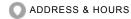


# **Shore Institute for Reproductive Medicine**



475 Route 70, # suite 201 Lakewood,NJ 08701

**2** (732) 363-4777



Website: www.morganfertility.com (www.morganfertility.com)

☑ Request information from this clinic
(/Home/RequestClinicInfo?clinicId=2028)

SERVICES & PROFILE

Practice Director: Allen Morgan, M.D.

Medical Director: Allen Morgan, M.D.

Laboratory Director: Teresa Wiesak, Ph D

- ✓ SART Member
- ✓ Verified Lab Accreditation

#### Services:

- Donor Egg
- X Donor Embryo
- ✓ Gestational Carriers
- ✓ Cryopreservation
- ✓ Egg Cryopreservation
- ✓ Female Couple
- ✓ Male Couple
- ✓ Single Men
- ✓ Single Woman
- ✓ PGD/PGS
- × Mental Health Services
- ✓ Service to Veterans

♠ Show less

Provide feedback on SART's new Clinic Summary Report

PATIENT SEVERITY INDEX

Why we don't provide information on patient characteristics per clinic:

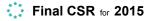
It is understandable that patients would like to use SART clinic outcome reports both as a "report card" to judge quality of care and as a predictor of chance of success for each individual patient. Currently, the SART clinic summary reports cannot be used without context for either purpose.



Embryo Banking Cycles Converted from Fertility Preservation: 0

Oocyte Banking Cycles Converted from Fertility Preservation: 0

Last updated April 25, 2018



The Preliminary 2016 CSR is available. Click on FILTER above and select Reporting Year 2016 to view.

3 Delayed Outcome cycles included | 3 cycles from 2016 were pulled back into 2015 | 0 cycles from 2015 were pulled back into 2014

Total Cycles: 117 Embryo Banking for Fertility Preservation: 0 Oocyte Banking for Fertility Preservation: 0

#### **.** ■ UNDERSTAND THIS REPORT

This report is completely re-designed from the past. We did this to provide patients with outcomes that reflect changes in the way infertility is treated through IVF. In recent years, there has been increased emphasis on embryo cryopreservation, genetic testing, and single embryo transfer that was not adequately captured by the old reporting system. This report captures the treatment burden to the patient (the number of cycles) as well as the best outcome (delivery of a healthy child) by tracking outcomes over time for an individual, accounting for both fresh and frozen embryo transfers. We hope this will help you better understand the expected outcomes from Assisted Reproductive Technologies (ART). If you want to get a more personalized prognosis for your chances, please visit the SART patient predictor (https://www.sartcorsonline.com/predictor/patient).

The SART Clinic Summary Report (CSR) allows patients to view national and individual clinic IVF success rates. The data presented in this report should not be used for comparing clinics. Clinics may have differences in patient selection and treatment approaches which may artificially inflate or lower pregnancy rates relative to another clinic. Please discuss this with your doctor.

What is the difference between a Preliminary and Final CSR and why are some cycles delayed?

The outcome of a primary cycle for patients using their own eggs may be <u>delayed</u> if the retrieval occurred during the reporting year, but the outcome of the first embryo transfer will not be known until the next reporting year. We are now accounting for treatment outcomes that are realized one year beyond the end of the reporting year. Therefore the annual CSR will be labeled "preliminary" the first year it is posted and "final" the following year.

#### What is a cycle?

A cycle is counted when a woman has started medications for the purpose of having an ART procedure. In the case of a "natural" cycle when no medications are used, the cycle starts with the first day of a woman's menstrual cycle when she is planning to have an ART procedure done that month. The cycle is counted if an egg retrieval is performed or if the cycle is cancelled before the egg retrieval. If several cycles are performed to bank eggs or embryos, each will be counted in the denominator when calculating the pregnancy rate. For example, if three successive ovarian stimulation cycles are performed with the purpose of accumulating or "banking" embryos for one

embryo transfer later that year that results in a delivery, the delivery rate would be 1/3 (33%). We feel that counting each cycle and not just focusing on the embryo transfer more accurately reflects the treatment burden and costs the patient has endured.

