



Debating the Pros and Cons of PGD

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PGT-A: Knowledge Gaps and Challenges

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Disclosures

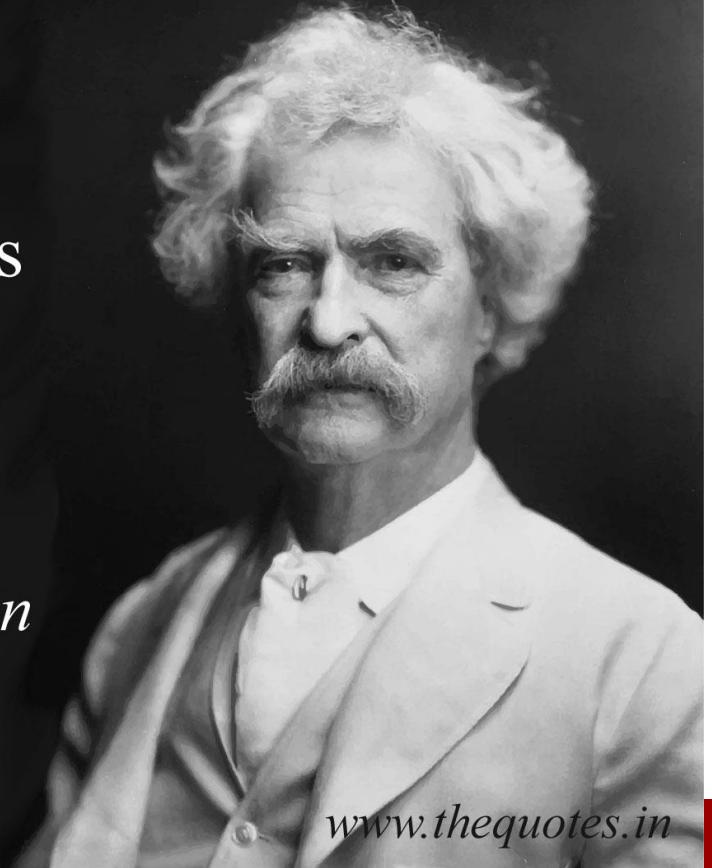
- ASRM
- No commercial affiliations

Learning Objectives

- 1) To describe limitations and knowledge gaps in PGT-A
- 2) To understand the challenges of further PGT-A investigations
- 3) To counsel patients about the appropriate application of PGT-A

It ain't what you don't know
that gets you into trouble. It's
what you know for sure that
just ain't so.

Mark Twain



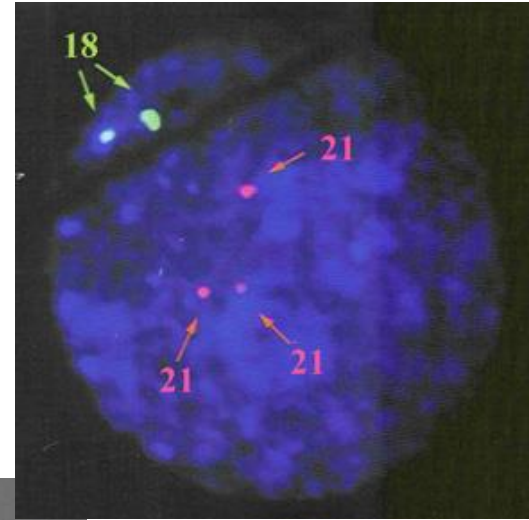
www.thequotes.in

Why are we still debating this?

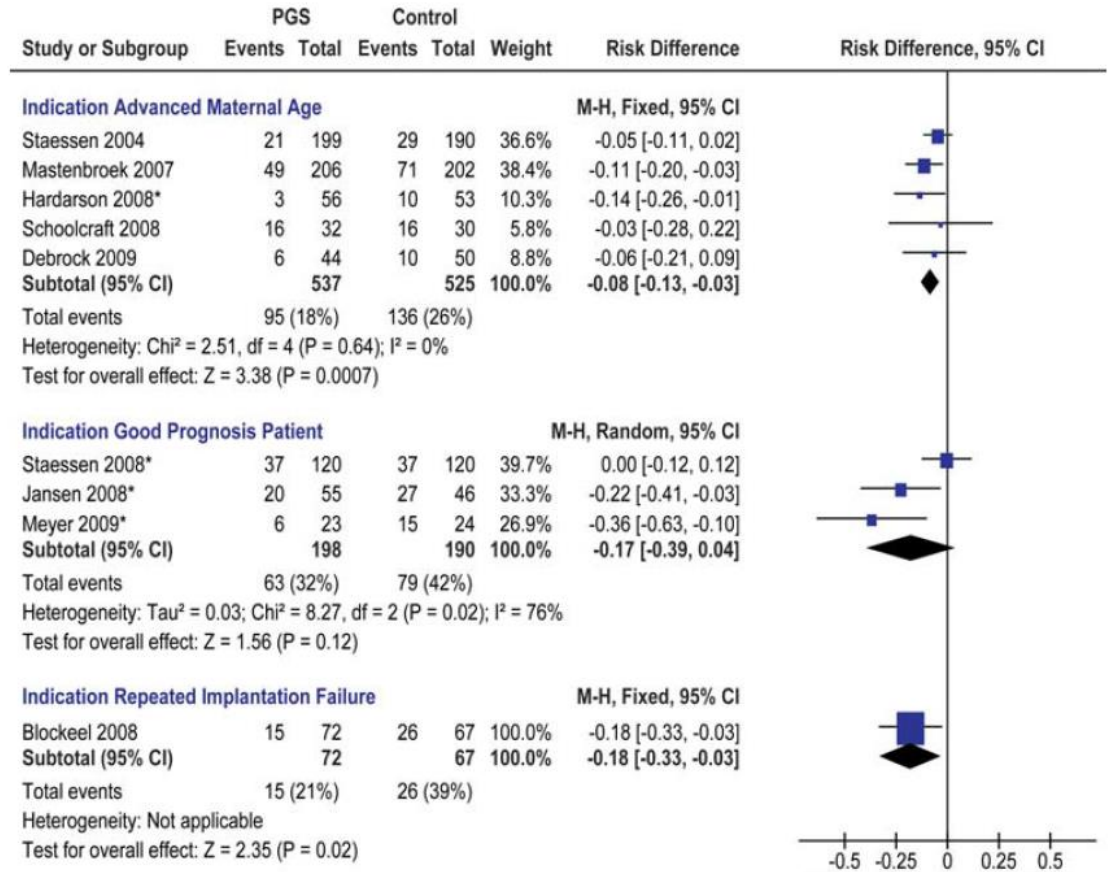
- Numbers are not consistent
- Aneuploidy
 - Unclear rate
- Mosaicism
 - Unclear incidence in blastocysts (and cleavage stage)
 - Unclear effect on accuracy of embryo biopsy
- Unknown damage from embryo biopsy

PGT-A (PGS) 1.0

- Cleavage stage biopsy
- FISH analysis
- Widely utilized



PGS 1.0 meta-analysis



Favors control Favors PGS



KLINGON PROVERB

Fool Me Once, Shame On You.
Fool Me Twice, Prepare To Die.

