

Debating the Pros and Cons of PGD

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PGT-A: Knowledge Gaps and Challenges

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Disclosures

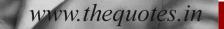
- ASRM
- No commercial affiliations

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

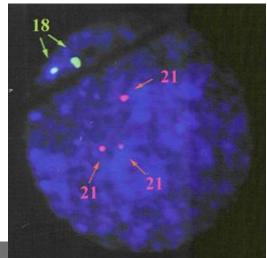


Why are we still debating this?

- 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



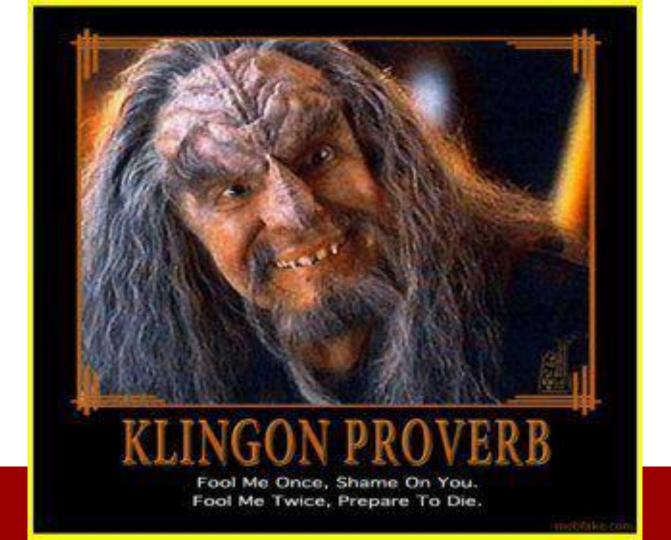


PGS 1.0 meta-analysis

	PGS Cor		ntrol				
Study or Subgroup	Events	Total	Events	Total	Weight	Risk Difference	Risk Difference, 95% C
ndication Advanced	Maternal	Age				M-H, Fixed, 95% CI	
Staessen 2004	21	199	29	190	36.6%	-0.05 [-0.11, 0.02]	
Mastenbroek 2007	49	206	71	202	38.4%	-0.11 [-0.20, -0.03]	
Hardarson 2008*	3	56	10	53	10.3%	-0.14 [-0.26, -0.01]	
Schoolcraft 2008	16	32	16	30	5.8%	-0.03 [-0.28, 0.22]	
Debrock 2009	6	44	10	50	8.8%	-0.06 [-0.21, 0.09]	
Subtotal (95% CI)		537		525	100.0%	-0.08 [-0.13, -0.03]	•
Total events	95	(18%)	136	(26%)			
Heterogeneity: Chi ² = 2	2.51, df = 4	(P = 0)		· · · ·			
Test for overall effect:							
ndication Good Prog	nosis Pat	ient			N	I-H, Random, 95% CI	
Staessen 2008*	37	120	37	120	39.7%	0.00 [-0.12, 0.12]	-
Jansen 2008*	20	55	27	46	33.3%	-0.22 [-0.41, -0.03]	
Meyer 2009*	6	23	15	24	26.9%	-0.36 [-0.63, -0.10]	
Subtotal (95% CI)		198		190	100.0%	-0.17 [-0.39, 0.04]	
Total events	63	(32%)	79	(42%)			
Heterogeneity: Tau ² =	0.03; Chi ²	= 8.27.	df = 2 (P	= 0.02); l ² = 76%		
Test for overall effect:	a second second and		State and the second second				
ndication Repeated	Implantati	on Fail	ure			M-H, Fixed, 95% CI	
Blockeel 2008	15	72	26	67	100.0%	-0.18 [-0.33, -0.03]	
Subtotal (95% CI)		72	10	67	100.0%	-0.18 [-0.33, -0.03]	
Total events	15	(21%)	26	(39%)			
Heterogeneity: Not app		()	20	(
Test for overall effect:		P = 0.02	2)				-0.5 -0.25 0 0.25 (

Favors control Favors PGS

Mastenbroek et al, Human Reprod Update 2011;4:454



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 sycytiotrophoblast
 - 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

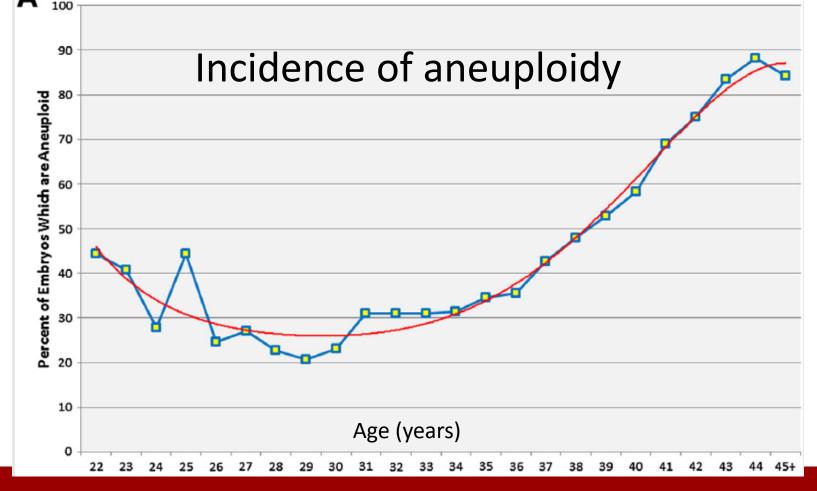
Inherent down-sides of PGT-A

- 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?

