

# **New Developments in the IVF-Lab and their Impact on the Patient**

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X. Turkish German Gynecology Congress

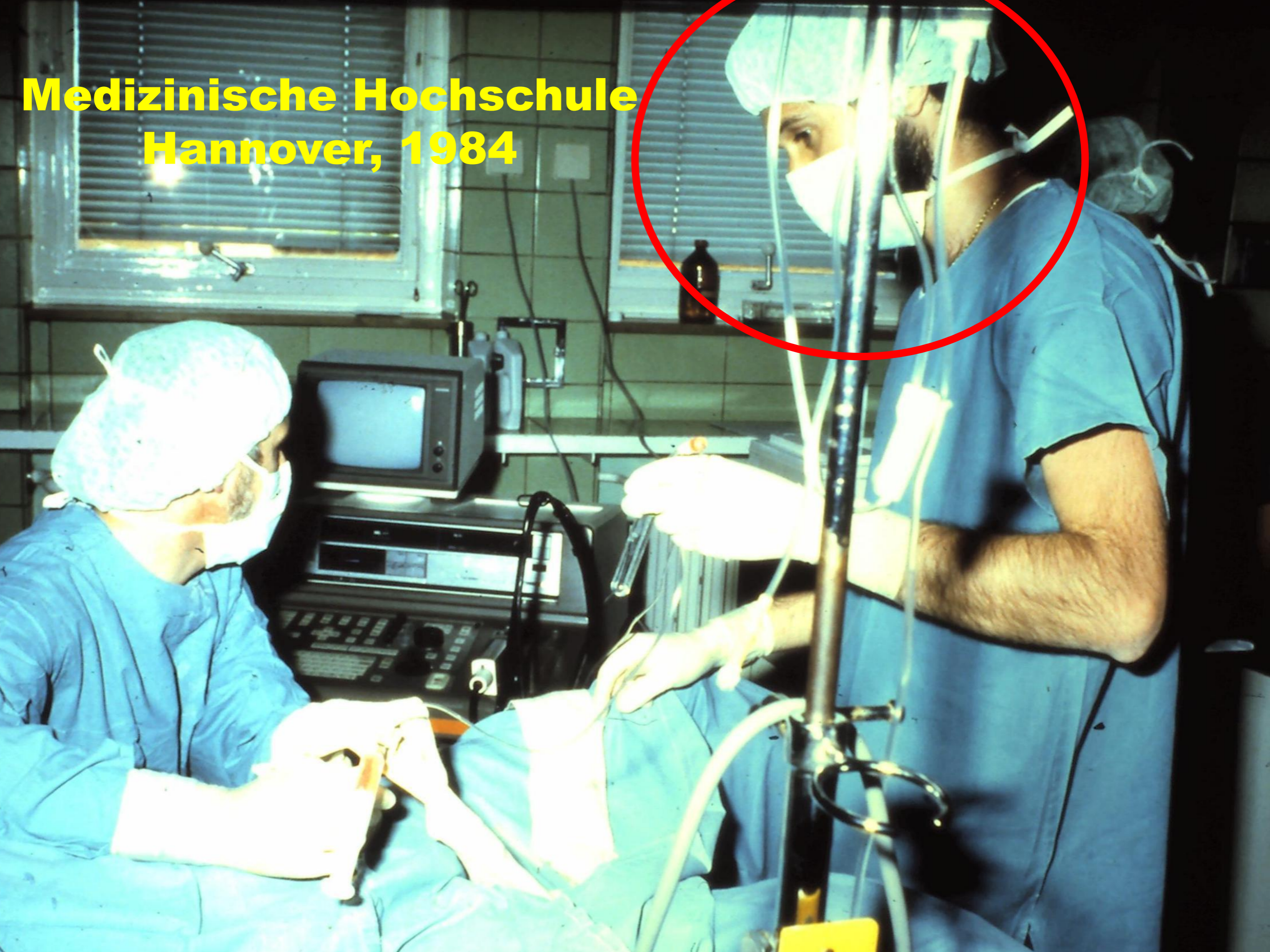
Antalya, 30. 4. -4. 5. 2014

FRAUENKLINIK DER MEDIZINISCHEN HOCHSCHULE HANNOVER

Erfolgsrate nach Extrakorporaler Befruchtung

Jahr	1982	1983	1984	1985
Follikelpunktionen	25	56	53	130
Embryotransfers	5	20	12	69
Schwangerschaften	0	3	4	14
			<b>30 %</b>	<b>20 %</b>

**Medizinische Hochschule  
Hannover, 1984**



# DIR

## German IVF Registry

	IVF Foll. punct.	IVF Pregn. rate	ICSI Foll. punct.	ICSI Pregn. rate
2006	9927	27,39 %	25051	26,46 %
2009	9882	26,87 %	31289	27,36 %
2012	9237	26,89 %	31340	26,31 %