Intuitive appeal of PGS

- Additional information
 - Why would you NOT want that???
- Practically
 - Why would I want to transfer an aneuploid embryo?
- Theoretically:
 - Faster time to pregnancy
 - Decreased miscarriage rate

Pressure to perform PGT-A

- Natural appeal of new technology
 - Must be better
- Pressure from consumers
- Pressure from registry
 - Need to optimize outcome of 1st embryo transfer

Gaps in Knowledge

- Biology of the pre-implantation human embryo
 - Rapid division, especially in the trophectoderm
 - Multi-nucleated cells, ?resemble syncytiotrophoblast
 - Predisposed to mosaicism, aneuploidy?
- True incidence of chromosomal abnormalities
 - Aneuploidy, mosaicism
 - Correlation between trophectoderm and inner cell mass
- Embryo biopsy
 - Extent of damage to the embryo

What does screening with PGT-A tell us?

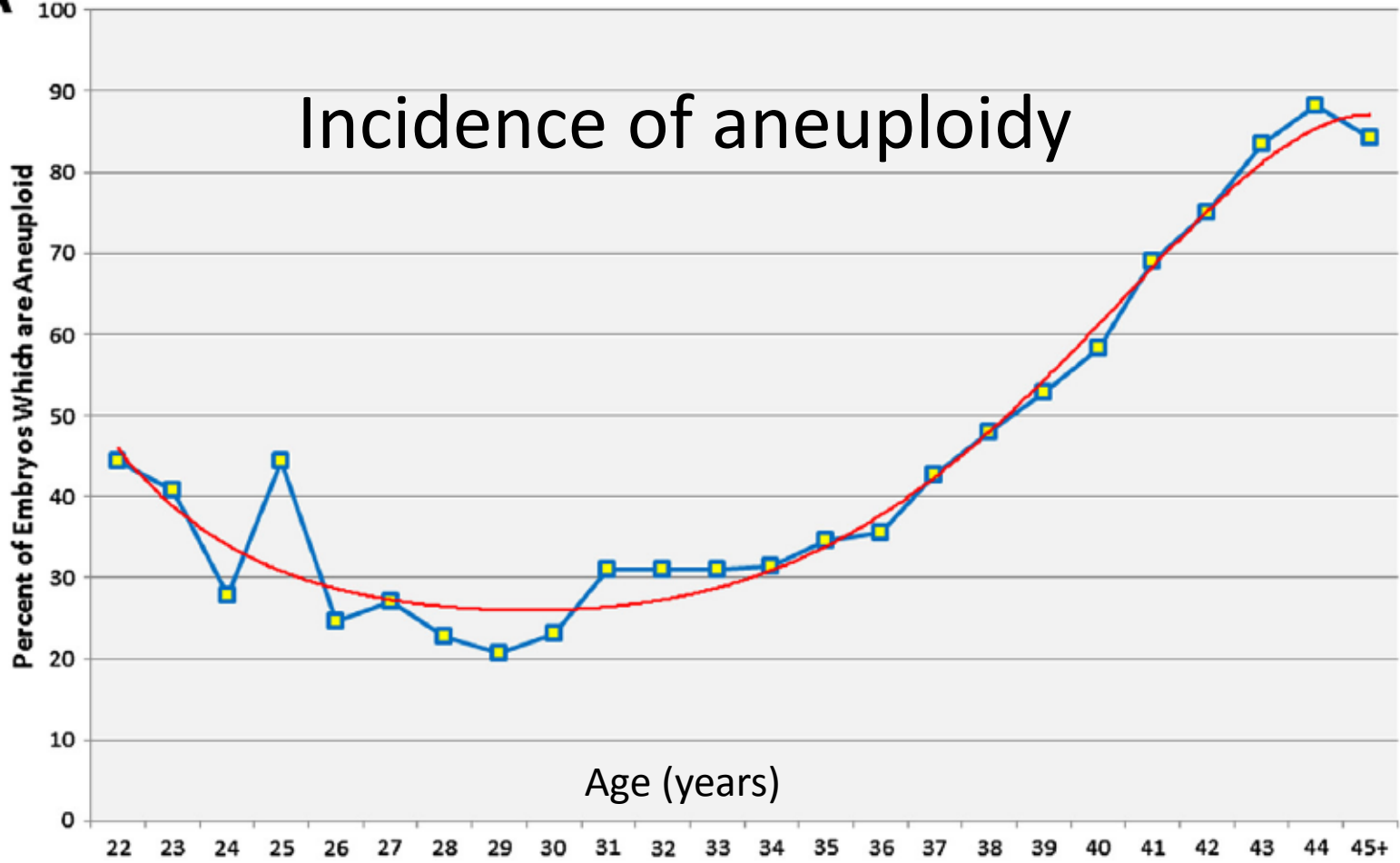
- Information about the genetic make-up of the embryo
 - Improved selection of the 1st embryo transfer
 - Increase in implantation rate of 1st embryo
- No improvement in embryo quality
 - No increase in cumulative pregnancy rate per aspiration
 - Any error/damage must cause decrease in cumulative pregnancy rate

Inherent down-sides of PGT-A

- Blastocyst culture
- Accuracy of testing
 - Error in testing: lab tests are not perfect
 - Inherent error: mosaicism (biopsy not representative) of rest of embryo
- Trauma from embryo biopsy
- Loss of potential live births
 - Discarding or damage to normal embryos

Blastocyst vs Cleavage stage transfer

- Issue is NOT settled
- Increased implantation rate with blastocyst
- No increase when frozen embryos considered
- No stratification by age
 - Difference between 32 yo and 42 yo
 - Is cleavage stage better for older women?