#### What is considered a "success"?

In this report, we have emphasized the delivery of a child (rather than a positive pregnancy test) as the main outcome of interest, since this is the outcome patients desire. We also have emphasized singleton deliveries since twin and higher order multiple pregnancies have a higher risk of premature delivery and have increased medical complications during the pregnancy and after delivery, often with infants requiring stays in the neonatal intensive care unit. Cycle success is measured by the live birth rate with a singleton delivery occurring after 37 weeks of gestation being the optimal outcome of IVF cycle. The percentage of triplet, twin and singleton births contributing to the live birth rate are provided for each cycle group and a summation of all deliveries (singletons and multiple births) is provided in the report. We have also reported the risk of premature delivery by dividing the live births into three groups including delivery occurring before 32 weeks of gestation (very pre-term), 32-37 weeks of gestation (pre-term) or reaching term (>37 weeks).

Outcomes are divided by several factors including patient age and source of the eggs whether autologous (originating from the female patient) or donor eggs. These are important prognostic factors and by separating the data, you can get a better idea of both national and individual clinic experience by these factors. The report contains additional filters for infertility diagnosis, stimulation type and other treatment details are available for patients to review the number of procedures and outcomes for specific patient groups and treatments.



#### Patient's Own Eggs

For women undergoing treatment with their own eggs, the end point of a treatment cycle can vary and this report attempts to capture the success rate following one or more egg retrievals and the first embryo transfer (primary outcome), the success of subsequent cycles using frozen eggs or embryos not transferred in the first embryo transfer and, finally, the combined contribution of the primary and subsequent cycles to the <u>cumulative</u> live birth rate for a patient.

A cycle is initiated for egg retrieval. This cycle is concluded with the outcome of the first embryo transfer (fresh or frozen embryos) or it has been determined that embryo transfer will not be performed within a year of the egg retrieval cycle start. This endpoint is the PRIMARY OUTCOME.

If an embryo transfer occurred, the PRIMARY OUTCOME may be attributed to either a fresh or frozen embryo transfer. If you wish to review primary outcomes from fresh embryo transfers, use the FILTER feature and exclude frozen embryo transfers. If you wish to review primary outcomes from cycles where no fresh embryo transfer occurred and the outcome is from the 1st frozen embryo transfer, use the FILTER feature and include only frozen embryo transfers.

#### Subsequent cycles

The subsequent cycle is any cycle involving the thawing of eggs or embryos after the PRIMARY OUTCOME has been determined. This is the cycle that is started either after the 1st embryo transfer has occurred or if more than one year has passed since the egg retrieval and this cycle is the first egg of embryo thaw. The endpoint is the SUBSEQUENT OUTCOME.

#### Cumulative Live Birth Rate

The cumulative live birth rate reflects the chance of achieving a live birth after a fresh or frozen embryo transfer within a year of cycle initiated for egg retrieval. The live birth may have been the PRIMARY OUTCOME (from the 1st fresh or frozen embryo transfer) or a SUBSEQUENT OUTCOME (frozen embryo transfers). The 2014 reporting year was the first year that subsequent cycles were linked to the egg retrieval cycles to generate the cumulative outcome or CUMULATIVE LIVE BIRTH RATE per egg retrieval

#### Live Birth Rate per Patient

The live birth rate per patient includes the outcomes for patients who are new to an infertility center and starting their first cycle for retrieval of their own eggs during the reporting year.

