



2013 Assisted Reproductive Technology Report

Annual In Vitro Fertilization & Donor Egg Program in Review

The physicians at Shady Grove Fertility are proud to release the 2013 In Vitro Fertilization (IVF) and Donor Egg Program success rates. With outcomes ranking among the top in the nation, it is extremely gratifying to have helped so many infertile couples achieve their dream of parenthood.

48% Delivery Rate for Record Number of Fresh IVF Cycles

In 2013, Shady Grove Fertility performed nearly 5,000 autologous fresh IVF treatment cycles - the highest number ever performed at SGF in a single year. There were 1,842 clinical pregnancies and over 1,549 deliveries. Women under the age of 35 in our IVF program had a 54% pregnancy rate and a 48% delivery rate per embryo transfer.

Nation's Largest Donor Egg Program Helps More Patients Conceive with Shared Donor Egg Option

The Donor Egg Program at Shady Grove Fertility continued to grow, with 1,037 donor egg cycles initiated, resulting in a 58% pregnancy rate per embryo transfer and a delivery rate of 49% per embryo transfer. Many patients have elected to take part in the Shared Donor Egg Program, which provides patients with the ability to share the eggs and cost of a single donor with one or two other couples. Last year, 90% of donor egg treatment patients chose to participate in the Shared Donor Egg Program.

Increasing Chances of Conception with Frozen Embryos

As the IVF and Donor Egg Programs continue to offer options for patients struggling with infertility, vitrification – a new freezing technology – is allowing patients to enhance their chances of success with each fresh IVF cycle. At Shady Grove Fertility, approximately 55% of patients <38 years old will have high-quality blastocyst-stage embryos to freeze for subsequent treatment cycles. Frozen embryo transfer (FET) cycles offer patients the opportunity for future treatment cycles with nearly identical success rates, at a reduced cost.

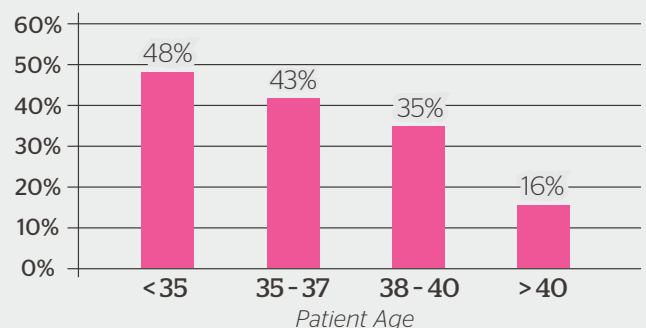
79% of All Pregnancies Are Singletons

Retrospective data for good prognosis patients has shown that it is no longer necessary to transfer multiple embryos in order to ensure success. The reproductive endocrinologists at Shady Grove Fertility suggest elective single embryo transfer (eSET) as an option to reduce the risk of high order multiples. By transferring a single embryo, the risks associated with multiples are reduced, without compromising the chances of pregnancy or live birth. These efforts have resulted in the rate of twins dropping significantly below the national average.

Age Remains the Single Most Important Predictor of Treatment Success

A woman's age provides significant insight into her fertility potential. With advancing maternal age, the ovarian reserve decreases, limiting a woman's chances of conception – naturally or through fertility treatment. Thus, if infertility is suspected, a timely referral will give patients the greatest chance to achieve a successful pregnancy. Depending on the age of the patient, IUI or autologous IVF may be an option. For those patients over the age of 44 or who have not been successful with their own eggs, motherhood is still possible with donated eggs. Donor egg treatment is the great equalizer, bringing a woman's chance of success back to what she would have experienced in her 20s and early 30s.

Ongoing/Delivery Rates per Embryo Transfer by Age



*SGF Autologous In Vitro Fertilization Program Jan. 1, 2013 - Dec. 31, 2013



SGF IVF Program Success Rates Among the Top in the Nation

What is the Definition of “Success”?