# New developments in the IVF-Lab

*Is it all a matter of selection?*

Sperm selection

IMSI

PICSI

Embryo selection

Blastocyst culture

Quality Mixed Embryo Transfer

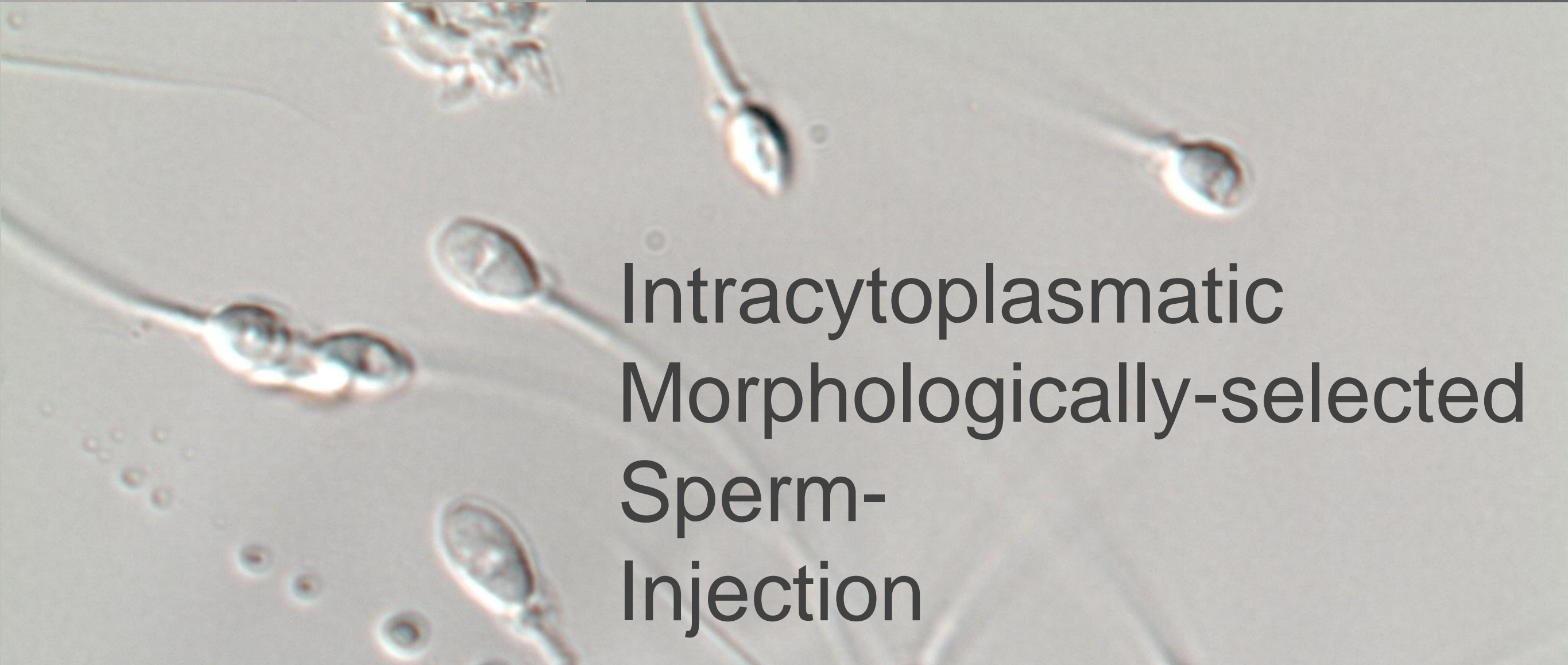
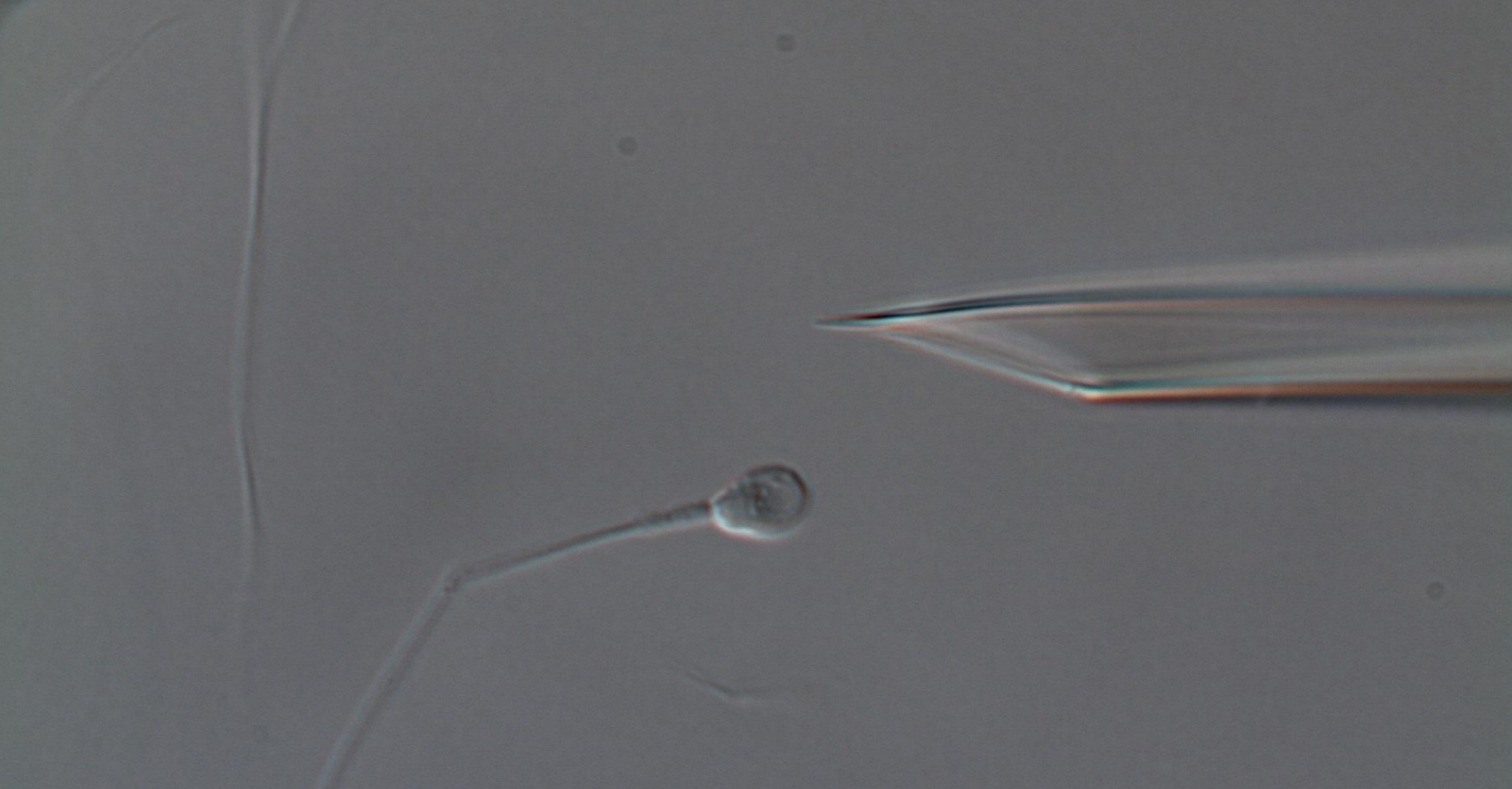
Endometrium selection

Scratching

Seminalplasma-Flushing



**IMSI**

A wide-field microscopic view of several sperm cells. Some cells appear to have multiple heads or are in various stages of development. The tails are long and thin. The background is light and slightly textured.

Intracytoplasmic  
Morphologically-selected  
Sperm-  
Injection

IMSI

# Sperm vacuoles negatively affect outcomes in intracytoplasmic morphologically selected sperm injection in terms of pregnancy, implantation, and live-birth rates

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**Objective:** To retrospectively evaluate whether sperm vacuoles influence clinical results, with a pa 101 intracytoplasmic morphologically selected sperm injection (IMSI) cycles.