Incidence of euploidy (based on age and # of embryos)

	Egg Donor	<35	35-37	38-40	41-42	>42
1-3 embryos	59	56	47	36	23	14
4-6 embryos	62	55	48	36	24	16
7-10 embryos	64	57	49	37	23	15
>10 embryos	66	58	50	38	26	24
Total	64	57	49	37	24	16

Maternal age	Risk of Down' s Syndrome	Risk of all chromosomal abnormalities
33	1/416	1/208
34	1/333	1/151
35	1/250	1/132
36	1/192	1/105
37	1/149	1/83
38	1/115	1/65
39	1/89	1/53
40	1/69	1/40
41	1/53	1/31
42	1/41	1/25
43	1/31	1/19
44	1/25	1/15
45	1/19	1/12

Hook et al. JAMA 1983.

Accuracy of testing?

Comprehensive chromosome screening is highly predictive of the reproductive potential of human embryos: a prospective, blinded, nonselection study

Richard T. Scott Jr., M.D.,^{a,b} Kathleen Ferry, B.S.,^a Jing Su, M.S.,^a Xin Tao, M.S.,^a Katherine Scott, M.S.,^a and Nathan R. Treff, Ph.D.^{a,b}

NCT 01219517
NCT 01219504

Predictive Value of CCS

- 255 embryos biopsied
 - Average age = 34
 - 113 cleavage, 142 trophectoderm
 - 12 failed to amplify,
 - 11 nonconcurrent copy assignments (?)
 - 232 evaluable microarray results
 - 133 euploid
 - 55 (41.4%) of these resulted in normal children
 - 99 (42.7%) aneuploid
 - 4 (4%) normal children (**96% negative predictive value**)

	Implantation	No implantation	
Euploid	55	78	133
Aneuploid	4	95	99
	59	173	232

41% of the “Euploid” group implanted

4% of the “Aneuploid” group implanted

Error rate: 10/99 (10%) “aneuploid” were actually euploid
4/59 (6.8%) implantations would have been discarded

Trauma from Embryo Biopsy?

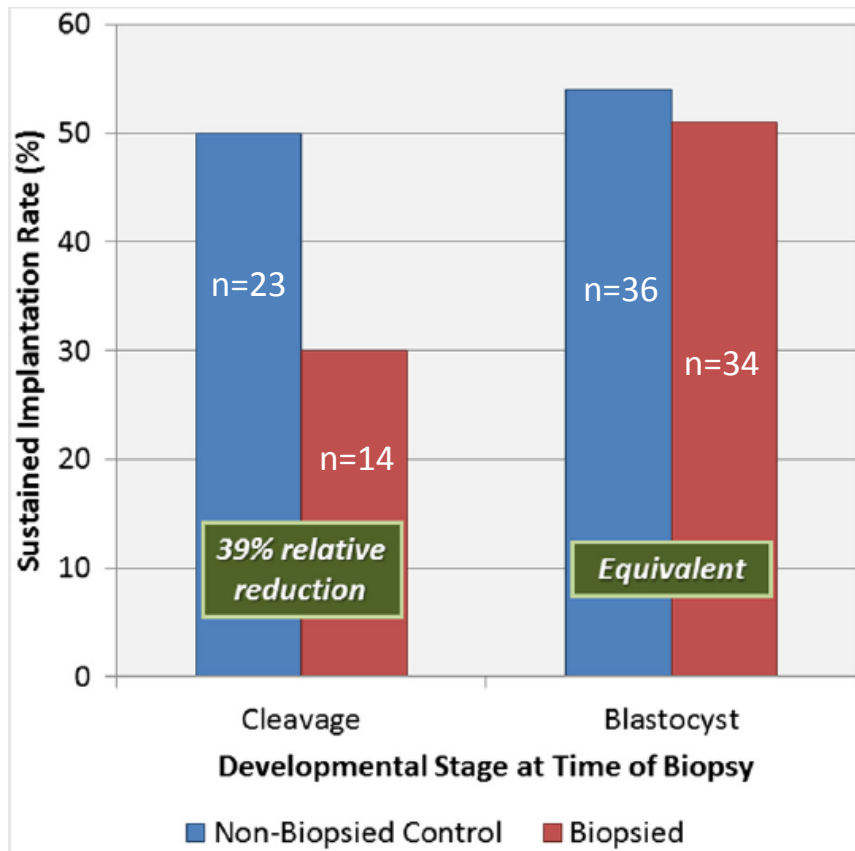
Cleavage-stage biopsy significantly impairs human embryonic implantation potential while blastocyst biopsy does not: a randomized and paired clinical trial

Richard T. Scott Jr., M.D.,^{a,b} Kathleen M. Upham, B.S.,^a Eric J. Forman, M.D.,^b Tian Zhao, M.S.,^a and Nathan R. Treff, Ph.D.^{a,b,c}

“Seminal Contribution”

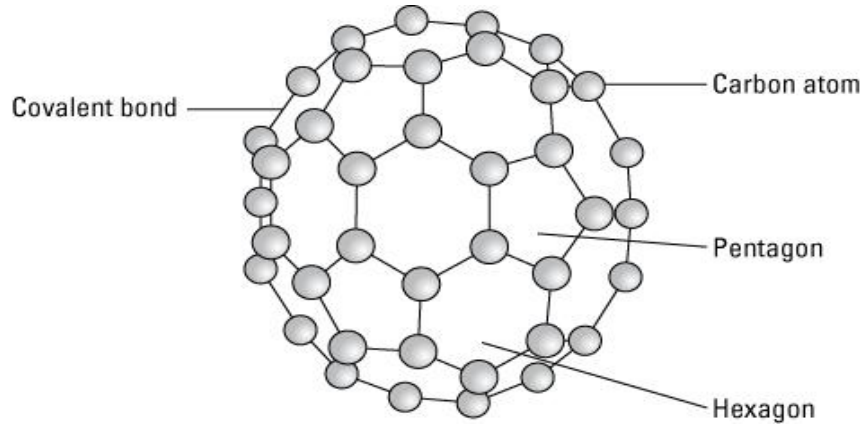
NCT 01219504

Scott et al, Fertil Steril 2013;100:624



- All patients < 35 yo
 - Good ovarian reserve
- ET within 3 hours of Bx
 - All 4AA – 4BB
 - Without knowledge of ploidy
- Blastocysts (n=67)
 - No ↓ in implantation rate
 - 54% vs 51%
 - 30/69 aneuploid (42.7%)
- Cleavage stage (n=46)
 - 39% ↓ in implantation rate
 - 19 aneuploid (41.3%)
- Can these results be extrapolated to women > 40?

