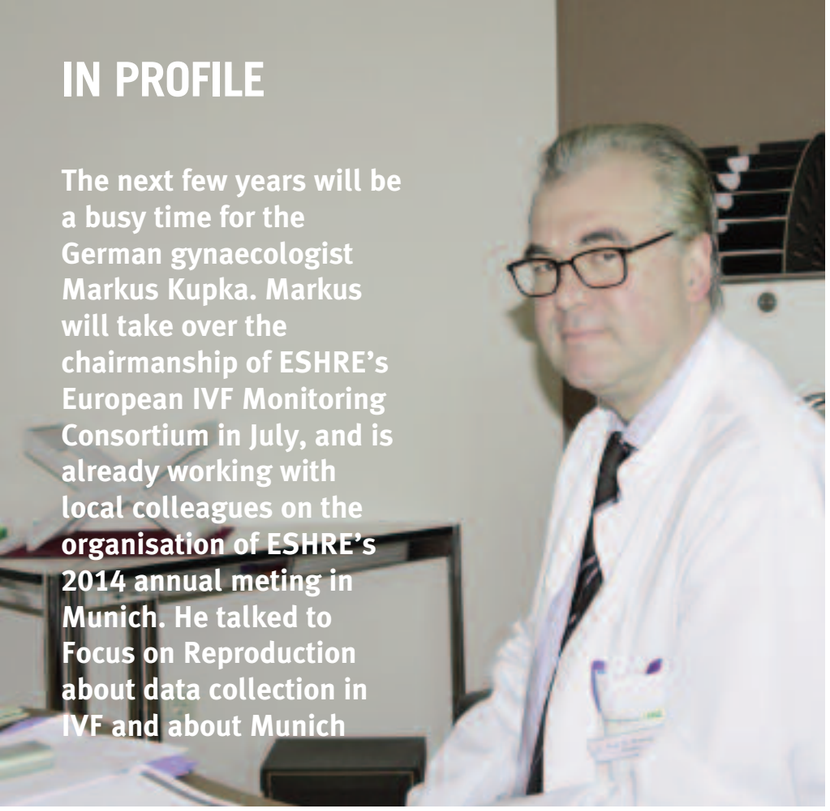


IN PROFILE

The next few years will be a busy time for the German gynaecologist Markus Kupka. Markus will take over the chairmanship of ESHRE's European IVF Monitoring Consortium in July, and is already working with local colleagues on the organisation of ESHRE's 2014 annual meting in Munich. He talked to Focus on Reproduction about data collection in IVF and about Munich

Strength in numbers

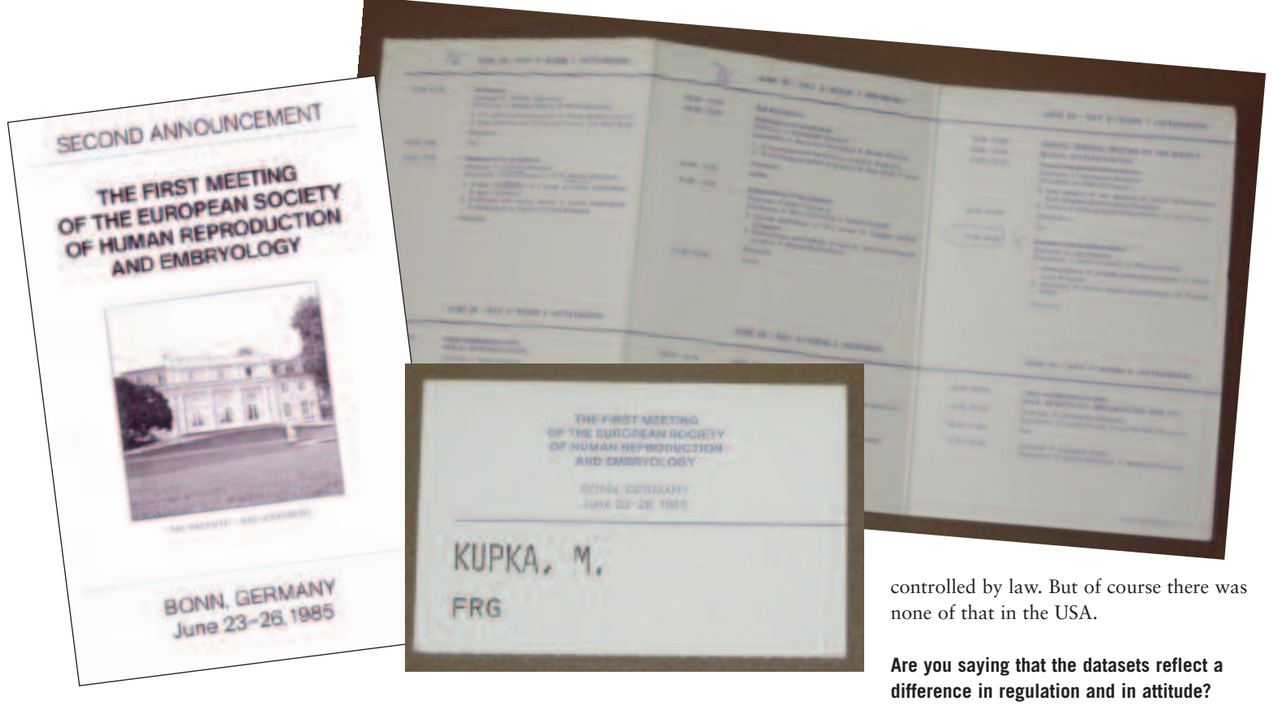
What the future holds for IVF monitoring in Europe