**Design:** Retrospective, observational study.

**Setting:** Medical center.

**Patient(s):** A total of 101 couples with at least two failed intracytoplasmic sperm injection (I morphology).

**Intervention(s):** Patients divided into two groups according to sperm morphology and vacuoliz patients with good quality spermatozoa (type I and/or type II spermatozoa) (n = 63 patients); gro quality spermatozoa (type III and/or IV spermatozoa) (n = 38 patients).

**Main Outcome Measure(s):** Fertilization rate, embryo quality, pregnancy, implantation, and live

**Result(s):** No statistically significant differences were observed between group A and B with reg outcomes (fertilization rate and embryo quality). However, the "late" outcomes (pregnancy, impl statistically significantly higher in group A.

**Conclusion(s):** These results confirm a correlation between sperm vacuoles and a negative IMSI outcome, suggesting that sperm vacuoles are related to the late paternal effect. (Fertil Steril® 2013;100:379-85. ©2013 by American Society for Reproductive Medicine.)

**Key Words:** Clinical outcomes, intracytoplasmic, IMSI, live-birth rate, morphologically selected sperm injection, vacuoles

**Discuss:** You can discuss this article with its authors and with other ASRM members at <http://fertstertforum.com/grecoe-sperm-vacuoles-imsi-live-birth-rate/>

# Human sperm head vacuoles are physiological structures formed during the sperm development and maturation process

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<sup>a</sup> Saint Mother Obstetrics and Gynecology Clinic and Institute for Assisted Reproductive Technology, Fukuoka; and <sup>b</sup> Faunal Diversity Sciences, Graduate School of Agriculture, Kobe University, Kobe, Japan

**Objective:** To clarify whether human sperm vacuoles affected intracytoplasmic sperm injection (ICSI) success rates.

**Design:** Retrospective study.

**Setting:** A private infertility clinic.

**Patient(s):** Spermatozoa and spermatids were obtained from 11 normozoospermic, 10 oligozoospermic or asthenozoospermic, 4 obstructive azoospermic, and 3 nonobstructive azoospermic men.

**Intervention(s):** Differential interference contrast observation and intracytoplasmic injection of morphologically selected sperm.

**Main Outcome Measure(s):** Incidence, size, and position of vacuoles of sperm cells were recorded. Ability of fertilization and blastocyst development were compared between cells with and without vacuoles.

**Result(s):** More than 97.4% of ejaculated, 87.5% of epididymal, 87.5% of testicular spermatozoa, and more than 90.0% of Sc-Sd2 spermatids had vacuoles of various sizes. The incidence of vacuoles on ejaculated cells was significantly higher than that on the other types of cells, but there was no difference between sperm from normozoospermic men and those from the other donors. Removal of plasma membrane and/or acrosome did not affect the incidence of vacuoles. Although more than 60% of spermatozoa had small vacuoles in the acrosomal regions, 52.6% of Sb1-2 spermatids had large vacuoles. After injection of a motile spermatozoon with large and small vacuoles, 60.9% and 85.7% of metaphase II oocytes could be normally fertilized, respectively, and almost half of the zygotes developed to the blastocyst stage. When using sperm without vacuoles, the fertilization rate was 80.0%, but only 25% of them developed to the blastocyst stage.

**Conclusion(s):** Human sperm head vacuoles did not affect ICSI outcomes. (Fertil Steril® 2012;98:315-20. ©2012 by American Society for Reproductive Medicine.)

**Key Words:** Vacuole, spermatozoa, spermatid, spermiogenesis, epididymal maturation

**Discuss:** You can discuss this article with its authors and with other ASRM members at <http://fertstertforum.com/tanaka-sperm-vacuoles-epididymal-maturation/>