What does a day 5 embryo look like?



“Buckyball”

- Naturally occurring C₆₀
 - 32 faces
 - 20 hexagons
 - 12 pentagons
- Trophectoderm with 64 cells
 - 2 cells/face
- Imagine removing 5 cells
 - Is this really NOT traumatic?

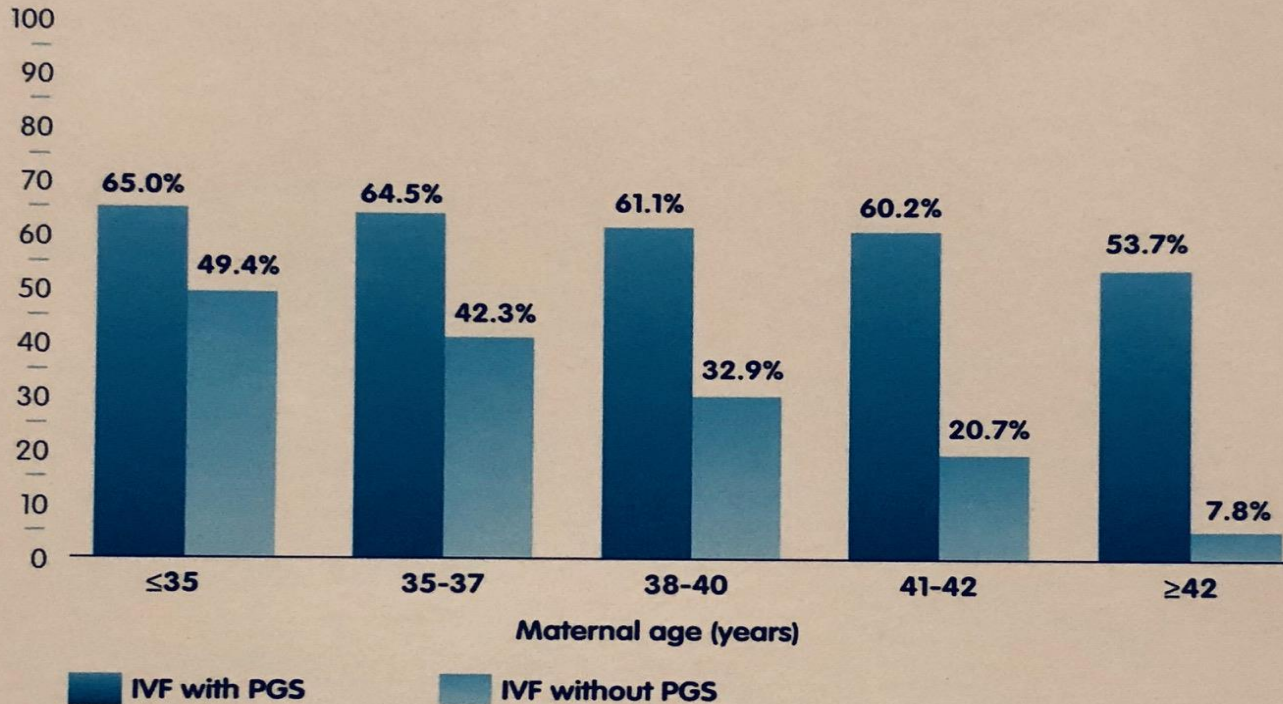
How many embryos do we lose?

- Best-case scenario
- Good prognosis patient
 - Under 35
 - Expected aneuploidy rate?
 - Implantation rate with and without PGT-A?

Incidence of euploidy (based on age and # of embryos)

No. of day 5 embryos	Patient Age							
	<35		35-37		38-40		40+	
	Euploid	Patients	Euploid	Patients	Euploid	Patients	Euploid	Patients
1-3 embryos	54%	29%	50%	33%	38%	44%	24%	56%
4-6 embryos	57%	32%	47%	35%	36%	34%	26%	28%
7-9 embryos	55%	22%	49%	20%	38%	14%	28%	11%
10+ embryos	52%	17%	46%	12%	35%	8%	28%	5%

Ongoing pregnancy rate per blastocyst transfer

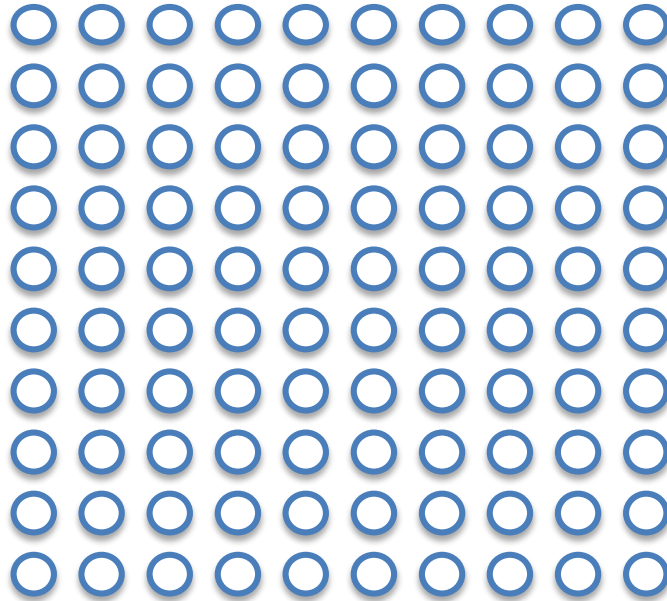


*Internal IGENOMIX data 2016 based on outcomes and 2015 SART data.