FoR: In June you will become chairman of ESHRE's European IVF Monitoring Consortium in its 14th year. How would you summarise the EIM's achievements?
Most developments in our field have been analysed and much research has been done, but only numbers will tell you the real truth. Everyone asks for numbers, and that's the big thing for this Consortium. We know what's going on not just in one country, but in more than 30 countries. However, for us in the Consortium it's very difficult to motivate some countries to provide their data, in particular where there are no registries. It's been our big aim to encourage these countries, so I'm very happy that we have 34 countries now giving us data. There are only two or three which are not able or not willing to do so. Right now I am hoping that Russia can resolve its political and financial questions so that it too can provide information collected by doctors.

The EIM has received and published a huge amount of data. Its annual reports are some of the most downloaded from *Human Reproduction*. What are the data telling you about clinical trends?
From my point of view the most important is the reduction in multiple pregnancies. There has also been a marked decrease in IVF and increase in the use of ICSI, but it;s not clear of this is just for medical reasons. It's certainly a trend seen in many countries. The implementation of new techniques is apparent too - such as blastocyst culture and PGD. It's also interesting to see how people are moving in Europe to get treatments which are not allowed or reimbursed at home. This is a big issue here in Germany for egg donation.

You are about to start a two-year term as EIM chairman. What are your greatest challenges?
There are no new countries coming into the Consortium. And even some of the countries which have participated in the past are today less able to provide data. So our biggest challenge is getting these countries to continue with the Consortium - and of course to optimise its quality. We have some countries where just one representative is responsible and he or she will phone around the clinics and ask for the numbers. This is a hard job. They don't have a computer-based system but are collecting the data by hand. It's centre-based, not cycle-based, and it's my view that good quality data can only be derived from a cycle-based system. It would be preferable if we could offer a simple internet-based system to these countries - perhaps in the form of a starter-kit.

So do you think the EIM can keep going as it is? Can it sustain the level of information there has been in the past?
Well, the early years are over and everyone now knows what's going on. We are talking about a mature programme and mature data collection systems, but we are still seeing several countries where the collection of the data is shifting from the medical to the governmental sector. This can be an advantage, or a problem. In France we had a registry run by doctors, but it's now a burocratic process, mainly to provide numbers for the politicians. These new figures won't necessarily answer clinical questions or identify emerging trends. So I think there will be changes, but no-one can dispute the value of the Consortium's work, and I think it will certainly continue.



'I WAS IN BONN AND THINKING ABOUT IVF WHEN THE FIRST ESHRE CONGRESS WAS ORGANISED, AND MY INTEREST ESCALATED FROM THERE. I'VE BEEN TO ALMOST EVERY ANNUAL MEETING SINCE. I GUESS THE EIM CONSORTIUM AND THE ANNUAL MEETING ARE A NATURAL PROGRESSION.'

And pregnancy rate as an endpoint?
We have to find a balance. It's very hard for most clinics to find out what happened to each of their pregnancies - especially when so many patients come from abroad. On the other hand, delivery rate is certainly the most relevant endpoint, but I think it's only possible to focus on delivery rates when the data is coming from well established registries - as in Scandinavia or Germany or UK. But for the less established countries it will only be discouraging if we ask for birth rates as well. Maybe we need to run sub-groups where delivery rate is the endpoint.