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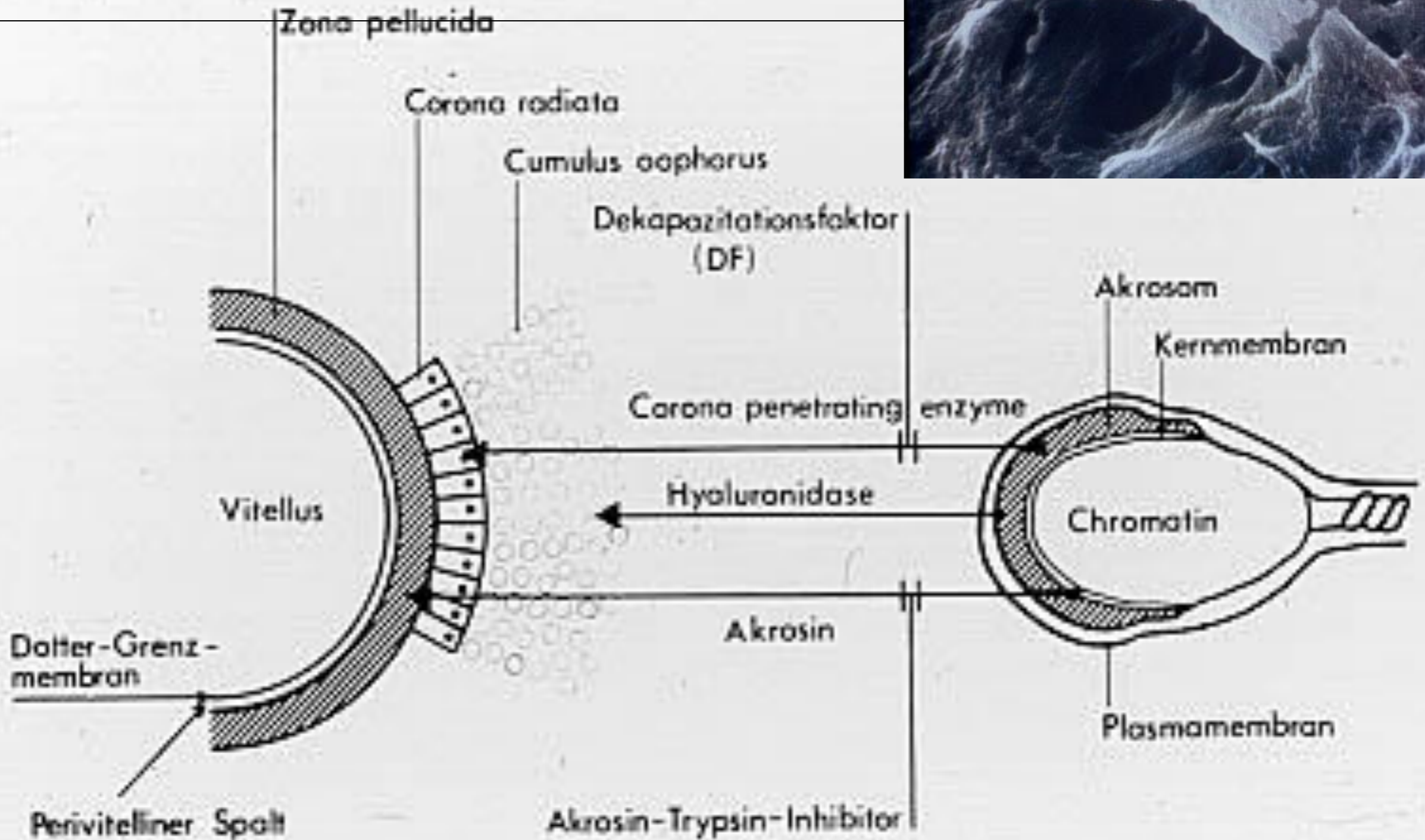
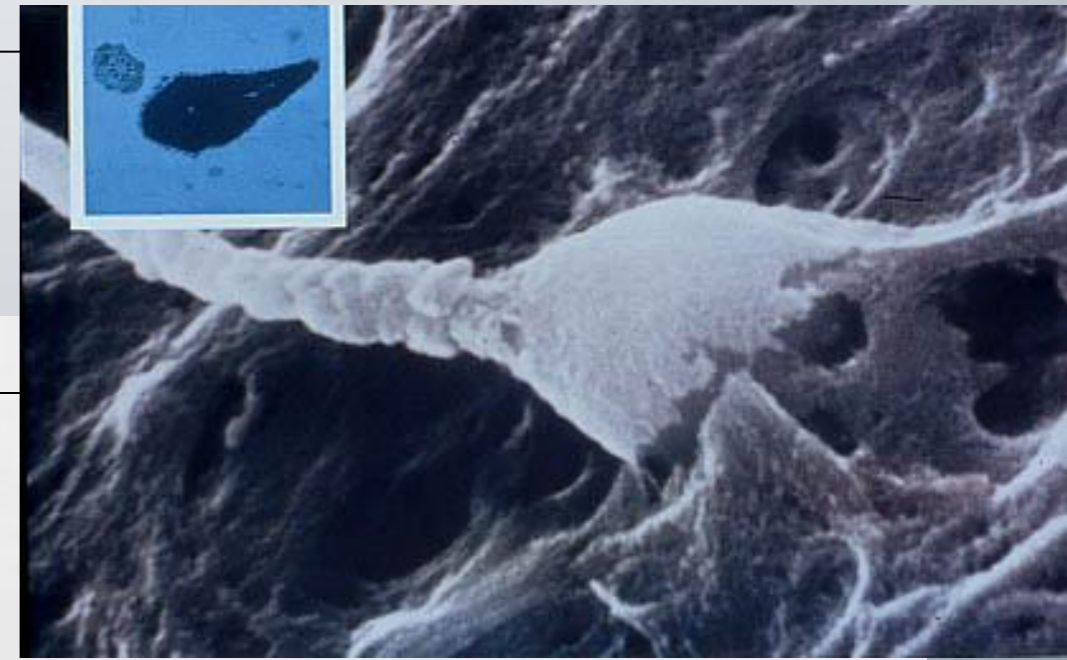
Endometrium selection

Scratching

Seminalplasma-Flushing



# Acrosome-Reaction

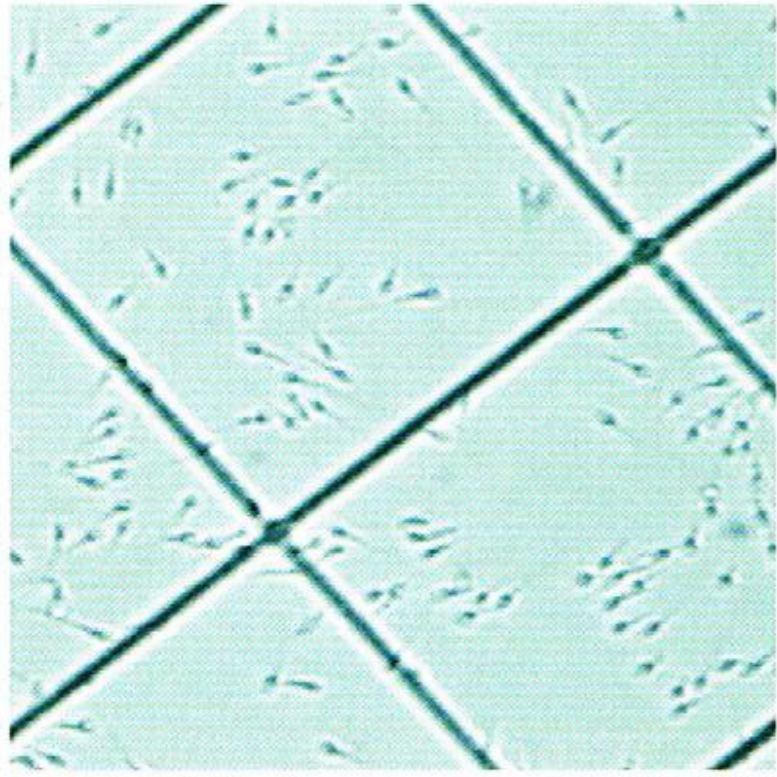


# Experiences with sperm selection by hyaluronic acid coated pertri dishes (PICSI) in an ART program

N. Saymé, K. Sollmann, D.H.A. Maas, T. Krebs

ASRM 2013, Boston

	Fertilization rate			Embyo Quality			Pregnancy rate		
	ICSI	PICSI	p	ICSI	PICSI	p	ICSI	PICSI	p
<b>All samples</b>	<b>73,50%</b>	<b>73,86%</b>	<b>0,912</b>	<b>2,48</b>	<b>2,48</b>	<b>0,991</b>	<b>27,1%</b>	<b>23,4%</b>	<b>0,691</b>
<b>Normospermic</b>	<b>71,16%</b>	<b>64,20%</b>	<b>0,464</b>	<b>2,56</b>	<b>2,02</b>	<b>0,204</b>	<b>not evaluable</b>		
<b>Oligospermic</b>	<b>68,47%</b>	<b>63,88%</b>	<b>0,546</b>	<b>2,56</b>	<b>2,76</b>	<b>0,421</b>	<b>26,7%</b>	<b>16,7%</b>	<b>0,674</b>
<b>Asthenospermic</b>	<b>74,96%</b>	<b>75,88%</b>	<b>0,833</b>	<b>2,46</b>	<b>2,56</b>	<b>0,524</b>	<b>27,8%</b>	<b>26,7%</b>	<b>0,554</b>
<b>Teratospermic</b>	<b>72,43%</b>	<b>74,50%</b>	<b>0,630</b>	<b>2,54</b>	<b>2,60</b>	<b>0,697</b>	<b>32,3%</b>	<b>23,7%</b>	<b>0,266</b>