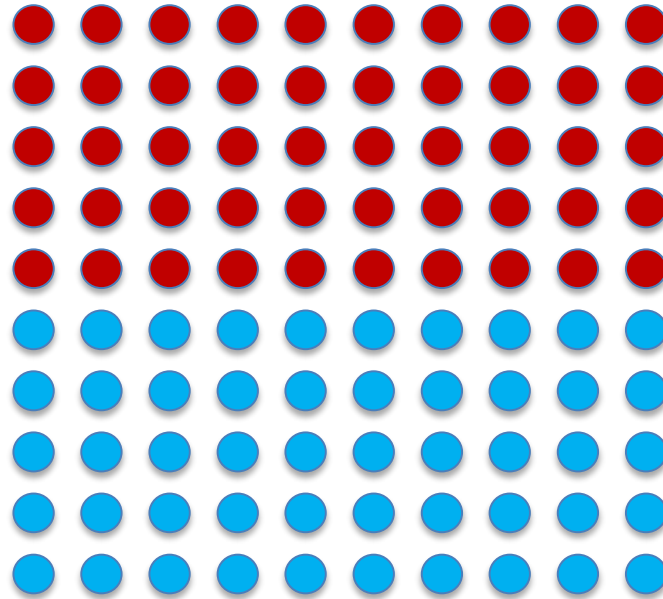
How many embryos do we lose?

- Typical good prognosis patient
 - PGS testing
 - 40% aneuploidy
 - 50% implantation rate before testing
 - 65% implantation rate after testing

100 embryos



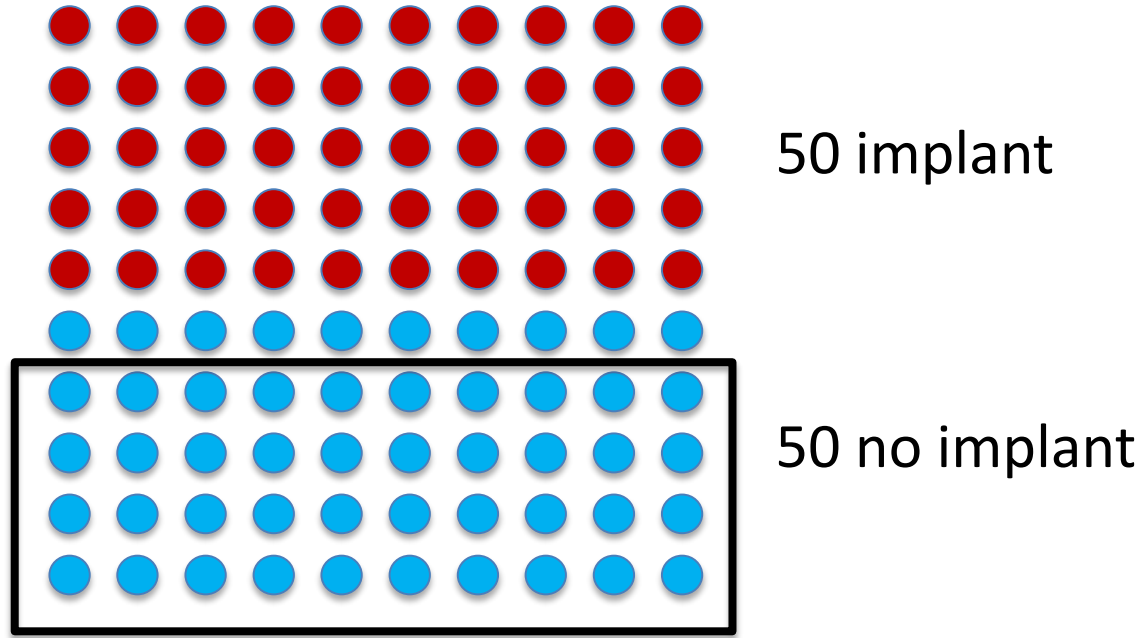
100 embryos, 50% implantation rate



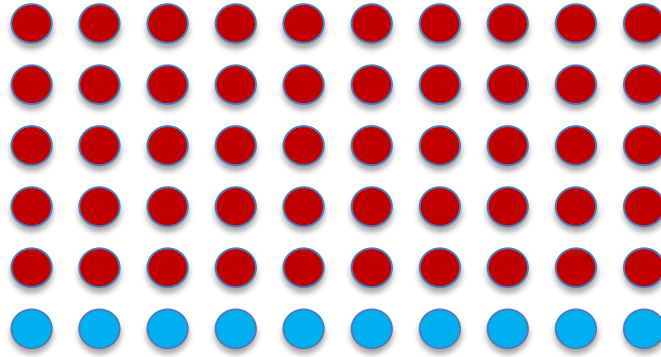
50 implant

50 no implant

100 embryos, 50% implantation rate
40% aneuploidy



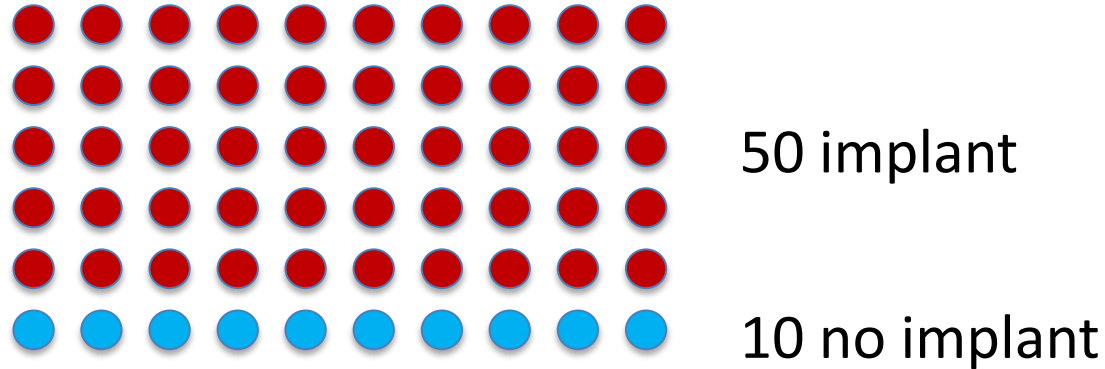
100 embryos, 50% implantation rate
40% aneuploidy



