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LETTERS

NEW INFERTILITY TREATMENTS

Role of the private sector in developing new infertility treatments

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Hurley's article on new technologies in infertility treatment requires a response.[1] In more than 30 years of in vitro fertilisation, assessment of embryo quality has changed little. It is based on subjective assessment consisting of two or three examinations over 2-5 days, during which embryos are removed from their controlled environment. The "best" embryo is not always selected, and adverse epigenetic phenomena may be associated with prolonged culture.[2]

Several time lapse systems allow assessment of embryo development without disturbance and provide additional information on development. We have introduced the Eeva system, which is superior to human assessment in predicting developmental potential and increases the probability of selecting euploid embryos.[3 4]

Randomised controlled trials are important. However, the cited trial, showing worse outcome after pre-implantation genetic screening, was based on flawed technology. Recent trials using comprehensive chromosome screening are showing huge benefit.[5]

Credible trials can be designed only after accruing observational data. Meanwhile, we believe that it would irresponsible to deny patients access to technologies that reduce environmental risk to embryos and provide objective evidence supporting better embryo selection.

Unfortunately, new technologies are often expensive and we must judge whether the financial outlay is justified. As private institutions we do not make these decisions lightly, because they have implications for the financial health of our businesses. Therefore, we have to examine the scientific data to indicate the potential of these technologies. Only through these steps will we gather enough observational data to justify a randomised controlled trial.

In the UK, the NHS relies on the private sector to take these steps, with all their implications, to generate that data, so that NHS patients can ultimately benefit from these innovations.

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Full response at: www.bmj.com/content/347/bmj.f6004/rr/668520.

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