Glujovsky, Cochrane Database 2016:6, CD002118



Franasiak et al, Fertil Steril 2014;101;656

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

Scott et al, Fertil Steril 2012;97:870

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)

Scott et al, Fertil Steril 2012;97:870

	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

Scott et al, Fertil Steril 2012;97:870

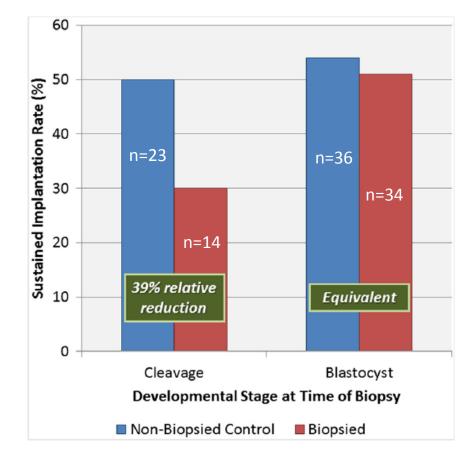
Trauma from Embryo Biopsy?

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

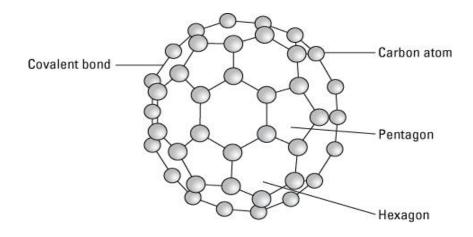
Scott et al, Fertil Steril 2013;100:624



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

Scott et al, Fertil Steril 2013;100:624

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?

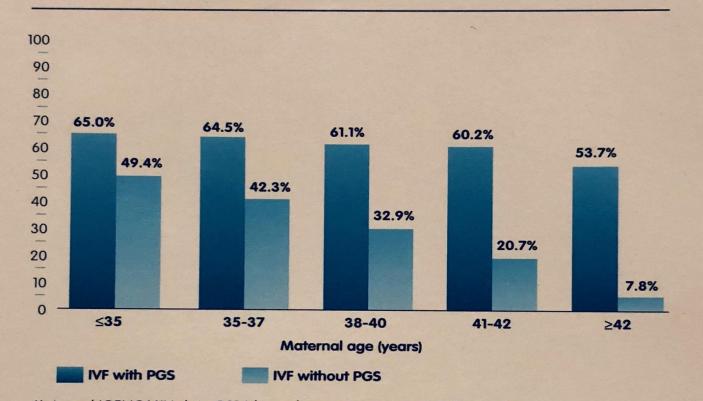
- Best-case scenario
- Good prognosis patient
 - –Under 35
 - -Expected aneuploidy rate?
 - –Implantation rate with and without PGT-A?

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.

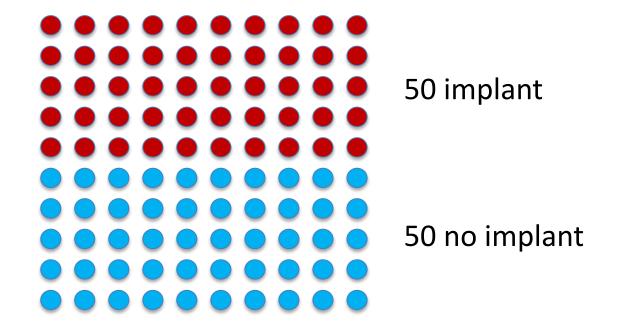
How many embryos do we lose?