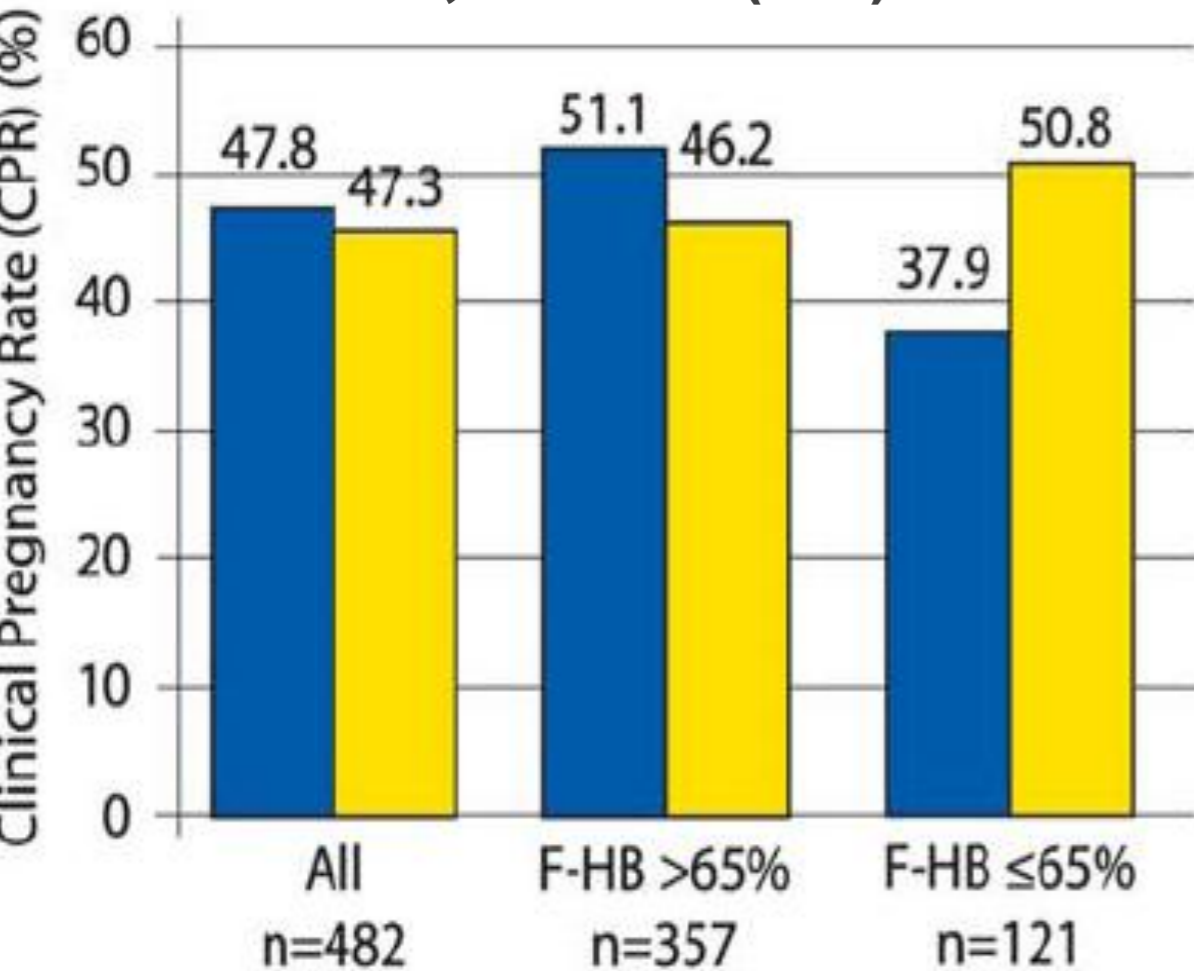
# HBA

The sperm-Hyaluronan Binding Assay

HBA is designed to provide a qualitative assessment of sperm quality, maturity, and fertilizing potential

- HBA provides a rapid assessment of sperm quality, maturity and structural integrity
- Correlations with fertility outcomes and morphology assessments
- Simple, objective, and rapid assessment (<60 seconds)

**WorriIow et al., HR 2012 (289) 306**



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## **STANDARD- CULTURE**

Embryotransfer on  
day 2 in a (2-)4-(8-)cell-  
stage



## **LONGTERM-/ BLASTOCYST- CULTURE**

Embryotransfer on  
day 5 in the blastocyst-  
stage

# Blastocyst culture

## Pregnancy rates after Embryotransfer on Day 2/3 versus Day 4/5

age	Day 2/3	Day 4/5
<35	40,5 %	55,9 %
35-40	26,9 %	44,7 %
>41	12,1 %	21,2 %
Total	<b>28,4 %</b>	<b>46,8 %</b>

2013 (Jan-Dec) 582 pat.

2014 (Jan-Mar) 138 pat.