You have spent time working with CDC and SART in the USA. How do their data compare with Europe's?
It's not always fair to compare them - for example, when you look at availability relative to inhabitants, or when you compare costs. I think there is also a problem in the US figures because they report data on a named centre-by-centre basis. So the data reports become something have an element of advertising about them, and the named centre system may encourage biased information. CDC and SART have an excellent internet-based process for data collection, but that simplicity is not possible in Europe. We have more than 30 countries, each with its own language, political system, its own rules for IVF. SART and CDC can also put a lot of pressure on centres to provide data, which is not the case in most European countries.

Do the US and European datasets reflect differences in the approach to treatment?
When I was at SART it was astonishing to me how similar each clinic's data were - the same protocols, many multiple pregnancies. I was also surprised that there was nothing more than the complicated ASRM guidelines to deal with this. In Germany, transfer policy is strictly controlled by law. But of course there was none of that in the USA.

Are you saying that the datasets reflect a difference in regulation and in attitude?
Yes. Overall, pregnancy rates have always been a little bit higher than in Europe - and everyone is asking why. The answer from my point of view is clear in the data - that clinics are freer to do what they think is appropriate. I'm sure that if CDC and SART did not publish hard data from each centre then maybe the pressure to transfer multiple embryos would be removed - or at least reduced. The question of how a patient chooses a clinic would not be so dependent on its success rates.

And Germany?
We have had a very good system running for 20 years. But now a lot of things will change. It's very expensive to run a good system which is paid for by the IVF centres themselves and not by the government or insurance. Every centre pays around €1.60 for each cycle for the registry. In the UK each clinic also pays a fee to the HFEA.

But there are big differences between Germany and the rest of Europe?
Yes. It's a problem that we can't offer egg donation. And there are still big problems with the legality of PGD. A court judgement in 2011 appeared to accept PGD, but we still have to work on a couple-by-couple basis and put the evidence before a local committee of eight

The Proust questionnaire*

Your greatest virtue?
I can organise many things at the same time.

Your favourite passtime?
Spending time with my family, which includes three very active children.

If not yourself, who else would you be?
I would be most proud to be the man who invented the washing machine. It is extremely useful and saves enormous energy for so many people.

Your favourite novelist?
Gabriel Garcìa Marquez.

Which book are you reading now?

Streß und Freiheit by Peter Sloterdij. He's professor of philosophy and media theory at the University of Art and Design in Karlsruhe.

Your most recent holiday destination?
Italy - Tuscany.

Your favourite food and drink?
Pasta cooked in Italy, and a robust red Italian wine like Brunello di Montalcino.

Your favourite composer?
Albinoni.

Your favourite artist?
Giacometti

Your main fault?
Impatience.

Your motto?
Et kütt wie et kütt - or what will be will be.

* A personal questionnaire celebrated and originally made popular by the French writer Marcel Proust

people. Germany seems afraid to develop a list of diseases appropriate for PGD.

And this goes back to Germany's embryo protection laws?
Yes. It makes a big difference to how we practise our medicine. We have many patients over 40 - it's our daily work - but we are not allowed to offer oocyte donation. We have a huge sperm bank here at my clinic, and sperm donation is OK, but not egg donation. We are not even allowed to discuss 'egg donation'. And there are always checks to see if clinics are working with overseas centres. So the end result is that there's little we can do with these older patients. There is some discussion about using pronuclear stage oocytes, which are not yet embryos under German law. Maybe this will provide a solution.

You're involved in the organisation of ESHRE's annual meeting next year in Munich. How is it going?
As ever, the scientific programme will be fixed by ESHRE's programme committee, and I understand that that is already well advanced. The ambition of the local committee is to develop a meeting which is as good as - or even better than - the previous year's. I think that London will be of a very high standard - as was Istanbul last year. So I expect Munich to be fanstastic. It's a wonderful congress centre, with excellent connections to the city - and Munich has become an important venue for medical congresses over the past few years. So the expertise is there.

And the city?
Munich is in a very interesting area of Germany and the city has many fine historic buildings. Fortunately, the meeting is not happening in February or November, so we can also expect very pleasant weather. The city is renowned for its museums and restaurants . . . and for its beer. I am sure everyone will have a wonderful time.

And you? How did you end up in this position running an ESHRE congress and the EIM Consortium . . . both at the same time?
My father was also a gynaecologist who did a lot of donor insemination before ICSI was established. I followed in his footsteps somewhat and began to study in Bonn, where Klaus Diedrich and Dieter Krebs were based. This was in the mid-1980s and I started my doctoral thesis there on GnRH analogues in ovarian stimulation. So I was in Bonn and thinking about IVF when the first ESHRE congress was organised, and my interest escalated from there. I've been to almost every annual meeting since. I guess the EIM Consortium and the annual meeting are a natural progression.