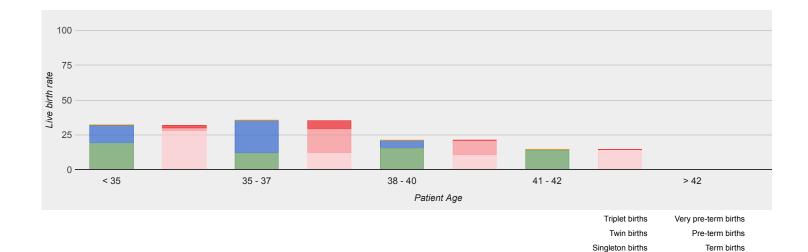


Verified by: Medical Director Allen Morgan, M.D.

#### PATIENT'S OWN EGGS

## FINAL CUMULATIVE OUTCOME PER EGG RETRIEVAL CYCLE

	Age of woman					
	< 35	35 - 37	38 - 40	41 - 42	> 42	
Number of cycle starts	47	17	19	7	1	
Singletons	19.1 %	2/17	3/19	1/7	0/1	
Twins	12.8 %	4/17	1/19	0/7	0/1	
Triplets or more	0 %	0/17	0/19	0/7	0/1	
Live Births	31.9 %	6/17	4/19	1/7	0/1	
(Confidence Range)	(18.6 - 45.2)	-	-	-	-	



★ Hide Cycle characteristics

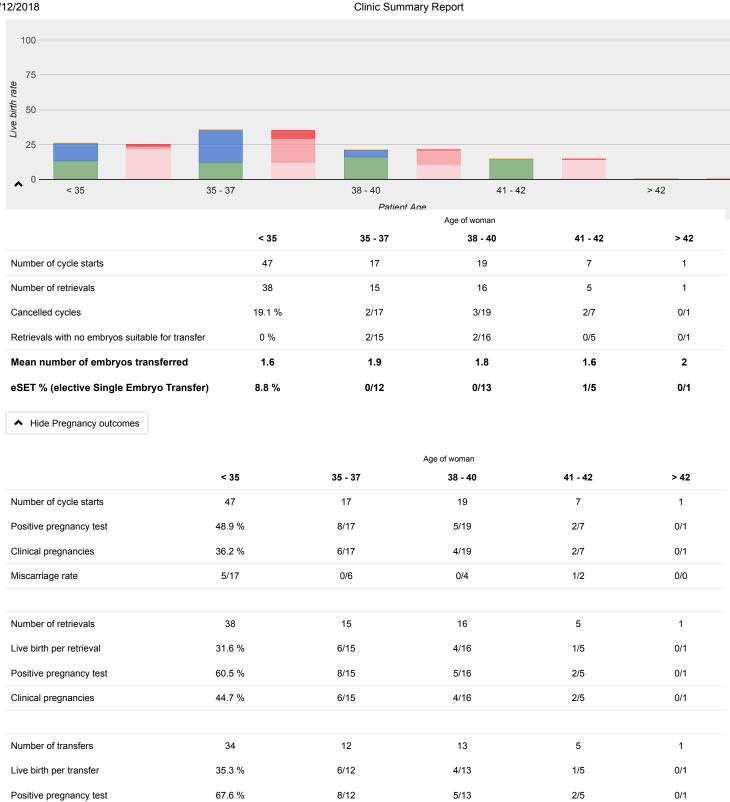
	Age of woman					
	< 35	35 - 37	38 - 40	41 - 42	> 42	
Mean # of transfers for patients achieving live birth	1.27	1	1	1	0	

## PATIENT'S OWN EGGS

# FINAL PRIMARY OUTCOME PER EGG RETRIEVAL CYCLE

Age of woman < 35 35 - 37 41 - 42 > 42 38 - 40 Number of cycle starts 47 17 19 7 1 Singletons 12.8 % 0/1 2/17 3/19 1/7 Twins 12.8 % 1/19 0/1 4/17 0/7 Triplets or more 0 % 0/1 0/17 0/19 0/7 Live Births 25.5 % 6/17 4/19 0/1 1/7 (Confidence Range) (13.1 - 38.0)

