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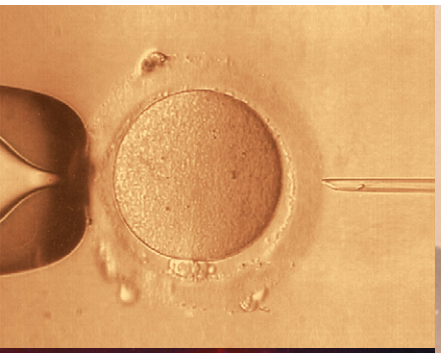

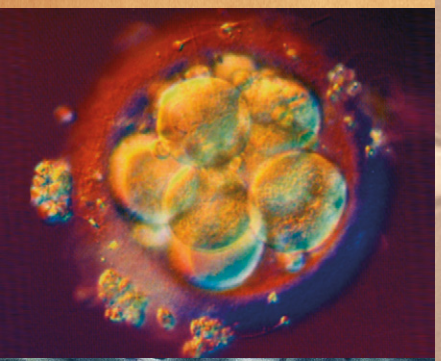

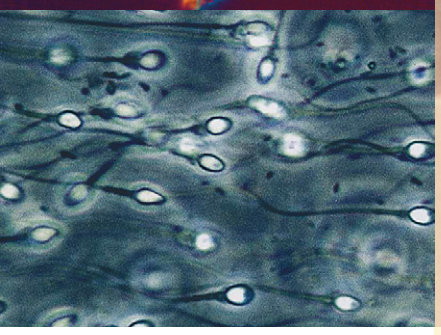

D.I.R-Annual 2024

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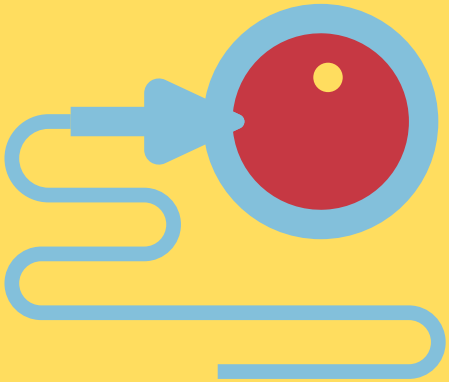

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From Bench to Bedside and Back

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D·I·R® Annual 2024 – The German IVF-Registry

S. Bartnitzky, V. Blumenauer, U. Czeromin, D. Fehr, C. Grewe, J.-S. Krüssel, M. S. Kupka, N. Sänger, A. Tandler-Schneider, S. Tauchert

Dear Ladies and Gentlemen, dear colleagues, patients, and D·I·R® members,

We are pleased to present the 2024 Annual Report of the German IVF Registry (D·I·R)®.

Background of this Annual

The D·I·R® currently comprises 142 member centers, of which 139 have submitted treatment data for the years 2023 and 2024. The analyses presented are based on data available as of April 16, 2025.

Once again, this year has highlighted the complexity of the analyses we were able to conduct thanks to the dedicated cooperation of the German IVF centers. In numerous sessions, the Board of Trustees, the Executive Board, the Administrative Office, and the Data Management unit/team meticulously reviewed the incoming data, identified potential sources of error, and interpreted emerging trends.

Looking Back

We extend our sincere thanks to our longstanding chair, **Dr. Ute Czeromin,** who, from 2014 to 2025, steered the registry through turbulent times and into calm, sustainable waters. In close cooperation with the Board of Trustees and under the patronage of (the) BRZ, (the) DGRM, and (the) DGGEF, we were able to continue our work independently and with full autonomy.

In retrospect, we would like to explicitly highlight the special evaluations published in recent years, each of which has illuminated specific aspects of our work:

Annual 2019, https://www.deutsches-ivf-register.de/perch/resources/dir-annual-2019-en-kup.pdf
- Development of embryo assessment: Definitions of "ideal" and "non-ideal"
- Four new laboratory evaluations

Annual 2020, https://www.deutsches-ivf-register.de/perch/resources/dirjb2020en.pdf
- "Good Prognosis Patient" – the ideal patient
- "More is less!" – first center-specific evaluation

Annual 2021, https://www.deutsches-ivf-register.de/perch/resources/downloads/dir-annual-2021-english.pdf
- 40 years of the German IVF Registry and 25 years of electronic data collection
- DET on day 2/3 vs. SET on day 5/6 – is less truly more?