50 implant

10 no implant

100 embryos, 50% implantation rate
40% aneuploidy

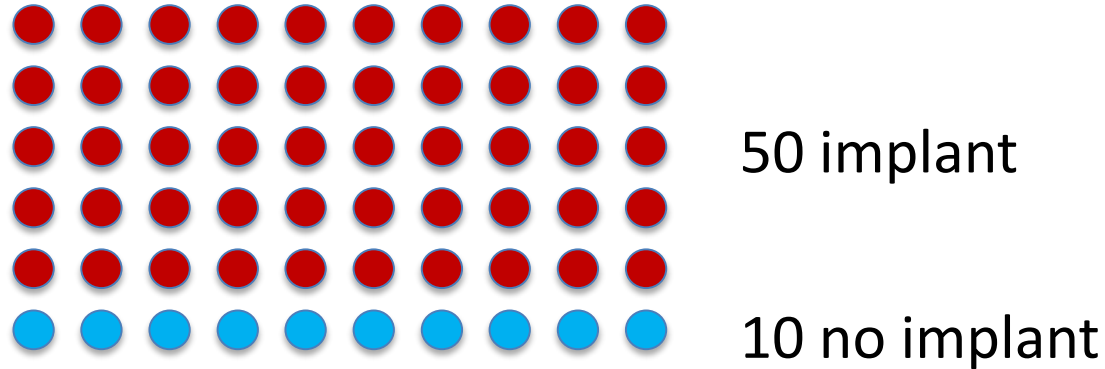


After PGS, 60 embryos left

New implantation rate:

$$50/60 = 83.3\%$$

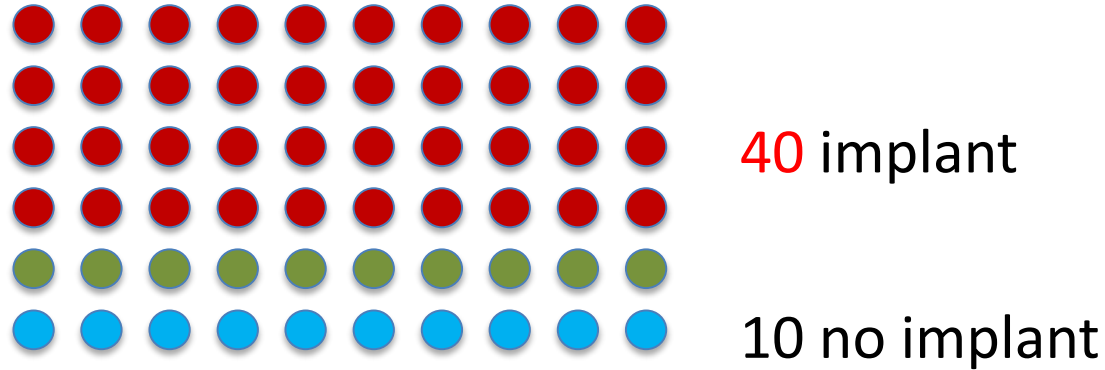
100 embryos, 50% implantation rate 40% aneuploidy



After PGS, 60 embryos left
New implantation rate:
 $50/60 = 83.3\%$

Actual implantation rate is:
 $65\% \approx 40/60$
Improvement over 50%

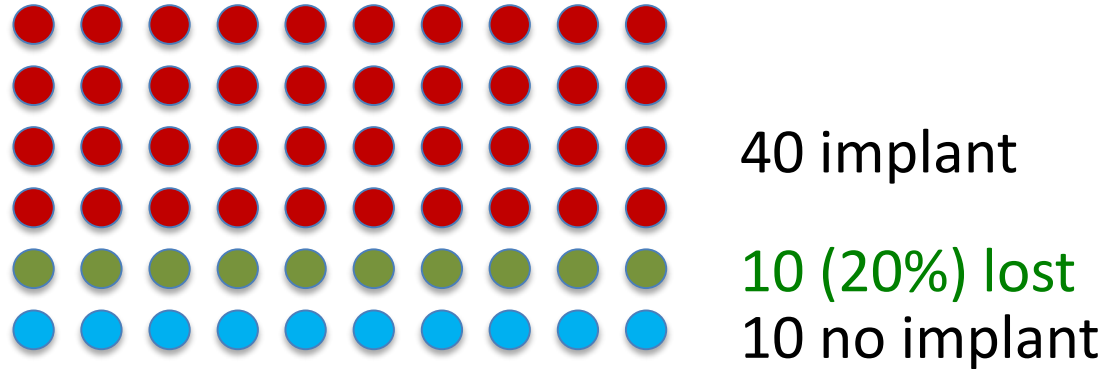
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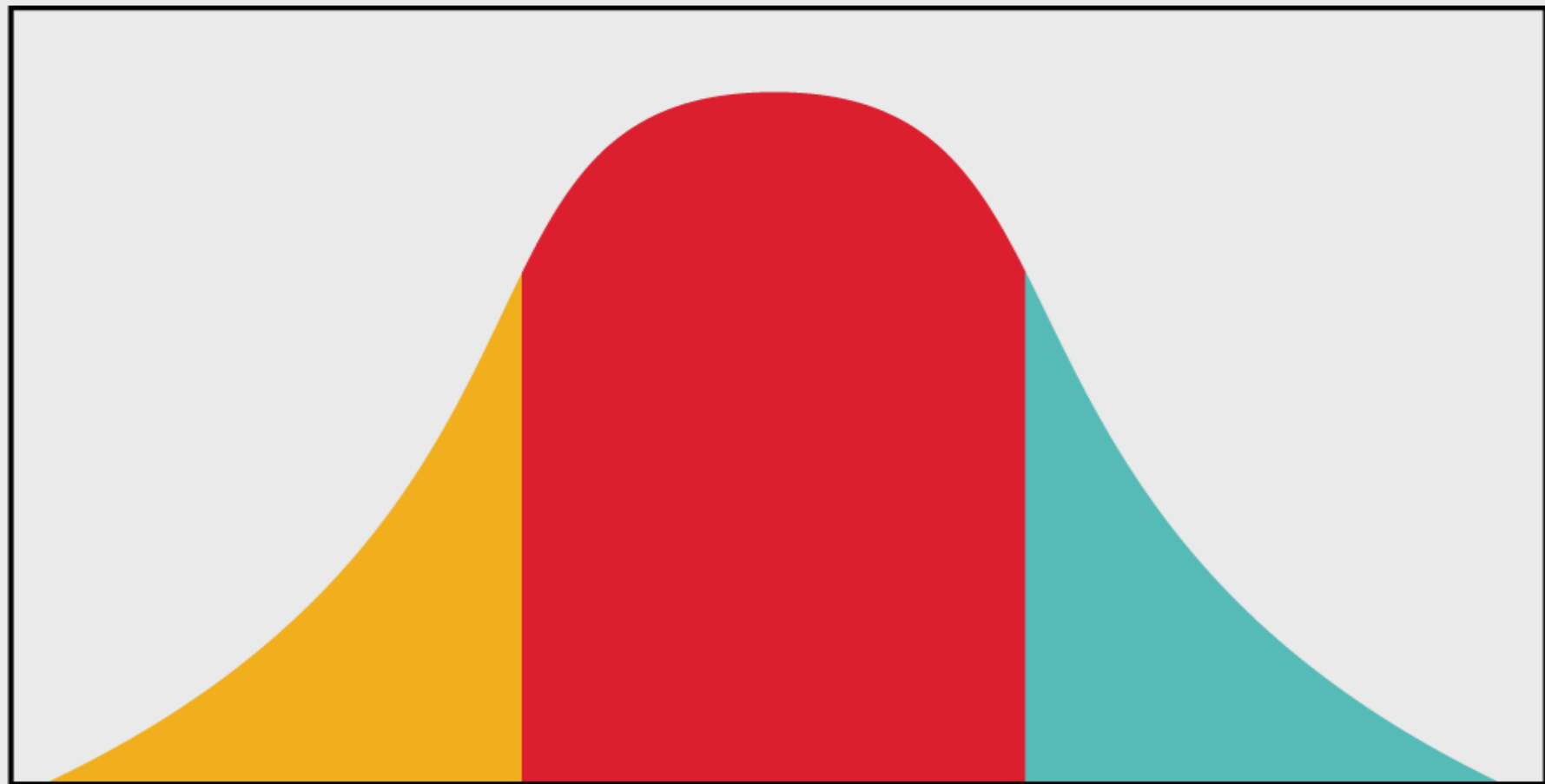