Term	10/12	2/6	2/4	1/1	0/0
Pre-term	1/12	3/6	2/4	0/1	0/0
Very pre-term	1/12	1/6	0/4	0/1	0/0



## PATIENT'S OWN EGGS

6/12

43.5 %

### FINAL SUBSEQUENT OUTCOME (FROZEN CYCLES)



4/13

21.7 %

50.0 %

38.9 %

Clinical pregnancies

Implantation rate

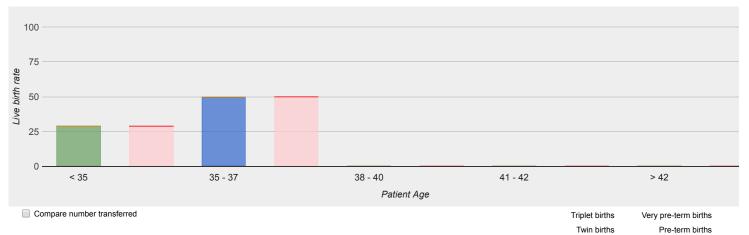
0/1

0/2

2/5

2/8

	< 35	35 - 37	Ag <b>g g</b> f <b>yupŋ</b> nan	41 - 42	> 42
	< 35	35 - 37	38 - 40	41 - 42	> 42
Number of thaw procedures	7	2	1	0	0
Singletons	2/7	0/2	0/1	0/0	0/0
Twins	0/7	1/2	0/1	0/0	0/0
Triplets or more	0/7	0/2	0/1	0/0	0/0
Live births	2/7	1/2	0/1	0/0	0/0
(Confidence Range)	-	-	-	-	-
Term	2/2	1/1	0/0	0/0	0/0
Pre-term	0/2	0/1	0/0	0/0	0/0
Very pre-term	0/2	0/1	0/0	0/0	0/0



♣ Hide Cycle characteristics

	Age of woman				
	< 35	35 - 37	38 - 40	41 - 42	> 42
Number of cycle starts	8	3	1	0	0
Cancelled cycles	1	1	0	0	0
Number of thaw procedures	7	2	1	0	0
Thaw procedures with no embryos suitable for transfer	1	0	0	0	0
Mean number of embryos transferred	1.7	2	1	0	0
eSET % (elective Single Embryo Transfer)	1/6	0/2	0/1	0/0	0/0

♠ Hide Pregnancy outcomes

	Age of woman				
	< 35	35 - 37	38 - 40	41 - 42	> 42
Positive pregnancy test	5/7	2/2	0/1	0/0	0/0
Clinical pregnancies	3/7	1/2	0/1	0/0	0/0
Miscarriage rate	1/3	0/1	0/0	0/0	0/0
Implantation rate	2/10	2/4	0/1	0/0	0/0

Singleton births

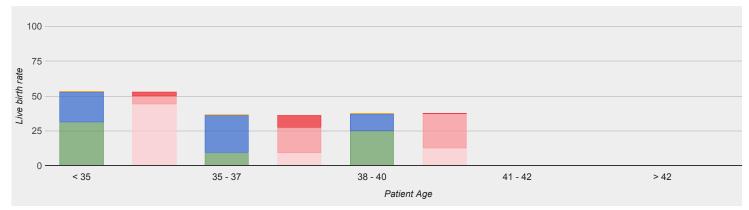
Term births

#### PATIENT'S OWN EGGS

## FINAL LIVE BIRTH PER NEW PATIENT



	Age of woman					
	< 35	35 - 37	38 - 40	41 - 42	> 42	
Number of patients	32	11	8	4	1	
Singletons	31.2 %	1/11	2/8	0/4	0/1	
Twins	21.9 %	3/11	1/8	0/4	0/1	
Triplets or more	0 %	0/11	0/8	0/4	0/1	
Live Births	53.1 %	4/11	3/8	0/4	0/1	
(Confidence Range)	(35.8 - 70.4)	-	-	-	-	
Term	14/17	1/4	1/3	0/0	0/0	
Pre-term	2/17	2/4	2/3	0/0	0/0	
Very pre-term	1/17	1/4	0/3	0/0	0/0	



