# Update on revisions to the ICMART / WHO glossary

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### Introduction

- ART more and more widely used: 6 million children
- Many differences: access, practice, results
  - Clinics, countries, regions
- Continuous development of tehniques
- Questions on safety, ethics
- Access to information crucial issue
  - Patients, professionals, public health

## Introduction (2)

- Implementation of registries
  - National, international
- Needs for comparisons
  - Not apples and pears
  - Common language is a necessity
- ICMART WHO glossary, 2006-2009
  - Endorsed by most international organizations

# Introduction (3)

- Revision scheduled and needed for improvement on 4 aspects
  - Some clarifications
  - Evolution of techniques and knowledge
  - Harmonization with infertility language
  - Consistency with ICD 11

#### Methods

- General method: expert panels, literature review, and consensus meetings.
- 4 groups: clinical, laboratory, outcome, epidemiology / public health (September 2014)
- 4 steps
  - Working groups on 4 specific areas (30 people)
  - Consensus meeting, WHO (30 specialists) 4 days
  - Advices (WHO representatives, agencies, ICD 11)
  - Debate at WHO September 2015

### Methods (2)

- Groups coordinations
  - Clinical: Thomas D'Hooghe
  - Laboratory: Arne Sunde
    - Andrology and Embryology
  - Outcome: Jacques de Mouzon
  - Public Health: John Collins
- General coordination: F. Zegers-Hochschild (ICMART) and Sheryl Vanderpoel (WHO)
- Main societies involved (ESHRE, ASRM, ...)

### Preliminary results

- The ICMART / WHO Glossary has been largely expanded, from 87 to 247 definitions, from fertility to birth
- Most previous definitions have been retained but some modified, clarified or expanded
- Many new definitions have been added, particularly in infertility and epidemiology/ public health.
- Full consistency with ICD 11

# Preliminary results (2). Fields covered

- Fertility, infertility, & conditions related to it
  - Endometriosis, adenomyosis, ovulation, male, ...
- Technical aspects, ART, MAR, lab, clinic
- Embryology: embryo, blastocyst, ...
- Outcome
  - Cycle, treatment, implantation, pregnancy, abortion
  - Newborn: prematurity, low birth, anomalies
  - Adverse effects OHSS, ...
- Results indicators and rates

### **Examples**

■ ART: All treatments or procedures that include the in vitro handling of both human oocytes and sperm or of embryos for the purpose of establishing a pregnancy. This includes, but is not limited to, in vitro fertilization and embryo transfer, intracytoplasmic sperm injection, embryo biopsy, preimplantation genetic diagnosis, preimplantation genetic screening, assisted hatching, gamete intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy. ART does not include assisted insemination (artificial insemination) using sperm from either a woman's partner or a sperm donor.:Medically assisted reproduction (MAR)

### Examples (2)

- Infertility: A disease defined by the failure to become pregnant after 12 months of regular, unprotected sexual intercourse. Infertility may be diagnosed in less than one year based on medical and reproductive history, age, physical findings, diagnostic testing or in persons with other forms of reproductive disabilities.
- Reproductive disability: The impairment of the capacity to reproduce; a major cause is infertility
- Primary: Infertility in a person who has never been pregnant.
- TTP: time to become pregnant, in months or in menstrual cycles.
- Total fertility rate: The average number of live born children per woman. Expressed as either the Period Total Fertility rate (PTFR) or Cohort Total Fertility Rate (CTFR).

### Example (3)

- Clinical pregnancy: a pregnancy diagnosed by ultrasonographic visualization of one or more gestational sacs or definitive clinical signs of pregnancy. It includes clinically documented ectopic pregnancy, pregnancy of unknown location and hydatidiform mole. Note: Multiple gestational sacs are counted as one clinical pregnancy.
- Clinical pregnancy with fetal heart beat
- **Delivery:** The complete expulsion or extraction from the mother of one or more fetuses, living or not, after at least 20 completed weeks of gestational age. A delivery of multiple fetuses is considered as one deliver

### Conclusion

- Very large consultation
  - 150 specialists, all fields
  - Worlwide
  - Fertility societies,
- Long process, 4 steps
- Consistency with ICD 11
- Role of WHO (Sheryl Vanderpoel)

### Conclusion (2)

- Finalization: 2015
- Publication 2016
- Translation in official WHO languages
- Long and deep process
- Follow-up in the coming years
- Future revisions, updates (?)

### Working groups

- CLINICAL TERMINOLOGY: Thomas D'Hooghe (Belgium), Osamu Ishihara (Japan), Siladitya Bhattacharya (UK), Silke Dyer (South Africa), Herman Tourney (Belgium), Bart C. Fauser (The Netherland), Adam Balen (UK), Paul Devroey (Belgium)
- LABORATORY TERMINOLOGY: Arne Sunde (Norway), Catherine Racowsky (USA), Laura Renzi (Italy), Chris Barratt (UK), Lars Bjorndahl (Sweden), Peter Nagy (USA), Balaban Basak (Turkey)
- OUTCOME TERMINOLOGY: Jacques de Mouzon (France), Ragaa Mansour (Egypt), Karl Nygren (Sweden), Elizabeth Sullivan (Australia), Anja Pinborg (Denmark), Dorothy Lamb (USA)
- EPIDEMIOLOGY AND PUBLIC HEALTH: *Ian D Cooke (UK)*, John Collins (Canada), Cindy Farquhar (N. Zealand), Lone Schmidt (Denmark)
- COORDINATION: Fernando Zegers (Chile), Sheryl Vanderpoel (WHO)