In 1992, Congress passed the Fertility Clinic Success Rate Reporting Act, which requires fertility centers providing IVF services to report their annual outcomes in a standardized manner to the Centers for Disease Control (CDC). As a result, it is clear which success

rate data represents “pregnancies” versus “live births.” **While pregnancy rates are important, we believe the key measure of success for infertility treatment is the rate of live births per embryo transfer.**

2013 IVF Program Statistics

	< 35	35-37	38-40	> 40	Total
Initiated Cycles	1,965	1,036	1,124	836	4,961
Egg Retrieval (ER)	1,868	940	977	701	4,487
Embryo Transfers (ET)	1,637	840	859	588	3,924
Clinical Pregnancy	891	430	375	146	1,842
Miscarriage	100	65	76	51	292
Ongoing or Delivered Pregnancies	790	365	299	95	1,549
Ongoing/Delivery Rate per Embryo Transfer	48%	43%	35%	16%	39%

*SGF Autologous In Vitro Fertilization Program Jan. 1, 2013 – Dec. 31, 2013

Understanding Success Rates

Glossary of Terms

Initiated Cycle Medication is initiated to stimulate the ovaries to produce multiple follicles.

Egg Retrieval (ER) An attempt is made to obtain eggs from the ovaries. This number will be lower than the number of initiated cycles because some cycles result in no egg development or a number too insufficient to justify an egg retrieval.

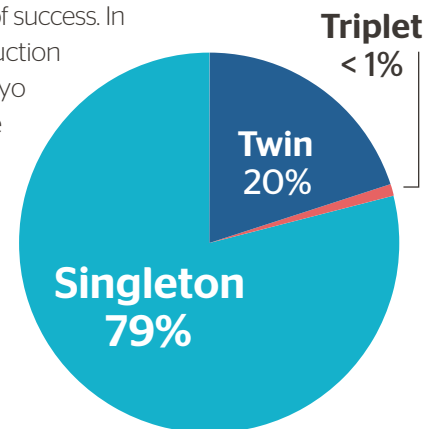
Embryo Transfer (ET) The placement of an embryo(s) into the uterus. This number will also be lower than the number of retrievals since not every egg will fertilize or remain viable at the time of transfer. In addition, for hormonal or genetic reasons, all of the embryos may be frozen.

Clinical Pregnancy Achieved when a gestational sac is visualized in the uterus.

Ongoing Pregnancy or Live Birth Pregnancy proceeding beyond 20 weeks gestation. This number will always be lower than the pregnancy rate due to the occurrence of miscarriage. Most miscarriages occur prior to nine weeks gestation.

Increasing Singleton Pregnancies

It is important to recognize that multiple pregnancies present an increased risk to both mother and baby. For this reason, a healthy singleton pregnancy is our goal. In 2007, research at Shady Grove Fertility found that transferring a single high-quality embryo – in a good prognosis situation – substantially reduced the risk of multiples without compromising the chance of success. In the years since the introduction of elective single embryo transfer (eSET), we have seen the rate of singleton pregnancies in our IVF and Donor Egg Programs rise to be among the top in the nation.



*SGF Autologous In Vitro Fertilization Program Jan. 1, 2013 – Dec. 31, 2013

Donor Egg Treatment Offers Patients the Greatest Chance of Success

Last year, nearly 1,040 patients initiated a donor egg treatment cycle. Historically, 75% of patients requiring the use of donated eggs could not pursue treatment because of the cost. Despite this challenge, donor egg treatment has continued to grow, particularly due to the introduction of the Shared Donor Egg Program. Patients now have the ability to split the eggs of a single donor with one to two couples, without compromising the chance of pregnancy. Additionally, combining this program with our Shared Risk 100% Refund Guarantee reduces the cost of treatment by nearly 50%.