Annual 2022, https://www.deutsches-ivf-register.de/perch/resources/dir-annual-2022-english.pdf
- DET vs. SET+SET
- Ovulation induction using GnRH vs. HCG (2020–2022)
- Endometrial preparation in thaw cycles (2020–2022)
- Special laboratory analysis: Do we have surplus embryos?

Annual 2023, https://www.deutsches-ivf-register.de/perch/resources/dir-annual-2023-english.pdf
- Cryopreservation of oocytes and their subsequent use
- Treatment outcomes after oocyte thawing depending on the number of injected oocytes
- Special laboratory analysis: Cryopreservation and blastocyst culture – reliable methods for (achieving) high treatment success rates

Not to be forgotten are our annual digital special editions specifically for infertility patients and the public, starting in 2019/2020.

This Annual

The standard analyses for 2023 and 2024 are based on the data available as of April 16, 2025. This year again, our investment in Qlik continues to pay off.

In 2024, the number of plausible treatment cycles reached **131,801**. The proportion of FET-cycles continued its upward trend, rising to 37.5%. Pregnancy rates per embryo transfer in fresh and frozen cycles are converging – with frozen cycles surpassing fresh ones by 1 percentage point higher for the first time. Remarkably, both rates remain at 30–31% per transfer, despite a growing preference for single-embryo transfers and, for the first time, a multiple birth rate below 10%!

New special analyses this year:

- **AMH levels:** First-time evaluation based on anti-Müllerian hormone
- **10 years of "Less is More!"** – A significant and encouraging improvement in treatment quality!
- **Culture duration:** Transfers on day 5 show a significant advantage compared to those on day 4 or day 6
- **PPOS protocol:** Results for preventing premature ovulation using progestin
- **Laboratory focus – Quality vs. quantity:** Analysis of Result quality in relation to the number and maturity of retrieved oocytes

Included in this year's Annual are the most recent results from the *Ferti*PROTEKT network, reflecting the progress of fertility-preserving measures/strategies in Germany. as well as updated data from the German Registry for Insemination (DERI). We maintain close and collegial ties with both registries and share several technical platforms.

Political Context

Cost coverage for assisted reproduction procedures in Germany remains exceptionally limited by international standards. One particularly problematic gap is the lack of insurance coverage for cryopreservation, which hinders the broader

adoption of less invasive approaches such as freezing and subsequent frozen embryo transfer.

Federal state subsidies have been largely discontinued. The continued exclusion of unmarried couples from reimbursement remains anachronistic. While the previous federal government established a commission to legalize egg donation, the current administration has yet to pursue any comparable initiatives. As a result, the important hopes of many patients – especially those with diminished ovarian reserves – remain unmet.

Acknowledgements

We extend our sincere thanks to everyone who contributed to the creation of this Annual:

- **Markus Kimmel,** who has been a driving force behind the use of Qlik software and, in close collaboration with **Critex GmbH**, continuously updates the MedITEX and DIRpro-NOVA® data collection programs. He is also overseeing the integration of the QuinniSoft and DynaMed IVF software solutions – which, in some cases, presented considerable technical challenges.
- Markus Kimmel's work with **Qlik** and our technical partner **Transact – Gesellschaft für Software und Analyse mbH** benefits not only the Annual but also enables special analyses throughout the year. His contributions support individual centers through tailored evaluations, allowing for multi-year internal comparisons and benchmarking across German centers. Particular is taken to ensure anonymity.
- **Soo-Hee Kim,** who is responsible for the appealing layout and who skillfully implemented last-minute changes right up to the printing deadline.
- **The Annual partners** (see the penultimate page of this Annual), whose financial support makes the print edition possible.
- The **Board of Trustees**, and in particular **Dipl.-Biol. Verona Blumenauer,** whose biological expertise adds valuable additional perspectives to the data analysis.
- Several members of the Board of Directors and the Board of Trustees also contribute to the German Medical Association's QSReproMed initiative by actively participating in various meetings to strengthen the friendly cooperation and avoid redundant data entry.

Above all, we thank **you, the fertility centers,** for your meticulous data collection, your commitment to forwarding data to the registry, and your financial contributions. Together, these efforts enable continuous development and quality improvement. In international comparison, the German IVF Registry stands out as a globally unique model of independence, funded through the centers' cycle contributions.