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 $65\% \approx 40/60$
Improvement over 50%

General principle

- When we remove from the cohort a sub-group which has a lower incidence of a given characteristic, the average of that characteristic in the remaining group must increase.
- Age
- Height
- Implantation rate



LOW PERFORMERS

AVERAGE PERFORMERS

HIGH PERFORMERS



Generalized Efficiency Equation

Embryo implantation (EI) must increase if we are removing lower quality embryos from the population

$$\text{EI (expected)} = \text{EI (untested)} / (\text{percent normal})$$

$$\text{Efficiency} = \text{EI (observed after testing)} / \text{EI (expected)}$$

$$\% \text{ embryos lost} = 1 - \text{Efficiency}$$

Generalized Efficiency Equation

- Previous example:
 - $50\% \text{ (untested)} / (60\% \text{ normal}) = 83.3\% \text{ (expected)}$
 - $\text{Efficiency} = 65\% \text{ (observed)} / 83.3\% \text{ (expected)}$
 $= 0.80$
 - $\% \text{ embryos lost} = 1 - 0.80 = 0.20$

When is it OK to lose 20% of implantations?

- Specific reason for genetic diagnosis
- Excellent prognosis patient
 - More embryos than she needs

When is it NOT OK to lose 20%?

- Limited number of eggs
 - Fertility preservation patients
 - Patients over 40

What are actual “real life” implantation rates?

- SART CORS registry
- Query the database = “filter” function



Cumulative Outcome Per Egg Retrieval Cycle

Primary Outcome Per Egg Retrieval Cycle

Subsequent Outcome (Frozen Cycles)

Live

PATIENT'S OWN EGGS

PRELIMINARY PRIMARY OUTCOME PER EGG RETRIEVAL CYCLE



	Age of woman			
	< 35	35 - 37	38 - 40	41 - 42
Number of cycle starts	42728	22675	22101	11899
Singletons	31.9 %	24.7 %	16.7 %	8.7 %
Twins	8.8 %	6.0 %	3.3 %	1.2 %
Triplets or more	0.2 %	0.1 %	0.1 %	0.0 %
Live Births	40.9 %	30.9 %	20.1 %	9.9 %
(Confidence Range)	(40.4 - 41.4)	(30.3 - 31.5)	(19.6 - 20.6)	(9.4 - 10.4)
Term	78.2 %	79.4 %	80.2 %	81.1 %
Pre-term	17.9 %	16.9 %	16.3 %	15.2 %
Very pre-term	3.9 %	3.7 %	3.5 %	3.7 %

Filter Report



Filters other than Reporting Year cannot be applied to the 'Cumulative Outcome Per Intended Egg Retrieval' and 'Live Birth Per Patient' sections. These sections will be hidden if a filter has been applied.

Reporting Year

2014

Cycle Type

All cycle types
Minimal stimulation
Natural cycle
Conventional stimulation
In vitro maturation

Diagnosis

All Diagnoses

Additional Filters

	INCLUDE ONLY	EXCLUDE
First IVF	<input type="checkbox"/>	<input type="checkbox"/>
eSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PGD / PGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Day 5/6 transfer	<input type="checkbox"/>	<input type="checkbox"/>
Frozen egg	<input type="checkbox"/>	<input type="checkbox"/>
Frozen embryo	<input type="checkbox"/>	<input type="checkbox"/>
Gestational carrier	<input type="checkbox"/>	<input type="checkbox"/>
ICSI	<input type="checkbox"/>	<input type="checkbox"/>

Apply filter

Reset filter

Cancel



PATIENT'S OWN EGGS

FINAL PRIMARY OUTCOME PER EGG RETRIEVAL CYCLE



	Age of woman			
	< 35	35 - 37	38 - 40	41 - 42
Number of cycle starts	10048	2876	1194	316
Singletons	50.0 %	42.7 %	31.3 %	21.8 %
Twins	0.8 %	0.5 %	0.1 %	0.9 %
Triplets or more	0.0 %	0 %	0 %	0 %
Live Births	50.8 %	43.1 %	31.4 %	22.8 %
(Confidence Range)	(49.8 - 51.8)	(41.3 - 44.9)	(28.8 - 34.0)	(18.2 - 27.4)
Term	89.1 %	88.7 %	86.7 %	77.8 %
Pre-term	9.1 %	9.6 %	10.7 %	19.4 %
Very pre-term	1.8 %	1.7 %	2.7 %	2.8 %