Kinderwunschzentrum Ulm/Germany

I. El-Danasouri pers. comm 2014

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# Quality mixed embryo transfer

## Embryo scoring:

### Morphology

- Grade A: regular cleavage, no fragmentation
- Grade D: irregular cleavage, highly fragmented

### In-phase cleavage stages

- Day 2: 4 cells
- Day 3: 8 cells
- Day 4: morula
- Day 5: blastocyst



# Quality mixed embryo transfer

## Embryo scoring

**Good:** Grade A + B  
Cleavage stages in phase  
or faster

**Poor:** Grade C + D  
Cleavage stages slower  
and out of phase

# Quality mixed embryo transfer

785 patients at the age of  $\leq 35$  yrs. with transfer of one or two embryos

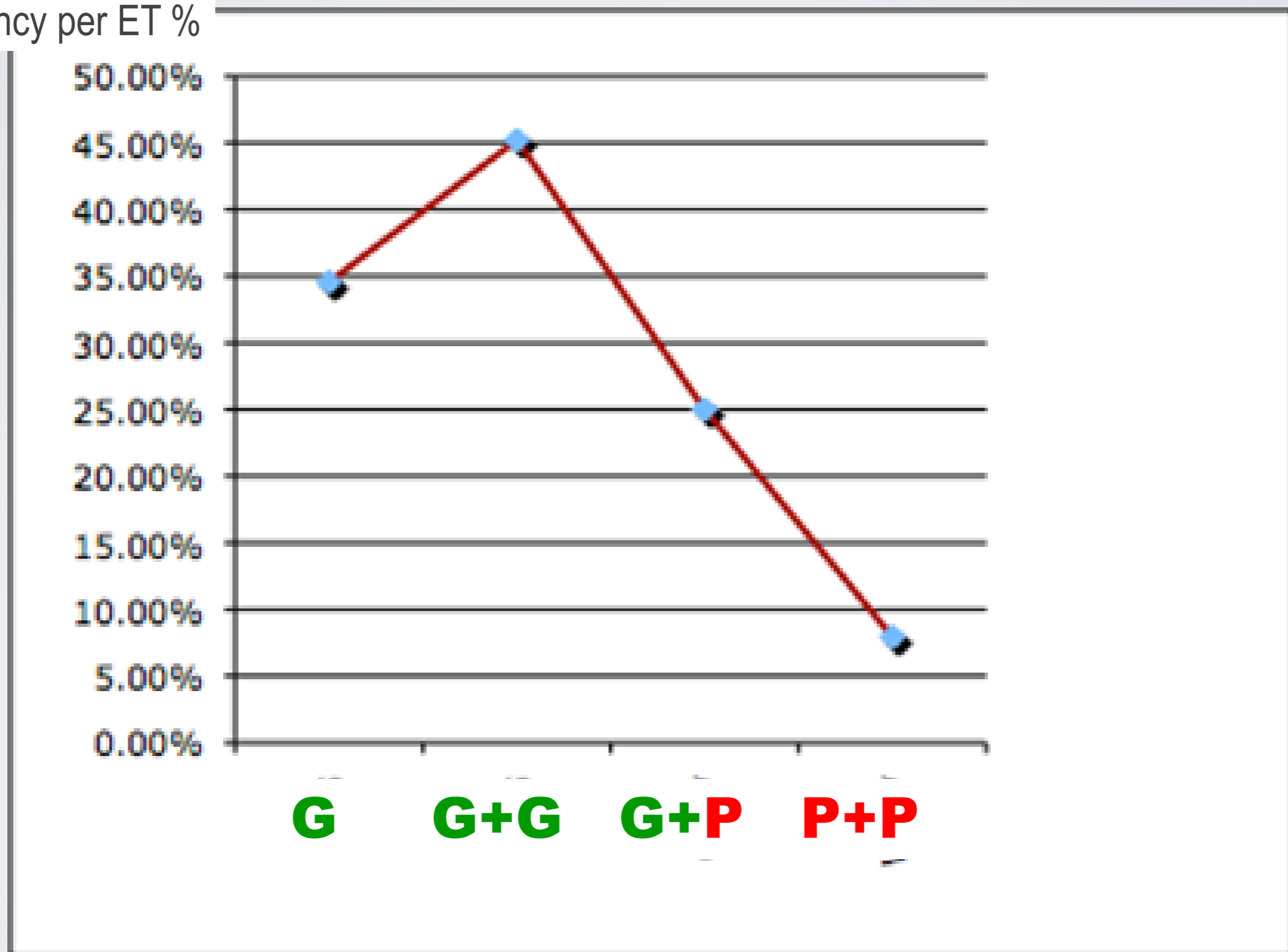
<b>G</b>	1 embryo	55 pat	31,8 +/- 2,7 yrs
<b>G+G</b>	2 embryos	323 pat	32,0 +/- 2,0 yrs
<b>G+P</b>	2 embryos	236 pat	32,6 +/- 2,6 yrs
<b>P+P</b>	2 embryos	126 pat	33,1 +/- 2,9 yrs
<b>P</b>	1 embryo	45 pat	32,6 +/- 1,6 yrs

Kinderwunschzentrum Stuttgart, Germany, and  
RISEL-One Day Medical Center, Rome, Italy

I. El-Danasouri et al., pers. comm. 2014

# Quality mixed embryo transfer

Pregnancy per ET %



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# Endometrial natural killer cells

NK-cells invade into the endometrium after ovulation until week 20 of pregnancy. They are regarded responsible (besides destroying virus-infected and tumorous cells) for *inducing vascular growth and immunological tolerance*.

Present therapeutic studies:

*Inducing* the NK-cell number by

Endometrial scratching

G-CSF-injections

seminal plasma flushing

*Reducing* the NK-cell-number by

intra venous infusions of lipid-preparations (omega-3/

-6-fatty acids)