We encourage you to use this Annual for your own reference, for your team, or to share with your patients – whether in print or digital format, in German or English. The global recognition of the German IVF Registry serves as a powerful motivation to continue working together, gaining new insights, and improving care for all.

Your D·I·R® Board of Directors

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In a Nutshell – 2023's and 2024's Findings of the German IVF-Registry

- 139 centers of the German IVF-Registry exported 131,801 plausible cycles.
- In 62.5 % of the cycles, a treatment to retrieve eggs was initiated, while 37.5 % of the cycles involved previously frozen eggs. The proportion of cryo cycles has continued to increase.
- The pregnancy rates per embryo transfer in fresh cycles were 30.5 % in 2024, and the pregnancy rates in cryo cycles per embryo transfer were 31.5 % in 2024, making them nearly equal.
- Despite the increasing prevalence of single-embryo transfer (SET) to avoid higher-grade multiple pregnancies, the improvement in pregnancy rates in cryo cycles is particularly noteworthy. In 2017, the pregnancy rate per embryo transfer had been 26.2 %; by 2024, it had risen to 31.5 %.
- The birth rates per embryo transfer in 2023 were 22.5 % for fresh cycles and 21.9 % for cryo cycles.
- The dependence of pregnancy and birth rates on age is significant. Women aged 30-34 have a pregnancy rate per embryo transfer of 39.0 % and a birth rate of 30.9 %. In contrast, for women aged 41-44, the pregnancy rate per embryo transfer drops to 17.1 %, and the birth rate to 9.3 %. *See the IVF example from 2019-2023.*
- The continuous decline in multiple births is encouraging. Between 2017 and 2022, they were reduced by a full 12.7 percentage points in fresh cycles and by more than 9 percentage points in thawing cycles! The multiple birth rate in 2023 was 9.3 % in fresh cycles and 6.2 % in cryo cycles; in 2017, these rates were 22.0 % and 15.4 %, respectively. *See D·I·R Annual 2018.*
- In all treatment cycles where the prognosis for a successful outcome is good, single-embryo transfer is increasingly being used. Although the pregnancy rates are slightly lower with the transfer of a single embryo, the multiple pregnancy rates rise dramatically when two embryos are transferred in this patient group, leading to higher rates of pregnancy complications and preterm births.
- The cumulative birth rate after multiple transfers following just one egg retrieval is significant when the option for cryopreservation is available and utilized. After one fresh transfer and two cryo transfers, half of the couples can already celebrate the birth of a child, even though only one fresh treatment cycle was performed.
- IVF and ICSI with donor sperm are increasing significantly (1,129 treatments in 2018, 1,404 treatments in 2019, 1,861 treatments in 2020, 2,538 treatments in 2021, 2,610 treatments in 2022, 3,177 treatments in 2023).
- To date, 433,858 children have been born following in-vitro fertilization cycles. This is equivalent to the combined population of the cities of Saarbücken and Chemnitz. The proportion of preterm births (births before the end of the 37th week of pregnancy) in 2023 was 14.8 % for singletons, 85.6 % for twins, and 100 % for triplets.
- Reproductive medical techniques are safe— the risk of overstimulation as a result of hormone therapy was 0.2 %, and complications from egg retrieval, such as bleeding, were 0.6 %.

Our recommendations if you have an unfulfilled desire to have children:

Stay confident! Seek advice from a fertility center and then make your decision. Choose a center that is a member of D·I·R®, which makes these annuals possible.

Don't wait too long: The chances of successful treatment depend on age.

Take advantage of the single-embryo transfer, blastocyst culture, and cryopreservation: Not a single fertilized egg is lost, and you have another chance with minimal effort after thawing, even for a second child!

Brief overview of the most important results for the public

This year, we again present the most important results on the following pages in a brief overview.