Filter Report



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Apply filter

Reset filter

Cancel



PATIENT'S OWN EGGS

FINAL PRIMARY OUTCOME PER EGG RETRIEVAL CYCLE



	Age of woman			
	< 35	35 - 37	38 - 40	41 - 42
Number of cycle starts	2047	1311	1219	418
Singletons	49.9 %	52.6 %	52.0 %	49.8 %
Twins	0.8 %	0.5 %	0.3 %	2.2 %
Triplets or more	0 %	0 %	0 %	0.2 %
Live Births	50.7 %	53.1 %	52.3 %	52.2 %
(Confidence Range)	(48.5 - 52.8)	(50.4 - 55.8)	(49.5 - 55.1)	(47.4 - 56.9)
Term	88.1 %	90.9 %	88.6 %	89.0 %
Pre-term	9.5 %	7.8 %	9.7 %	9.2 %
Very pre-term	2.4 %	1.3 %	1.7 %	1.8 %

Generalized Efficiency Equation

- “Real world” example:
 - $50\% \text{ (untested)} / (60\% \text{ normal}) = 83.3\% \text{ (expected)}$
 - $\text{Efficiency} = 50\% \text{ (observed)} / 83.3\% \text{ (expected)}$
 $= 0.60$
 - $\% \text{ embryos lost} = 1 - 0.60 = 0.40$

Counseling patients about PGT-A

- PGT-A will provide information about the embryo
- PGT-A will likely increase implantation in 1st ET
- PGT-A will add cost
- You will lose 20% - 40% of embryos that might have implanted
- Cumulative pregnancy rate will be decreased

Conclusions – PGT-A

- Useful:
 - Specific diagnosis, e.g. translocation, sex selection
 - Recurrent aneuploidy (RPL) (likely)
 - Age 36-39, with many blastocysts
- Unnecessary:
 - Young good prognosis patients (< 35 yo)
- Not worth it:
 - Limited number of eggs
 - Fertility preservation, women over 40

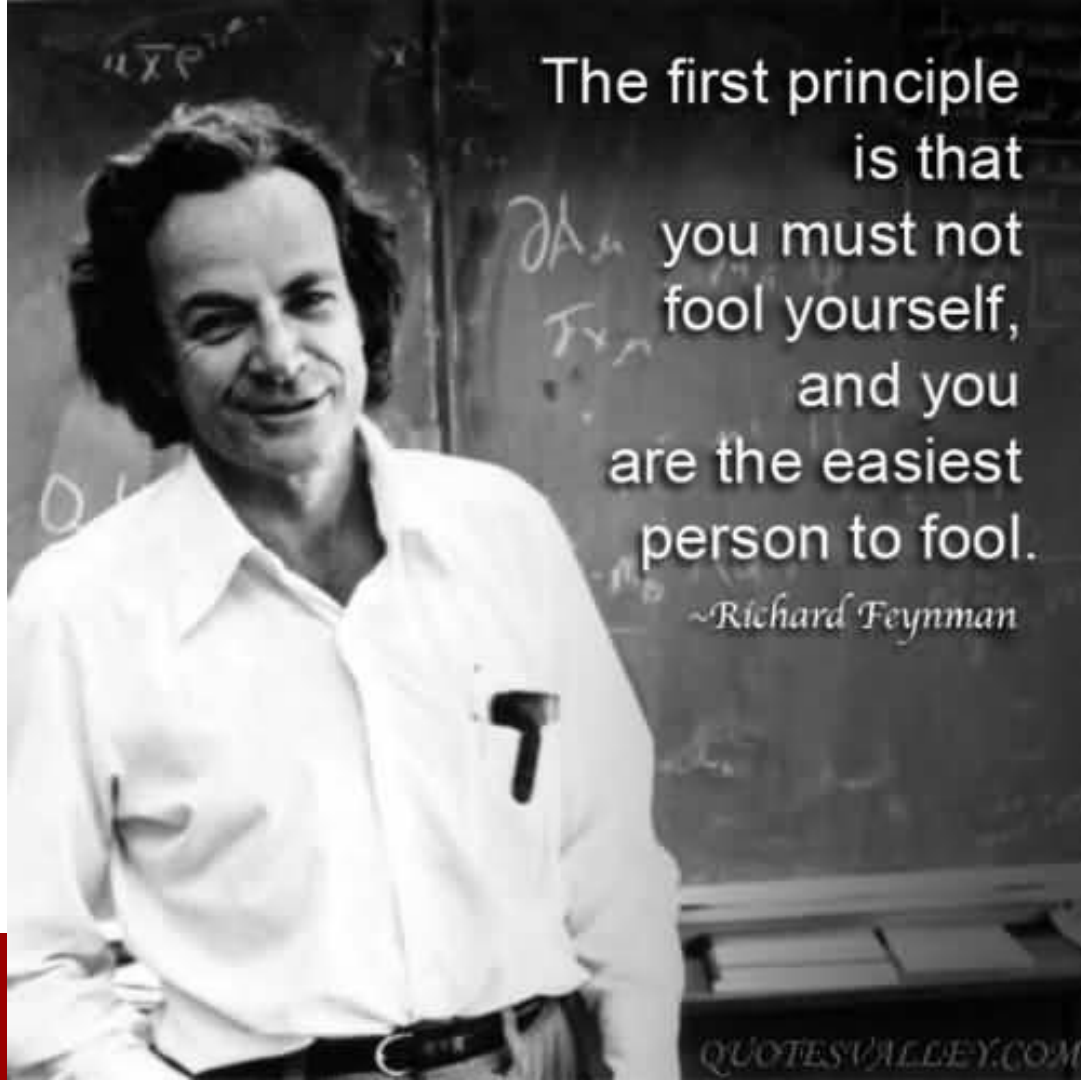
Incidence of Mosaicism

- Confined placental mosaicism
 - 1-2%
- ?Incidence in embryos
 - Up to 75% in cleavage stage
 - Up to 20% in blastocysts
- ?impact on implantation rates
- ?interpretation of PGS results



Challenges in PGT

- Biology of the pre-implantation human embryo
 - Rapid division, especially in the trophectoderm
 - Unique life form
- True incidence of chromosomal content
 - Aneuploidy, mosaicism
 - Significance of trophectoderm aneuploidy
- Embryo biopsy
 - Invasive



The first principle
is that
you must not
fool yourself,
and you
are the easiest
person to fool.

~Richard Feynman

Thank you