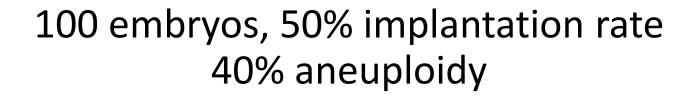
- Typical good prognosis patient
 - -PGS testing
 - 40% aneuploidy
 - -50% implantation rate before testing
 - -65% implantation rate after testing

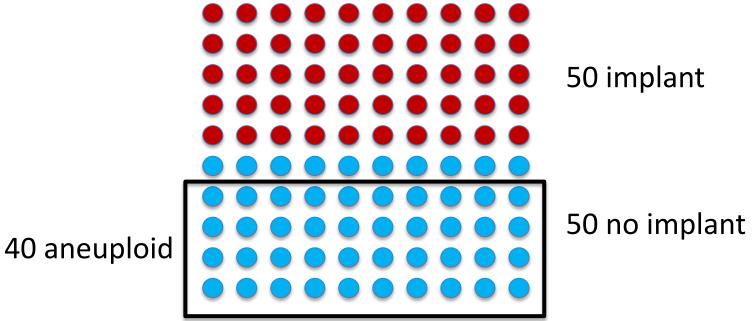
100 embryos

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100 embryos, 50% implantation rate







50 implant 50 no implant

50 implant 50 no implant

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

50 implant 50 no implant

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

Actual implantation rate is: 65% ≈ 40/60 Improvement over 50%

40 implant 10 no implant

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

Actual implantation rate is: 65% ≈ 40/60 Improvement over 50%

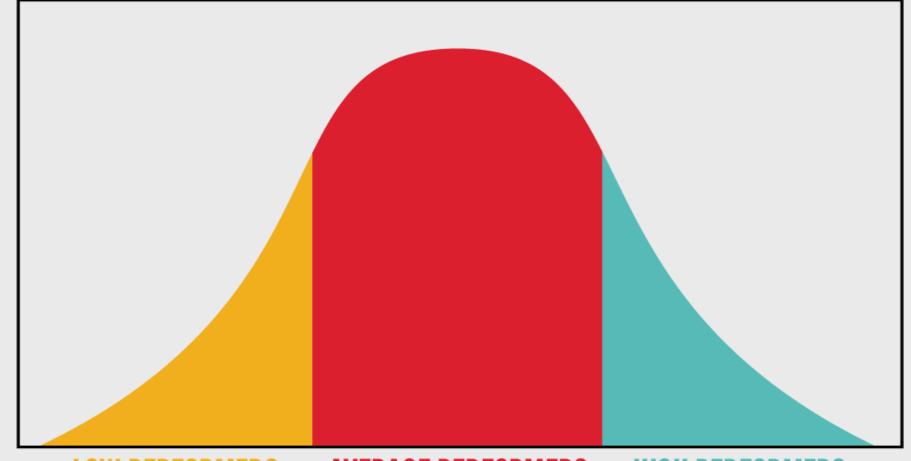
40 implant 40 implant 10 (20%) lost 10 no implant

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

Actual implantation rate is: 65% ≈ 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 EI (expected) = EI (untested) / (percent normal) Efficiency = EI (observed after testing) / EI (expected) % embryos lost = 1 - Efficiency

Generalized Efficiency Equation

- Previous example:
 - -50% (untested) / (60% normal) = 83.3% (expected)
 - -Efficiency = 65% (observed) / 83.3% (expected) = 0.80
 - -% 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

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	Cumulative C	Dutcome Per Egg R	etrieval Cycle	Primary Outcome Pe	er Egg Retrieval Cyc	ele Subse	quent Outcon	ne (Frozen Cycl	es) Live
PATIENT'S OWN EGGS									

PRELIMINARY PRIMARY OUTCOME PER EGG RETRIEVAL CYCLE

•

	< 35	35 - 37	Age of woman 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 %

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Reporting Year

2014 Cycle Type

All cycle types

Minimal stimulation

Natural cycle

Conventional stimulation

In vitro maturation

	nos	

All Diagnoses		\$
Additional Filters		
	INCLUDE Only	Exclude
First IVF		
eSET		
PGD / PGS		
Day 5/6 transfer		
Frozen egg		
Frozen embryo		
Gestational carrier		

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Apply filter

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EGGS

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	Cumulative C	Dutcome Per Egg R	letrieval Cycle	Primary Outcome P	er Egg Retrieval Cyc	le Subsec	quent C	Outcome (Frozen C	Sycles	s) Liv

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 %

1.7 %

2.7 %

2.8 %

1.8 %

Very pre-term

National Summary Repo

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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.

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Reporting Year	
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2014 Cycle Type

Minimal stimulation
Natural cycle
Conventional stimulation

All cycle types

Diagnosis		
All Diagnoses		\$
Additional Filters		
	Include Only	Exclude
First IVF		
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Day 5/6 transfer		
Frozen egg		
Frozen embryo		
Gestational carrier		
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	Cumulative Outcome Per Egg Retrieval Cycle			Primary Outcome Per Egg Retrieval Cycle		le Subseq	uent Outcome (Frozen	Cycle	s) Live

PATIENT'S OWN EGGS

FINAL PRIMARY OUTCOME PER EGG RETRIEVAL CYCLE

•

	< 35	Age of woman			
	< 30	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% (untested) / (60% normal) = 83.3% (expected)
 - -Efficiency = 50% (observed) / 83.3% (expected) = 0.60
 - -% 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

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Thank you