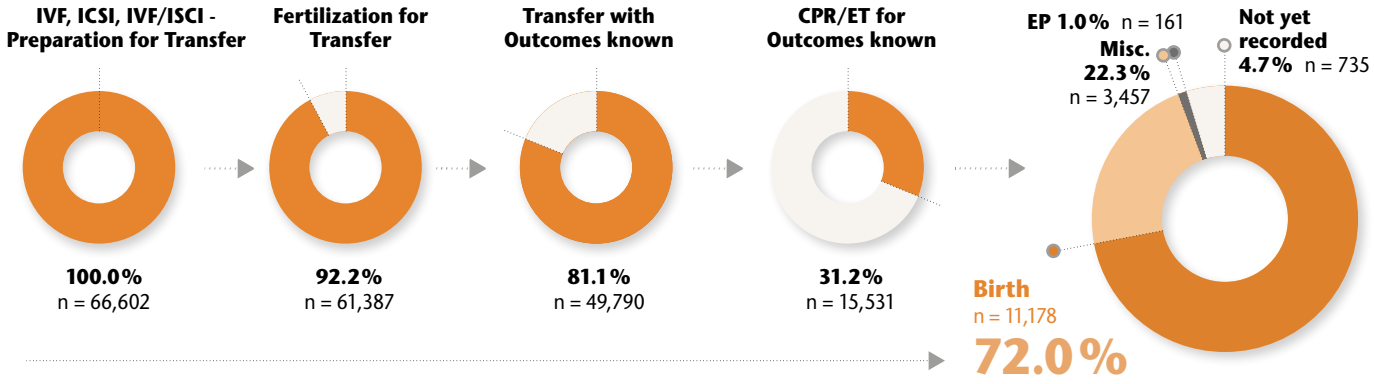
The first analysis shows the results of the treatments conducted in 2023 up to the birth.

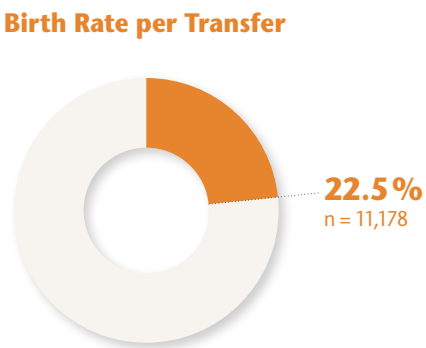
The second analysis on the next page shows the age-dependent development of both the pregnancy rate per embryo transfer and the births and miscarriages.

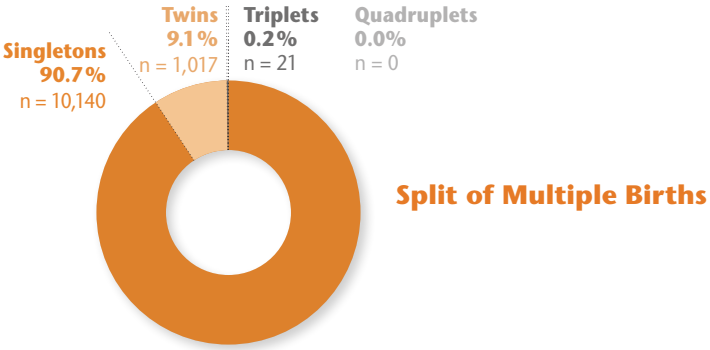
The third analysis, on the page after the next, is dedicated to the cumulative pregnancy rate per embryo transfer, regardless of whether it is a fresh embryo transfer or a thaw cycle. The cumulative pregnancy rate after four transfers is over two-thirds (69.0%).

Summary D·I·R® Statistic in Brief 2023 – CoD April 16th, 2025

IVF, ICSI, IVF/ISCI - Prospective and Retrospective Data







In 2023, 66,602 fresh cycles for egg retrieval and treatment were conducted in Germany. This is 2,151 cycles fewer than in the previous year. This decrease is offset by the increase in the freezing of untreated eggs.

In 81.1% of the cases, an embryo transfer was performed with a known cycle outcome.

The birth rate per transfer in 2023 was 22.5%, similar to 2022 (22.5%), with a significantly decreased rate of multiple births. This is seen as a success of the Single-Embryo Transfer strategy.