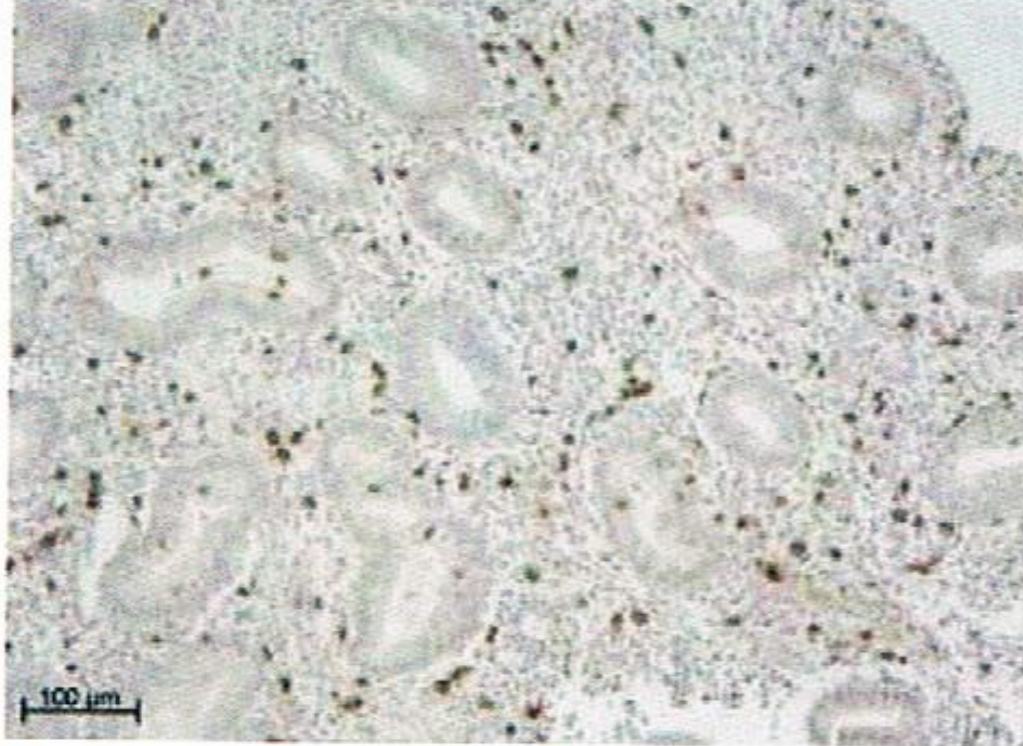


Bild 1

Before ovulation

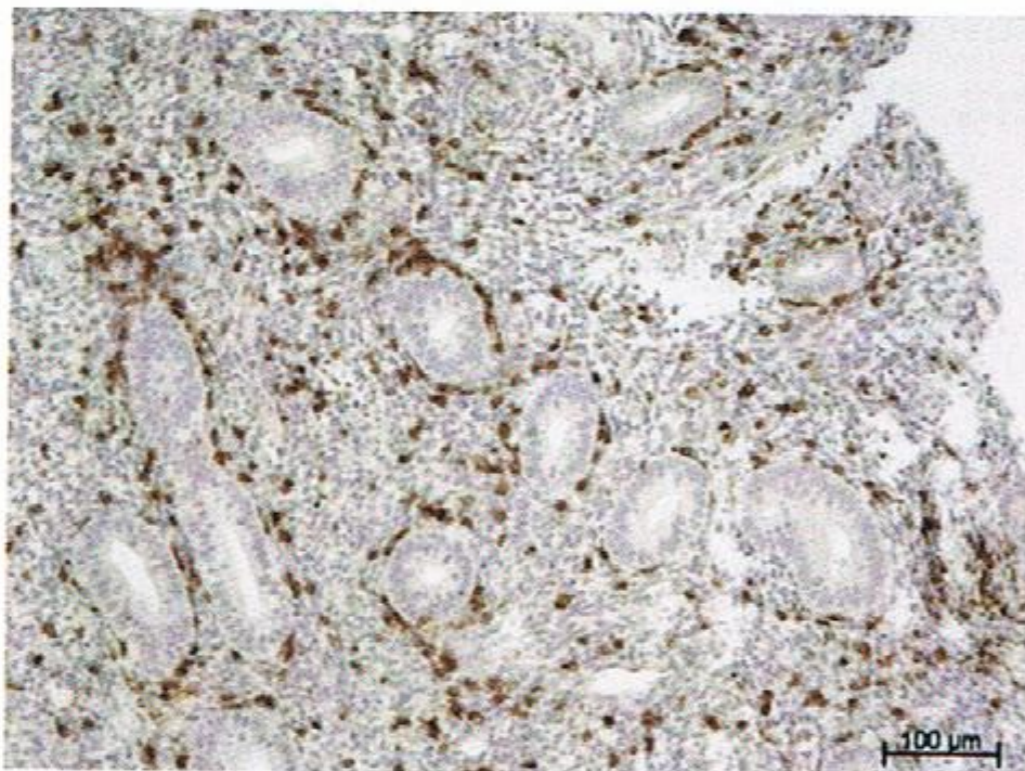
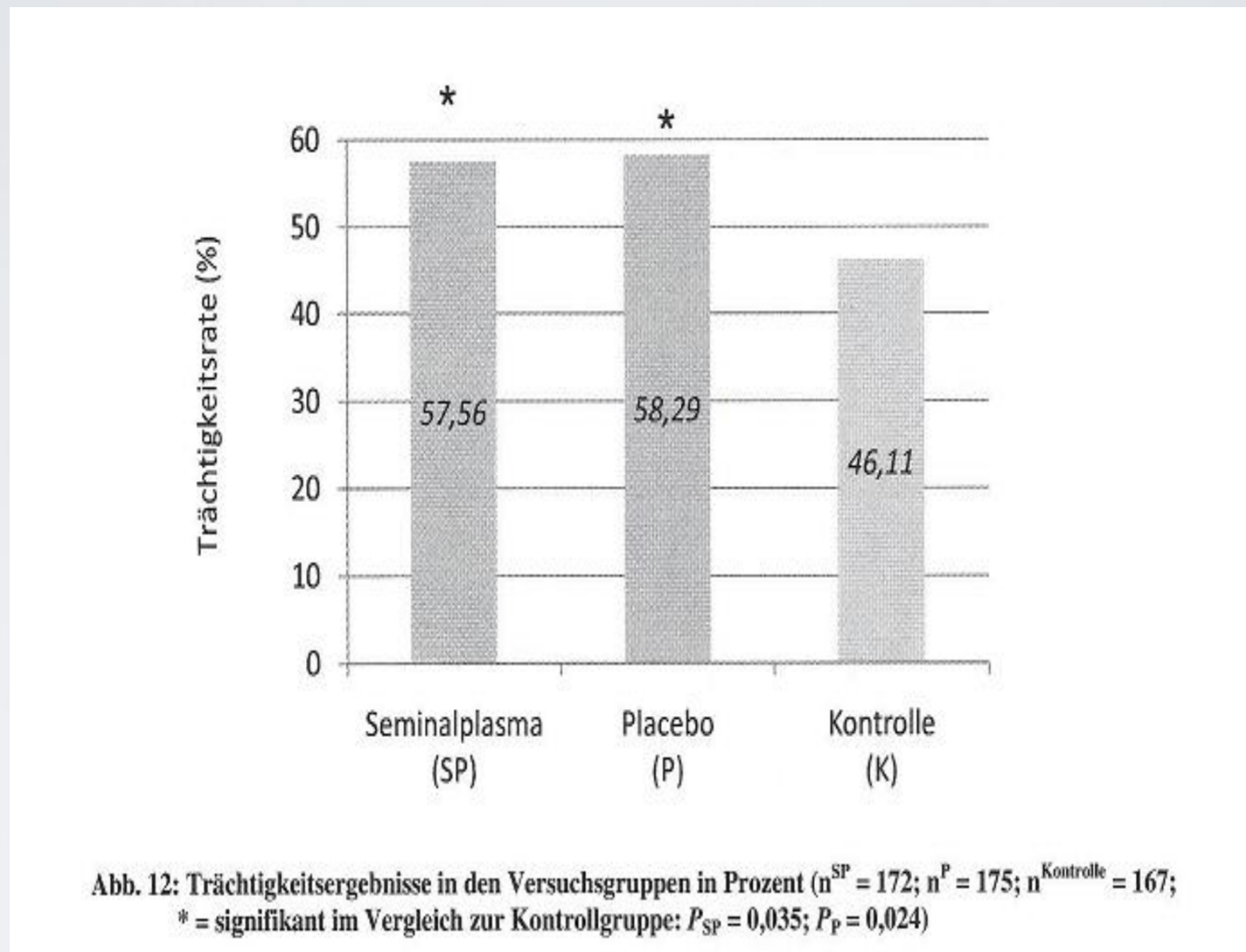


