# Patient-centred implementation of elective single embryo transfer (eSET) in in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI).

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·implementation objective(s)/research question(s): The main aim is to compare the effectiveness and costs of the implementation of elective single embryo transfer (eSET) in in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI),...

Ethical review Approved WMO

**Status** Pending

**Health condition type** Other condition **Study type** Interventional

# **Summary**

#### ID

NL-OMON30404

#### **Source**

ToetsingOnline

#### **Brief title**

PITS, Patient centred Implementation Trial for Single embryo transfer

### **Condition**

Other condition

#### Synonym

Evaluation of assisted reproduction, Subfertility treatment

## **Health condition**

Subfertiliteit, Paren die IVF/ICSI behandeling zullen ondergaan

### Research involving

1 - Patient-centred implementation of elective single embryo transfer (eSET) in in v ... 13-06-2025

# **Sponsors and support**

**Primary sponsor:** Academisch Medisch Centrum

Source(s) of monetary or material Support: ZonMW

## Intervention

**Keyword:** Assisted reproduction, Implementation, Preventing twin pregnancies, Single embryo transfer (SET)

## **Outcome measures**

# **Primary outcome**

·outcome measures and process indicators: Main outcome measure is the eSET occurrence rate and cost-effectiveness of the combined strategy.

## **Secondary outcome**

Secondary outcome measures are in the field of: 1) patient knowledge 2) patient decisional conflict 3) patient satisfaction and 4) IVF/ICSI treatment outcome.

# **Study description**

## **Background summary**

This trial will investigate the implementation of single embryo transfer (eSET). Implementation of eSET can be done through different strategies. Many of them have the disadvantage that patients lose the ability to choose themselves. They lose their autonomy to make their medical decisions. The goal of our study is to implement eSET with respect to the couple's autonomyto participate in shared decision making. Prior to this study, focusgroup interviews were held and the main conclusions were that the most important inhibitting factors are with the patient-couples. They seem uninformed about risks and complications of twin pregnancies and often have financial reasons to transfer more embryos at once. The design of our trial is to see if counselling with an evidence-based decision aid could raise the incidence for the choice for eSET. Furthermore we will also investigate if reimbursement of a (possible) 4th cycle has an effect on that incidence. In our study design the 4th cycle will be paid for if the couples have chosen for eSET in the first 2 cycles.

## **Study objective**

·implementation objective(s)/research question(s): The main aim is to compare the effectiveness and costs of the implementation of elective single embryo transfer (eSET) in in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI), between usual care and a combined patient-centred strategy.

## Study design

design: A randomised controlled trial is performed.

#### Intervention

intervention to be implemented: eSET in IVF/ICSI

## Study burden and risks

The burden for participants could consist of the possible 4th IVF/ICSI treatment cyle. This is only applicable for couples who are not pregnant after 3 cycles and who have chosen SET in cycle 1 and 2.

# **Contacts**

#### **Public**

Academisch Medisch Centrum

Postbus 9101 6500 HB Nijmegen Nederland **Scientific** 

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# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

# Inclusion criteria

Couples starting with their first IVF/ICSI cycle (with or without earlier successful treatment) with the female younger then 40 years.

# **Exclusion criteria**

Medical nesessity for SET. Female older then 39 years. Less then 2 embryos available for transfer in the first cycle.

# Study design

# **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

**Primary purpose:** Health services research

## Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-05-2006

Enrollment: 210

Type: Anticipated

# **Ethics review**

Approved WMO

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

# Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

CCMO NL11293.091.06