2013 Donor Egg Program Statistics

Shared Donor Program	Program Enrollment	Clinical Pregnancy Rate (per transfer)	Miscarriage (per clinical pregnancy)	Ongoing Pregnancy/Live Birth (per transfer)
1 Recipient to 1 Donor	8.6%	58%	13%	45%
1 Recipient to 2 Donors	23.7%	58%	12%	42%
1 Recipient to 3 Donors	67.7%	57%	17%	40%

*SGF Donor Egg Program Jan. 1, 2013 - Dec. 31, 2013

Frozen Embryo Transfers: Increasing the Chance of IVF Success

2013 Frozen Embryo Transfer Statistics

Age	Thaws	Embryo Transfers	Clinical Pregnancy (per transfer)	Miscarriages	Ongoing Pregnancy/Live Birth (per transfer)
< 35	790	764	484 (63%)	98	386 (51%)
35-37	482	456	248 (54%)	42	206 (45%)
38-40	332	320	163 (51%)	30	133 (42%)
> 40	162	145	56 (39%)	14	42 (29%)

*SGF Frozen Embryo Transfers Jan. 1, 2013 - Dec. 31, 2013

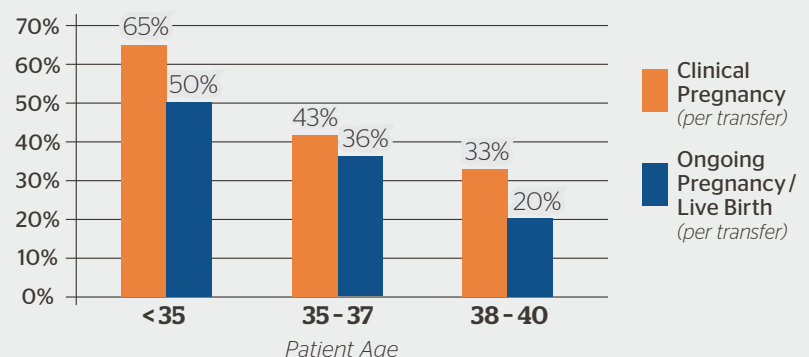
Vitrification, a fast-freeze technology, has increased success rates for frozen embryo transfers (FET) so that they are now comparable to a fresh IVF cycle. Freezing embryos at the blastocyst stage has been shown to increase the chance of pregnancy with each fresh IVF cycle, while decreasing the overall cost. Patients participating in financial programs like Shared Risk 100% Refund Guarantee or the Multi-Cycle Discount can move forward with FET cycles at no additional cost. The FET cycle does not count as one of the six fresh cycles in the Shared Risk program.

Promising Outcomes for Egg Freezing Patients

For over 10 years, research has been performed on egg freezing in order to extend a woman's fertility potential. Early cryopreservation technology offered hope, but was ultimately proven to be unreliable. **In 2009, with the introduction of vitrification, egg freezing became a viable option.** While the Egg Freezing Program is still in its early stages, hundreds of frozen donor egg cycles have been completed, in addition to 98 elective egg freezing cycles. The ongoing pregnancy/live birth success rates are encouraging – especially for women in their early to mid 30s.

*SGF Egg Freezing Program Jan. 1, 2010 - Dec. 31, 2013

Ongoing/Delivery Rates per Embryo Transfer by Age





FERTILITY UPDATE

SHADY GROVE FERTILITY

PARTNERS IN PATIENT CARE

A patient's fertility journey does not start or end with a reproductive endocrinologist, but rather with the obstetricians and gynecologists. Over the past 23 years at Shady Grove Fertility, we have developed lasting and valued partnerships with you. Through this partnership, we represent the most successful U.S. fertility partnership in terms of both pregnancies and deliveries.

In 2013, SGF treated a record number of patients, resulting in over 3,000 successful IVF and donor egg patients returning to their physicians. Thank you for your collaboration and confidence. Read our *2013 Assisted Reproductive Technology Report* to learn more about these successful fertility treatment programs.

**Over 3,000
pregnant patients
were referred back**

to their OB/GYN for prenatal
care and delivery*.

**2013 IVF and
Donor Egg treatment
using fresh and frozen
eggs/embryos*

[Complete 2013 IVF Treatment Stats Inside ▶](#)