Triplet births Very pre-term births
Twin births Pre-term births
Singleton births Term births

♠ Hide Treatment characteristics

			Age of woman		
	< 35	35 - 37	38 - 40	41 - 42	> 42
Mean # of attempts at egg retrieval for patients achieving live birth	1.65	1.25	1.33	0	0
Mean # of transfers for patients achieving live birth	1.53	1	1.33	0	0

DONOR EGGS

## **FRESH DONOR EGGS**



Age of woman

All ages

Age of woman

	All ages		
Number of recipient cycle starts	1		
Singletons	0/1		
Twins	0/1		
Triplets or more	0/1		
Live births	0/1		
(Confidence Range)	-		
T	0/0		
Term	0/0		
Pre-term	0/0		
Very pre-term	0/0		
100			
100			
75————————————————————————————————————			
Live birth rate			
25 —			
0 —			
Clinic Live Births		Clinic Term Births	
Compare number transferred		Triplet births	Very pre-term births
		Twin births Singleton births	Pre-term births Term births
♣ Hide Cycle characteristics			
	Age of woman		
	All ages		
Number of transfers	1		
Mean number of embryos transferred	1		
eSET (elective Single Embryo Transfer)	0/1		

# DONOR EGGS

# **FROZEN DONOR EGGS**



	Age of woman  All ages
Number of recipient cycle starts	0
Singletons	0/0
Twins	0/0
Triplets or more	0/0

Age of woman

		Age of woman		
		All ages		
Live births		0/0		
(Confidence Range)		-		
Term		0/0		
Pre-term		0/0		
Very pre-term		0/0		
100 —				
75 —				
oirth rat 20 ————————————————————————————————————				
Live birth rate				
25 —				
0 —				
Cli	nic Live Births		Clinic Term Births	
Compare number transferred			Triplet births	Very pre-term births
			Twin births Singleton births	Pre-term births Term births
♣ Hide Cycle characteristics				
Finde Cycle characteristics				
		Age of woman		
		All ages		
Number of transfers		0		
Mean number of embryos transferred		-		
eSET (elective Single Embryo Transfer)		0/0		

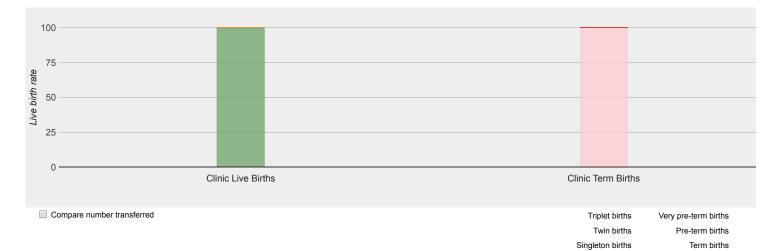
## DONOR EGGS

# THAWED EMBRYOS



	Age of woman  All ages	
Number of recipient cycle starts	1	
Singletons	1/1	
Twins	0/1	
Triplets or more	0/1	
Live births	1/1	
(Confidence Range)	•	
Term	1/1	





♠ Hide Cycle characteristics

	Age of woman	
	All ages	
Number of transfers	1	
Mean number of embryos transferred	2	
eSET (elective Single Embryo Transfer)	0/1	

# **DONATED EMBRYOS**



	Age of woman  All ages
Number of recipient cycle starts	0
Singletons	0/0
Twins	0/0
Triplets or more	0/0
Live births	0/0
(Confidence Range)	-
Term	0/0
Pre-term	0/0
Very pre-term	0/0



	Age of woman
	All ages
Number of transfers	0
Mean number of embryos transferred	-
eSET (elective Single Embryo Transfer)	0/0
Provide feedback on SART's new Clinic Summary Report	

© 2018 - SART, All Rights Reserved.