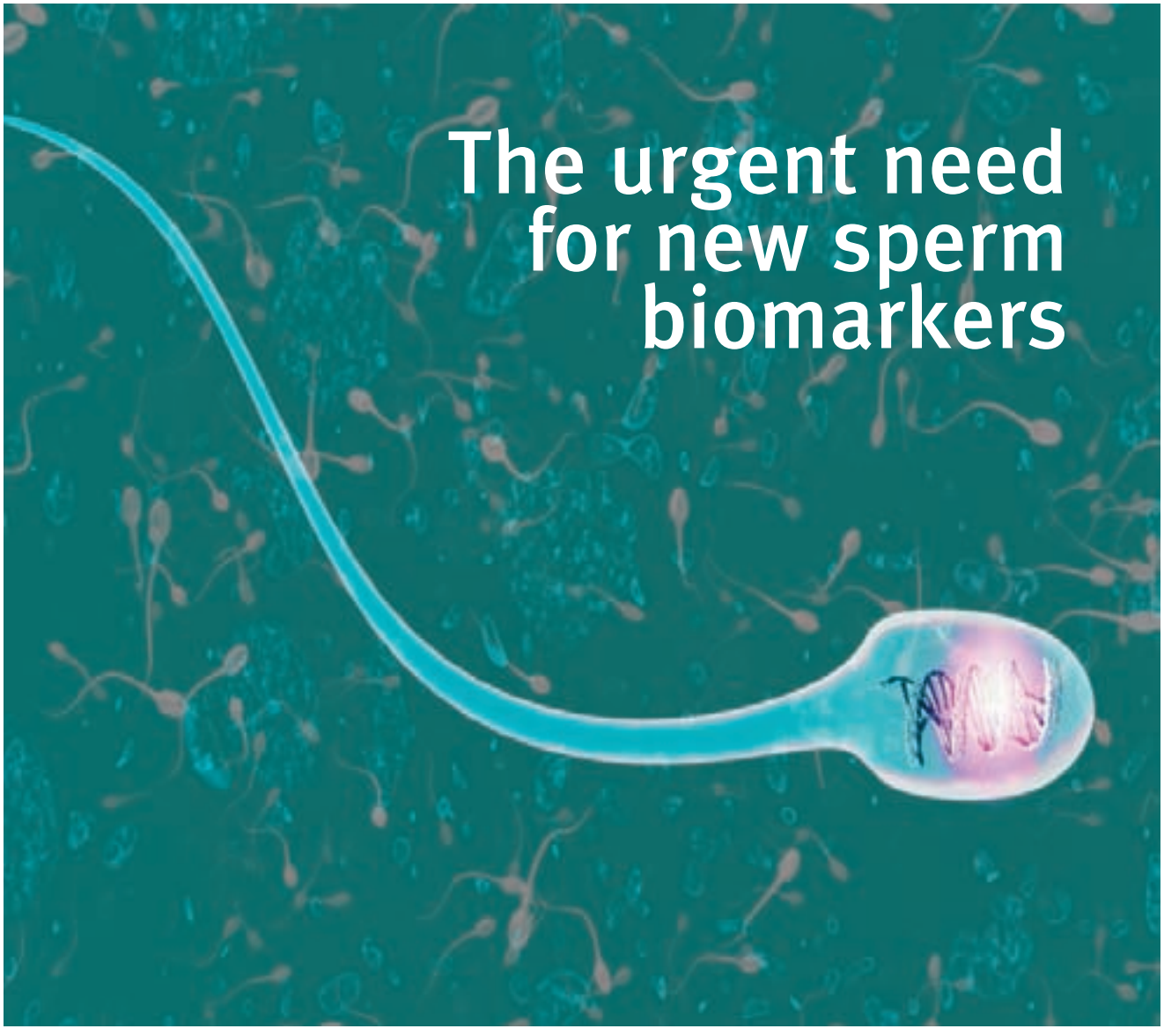
Focus on
REPRODUCTION

European Society of Human Reproduction and Embryology // JANUARY 2012 //



The urgent need for new sperm biomarkers

- ESHRE news
- Conception in HIV-infected couples
- The whole man - and not just his sperm