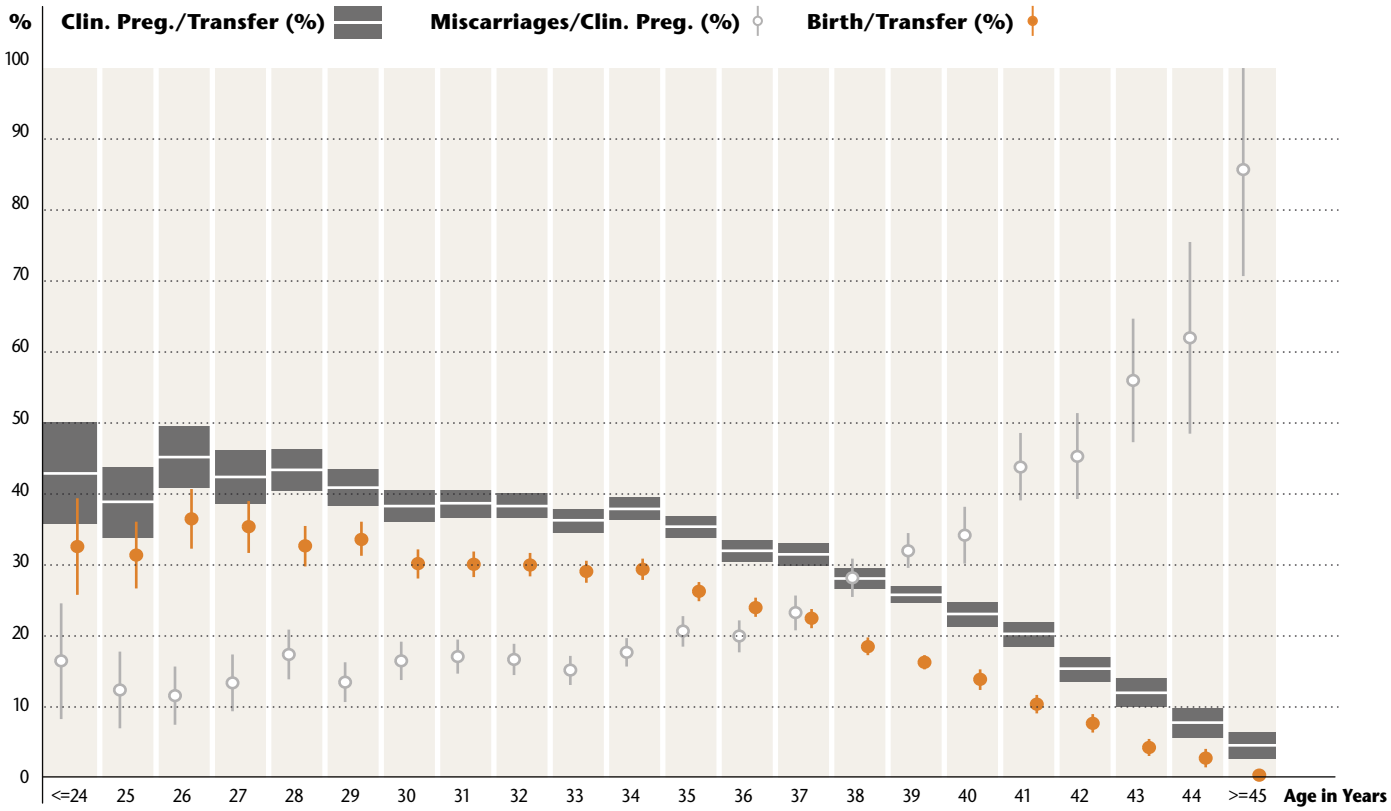
While there were still 1,383 twin births in 2022 (11.7%), this number dropped to 1,017 twin births in 2023 (9.1% of all births)!

Meanwhile, 90.7% of births are singleton births. Even though the multiple birth rate has significantly decreased to a total of 9.3%, it still remains on the higher side compared to Europe. Countries like those in Scandinavia or the Netherlands have multiple birth rates in the natural range of less than 5%. Nonetheless, we are pleased in Germany about the sharply declining trend in multiple births, which carry a higher risk of preterm birth at over 80%.

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2023

Prospective Data

IVF, ICSI, IVF/ICSI 2023



	<=24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45	
n	184	374	516	653	1,060	1,399	1,886	2,434	2,909	3,270	3,641	3,861	3,771	3,627	3,703	5,274	2,308	2,085	1,685	1,043	641	462	ET
%	42.9	38.9	45.2	42.4	43.4	40.9	38.3	38.7	38.3	36.3	37.9	35.4	32.0	31.5	28.1	25.8	23.1	20.3	15.4	12.0	7.8	4.6	CP/ET
n	60	117	188	231	346	470	568	731	872	950	1,068	1,013	905	813	685	856	319	217	129	45	18	2	Birth

Pregnancy, abortion and birth rates are presented here as a 95% confidence interval. So with a 95%-probability, the true mean lies within the defined confidence interval.