Bild 2

After ovulation

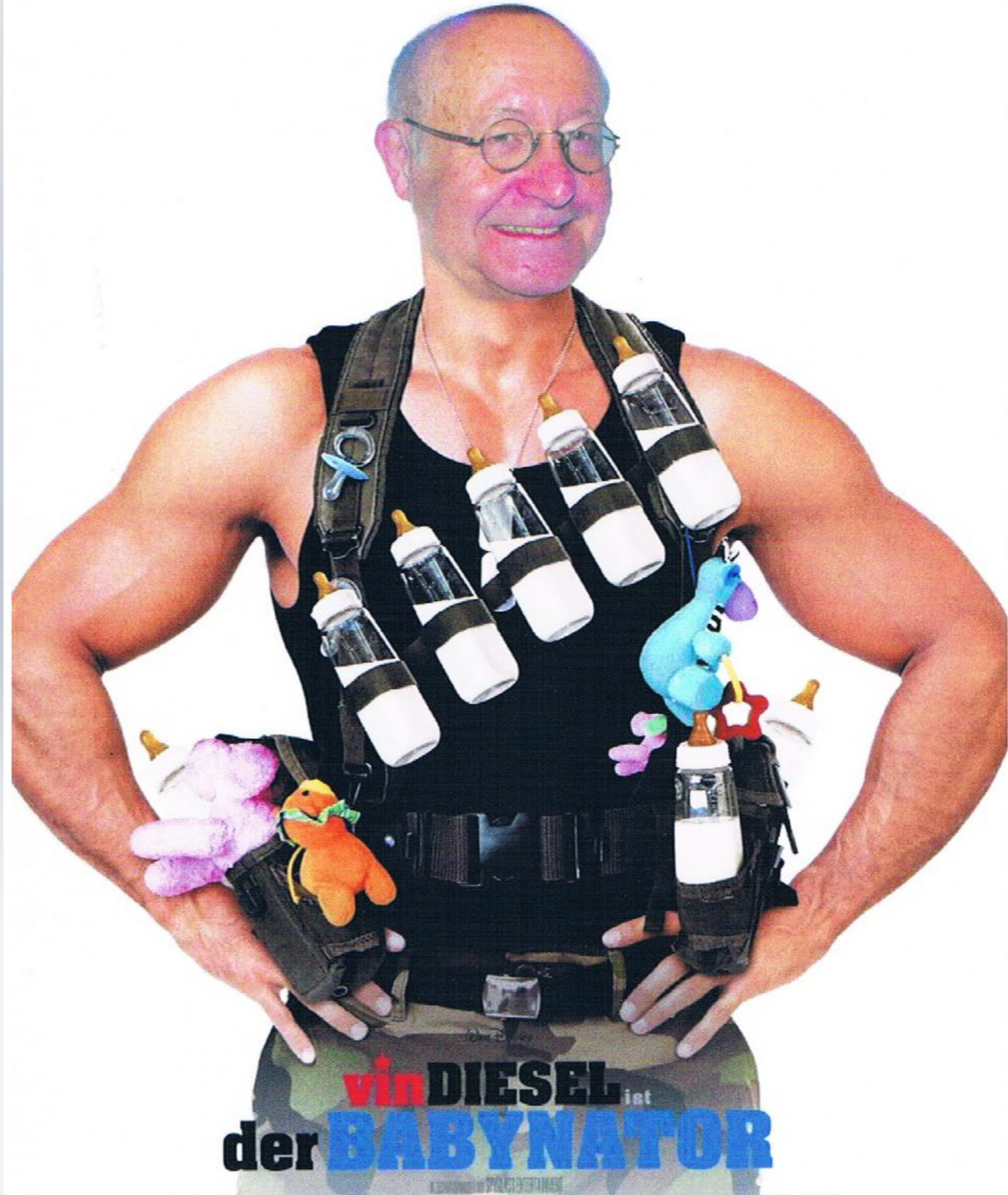
# Seminal plasma flushing



Pregnancy rate after insemination in the bovine with and without flushing the vagina/cervix with seminal plasma or culture medium as placebo.

Thank  
you  
for  
your  
attention !

DIESE MISSION IST KEIN KINDERSPIEL.



vin DIESEL ist  
der BABYNATOR

WALT DISNEY PICTURES PRESENTS "THE PACIFIER" A WALT DISNEY PICTURES FILM VIN DIESEL "BABY" WITH ADAM SHLOFMAN LAUREN STARKEN PATRICK DEMPSEY BENJAMIN SHAPIRO MAX THEYNTZ

# New developments in the IVF-Lab

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Embryo-selection

Blastocyst culture

Micro Vibration

Mixed Embryo Transfer

Endometrium Stimulation

Scratching

Seminalplasma-Flushing



# „Rüttler“ („shaker“)



Three-  
dimensional  
vibration at  
56 Hz  
delivered over  
5 sec. every  
hour.

# Micro vibration

	Micro vibration (1-4 cell group- culture) 244 pat.	Static culture (single cell- culture) 291 pat.	p
Fertilization rate	82, 1%	78, 2 %	0. 02
Implantation rate	41, 9 %	35, 5 %	0, 043
Clinical pregnancy rate	46, 7 %	43, 3 %	0, 427

Kinderwunschzentrum Ulm  
and Kinderwunschzentrum Stuttgart

I. El-Danasouri et al., pers. comm. 2014