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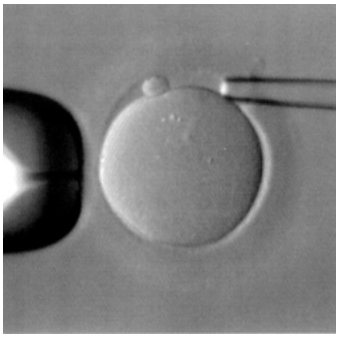
ESHRE's array CGH trial ready for randomisation



ESTEEM will be the first randomised trial of 23 chromosome testing of polar bodies using array CGH The pilot study showed that reliable identification of the chromosomal status of an oocyte is possible in about 90% of polar body biopsy attempts.

Randomisation in ESHRE's trial to evaluate oocyte euploidy by array CGH is expected to begin in February. The study, which will be performed in women aged between 36 and 41 years, has two primary aims: to estimate the likelihood of having no euploid embryos in future ART cycles and to improve live birth rates in women of advanced maternal age.

The study, now known as ESTEEM (the ESHRE Study into The Evaluation of oocyte Euploidy by Microarray analysis), aims to recruit around 600 couples (at least 266 per study arm) at seven PGS centres.

Project arrangements with collaborating partner BlueGnome are already in place, and all centres have had microarray training for two days. Polar body biopsy training has been provided by the two reference centres in Bonn and Bologna.

It has now been agreed that the steering committee will comprise Joep Geraedts (who led the PGS Task Force behind the pilot study), Veerle Goossens (from ESHRE's Central Office), and John Collins (who wrote the trial protocol). Data management, monitoring and training will be in the hands of Clinical Trial Center Maastricht, an academic research organisation able to provide online randomisation (which will allow stratification according to age and centre).

The study is expected to last around two years.

Embryo certification goes international

The Portuguese embryologist Carlos Plancha has taken over as co-ordinator of the Embryologist Certification Steering Committee. The scheme, which continues to exceed all expectations, saw almost 90 clinical embryologists gain certification in 2011, and 20 seniors.

This year will be the first in which the scheme becomes open to embryologists from outside Europe, with certification exams taking place in Istanbul. In this first year (for which applications were open until November 2011) only the senior certification is available.

It will also be possible in the near future that all ESHRE-certified embryologists can if they wish renew their certificate through a new continuing embryology education credit (CEEC) scheme. 'We consider the scheme a stimulus for the continuous update of knowledge,' explains Kersti Lundin, co-ordinator of the SIG Embryology. 'It will provide a practical framework for continuous education through attending meetings and workshops, and a recognition of publications and other activities by clinical embryologists. However, this is a voluntary activity, and, as with all academic certificates, there is no loss of validity implied from a previously obtained ESHRE clinical embryology certification.' Credits may be earned in three-year blocks according to the type of activity undertaken.

Three ESHRE guidelines now in development

Three ESHRE guidelines are currently in development, according to ESHRE's research specialist Nathalie Vermeulen. The first, an update of the endometriosis guideline, has completed its initial stages (topic selection, development group and scope) and preliminary searches for evidence, and is now in the process of summarising/grading evidence and formulating recommendations. Hopes are that the finished text will be ready for publication later this year.

A psychology and counselling guideline completed its scoping in Stockholm last year and will begin evidence searches early this year. Publication is expected in early 2013. And a guideline on premature ovarian insufficiency, proposed by the SIG Reproductive Endocrinology, has also completed scoping and hopes to finish its evidence searches and grading before the end of this year, with a view to publication in 2013.

Nathalie reported to ESHRE's Executive Committee that standard guidelines are likely to take around two years to develop and complete.

Other proposals under consideration include the diagnosis and treatment of female genital tract malformations, and guidelines for the provision and management of sperm cryopreservation in cancer patients.