In this graphic, we present the development of pregnancy rates, birth rates and miscarriage rates depending on age. The statistics refer exclusively to fresh cycles and combine IVF and ICSI. Pregnancy and birth rates are calculated per embryo transfer.

Up to the age of 30, the pregnancy rate remains over 40 %. Birth rates, on the other hand, are over 26% per embryo transfer until the age of 36. From our perspective, this is very significant for advising and assessing the respective chances.

Miscarriages should also be considered in age-dependent counseling: While they are below 20 % in women up to the age of 35, they rise to 34.2 % at 40 years and even exceed 85 % in patients over 45 years.

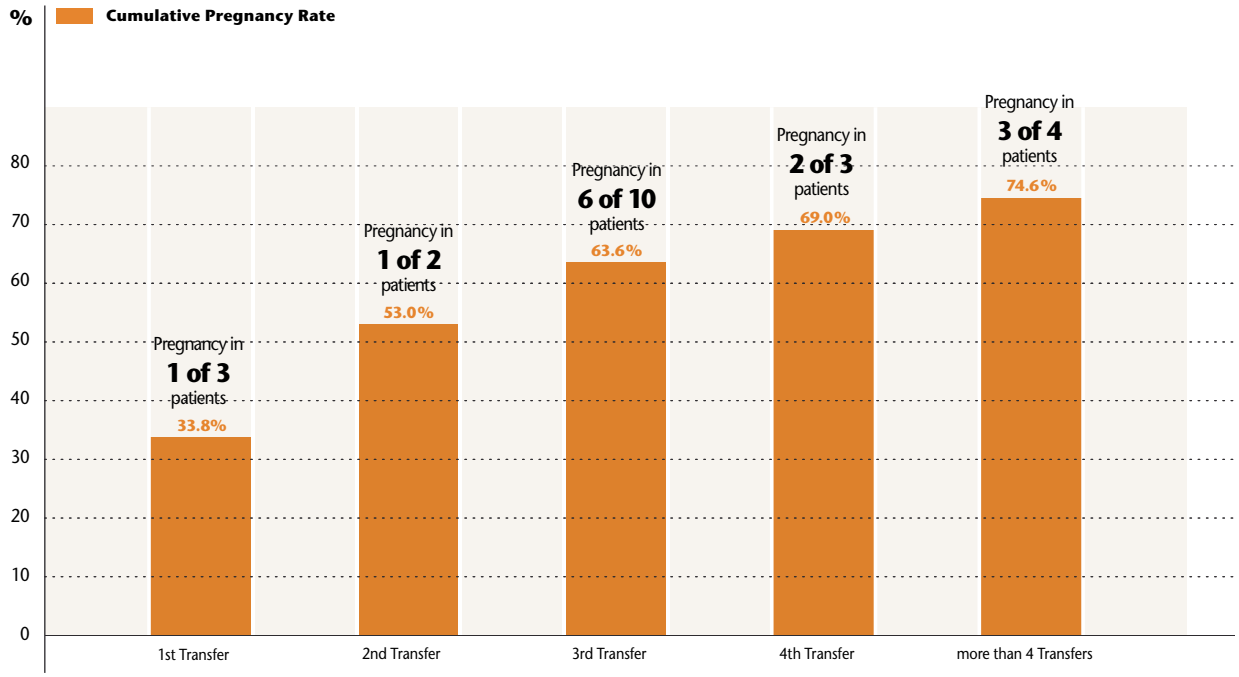
For example, a 35-year-old patient has a pregnancy rate of 35.4 % and a birth rate of 26.3 %.

From the age of 40, pregnancy and birth rates decrease significantly each year. Here, every year of life is crucial. Patients aged 45 or older had only 21 pregnancies (4.6 %) after a total of 462 transfers, and only two births were documented in this age group in the entire year of 2023!

Therefore, it is extremely important for counseling that fertility treatment should take place promptly, especially in the group of patients aged 35 and older, which includes most of our patients.

Pregnancies Cumulative 2020–2023

Prospective Data



2020 – 2023 total	Fresh Cycles w. Transfer	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycles w. Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	105,306	35,520	33.7	22,260	7,595	34.1	43,115	**33.8**
2nd Transfer	35,366	10,421	29.5	44,567	14,011	31.4	67,547	**53.0**
3rd Transfer	19,189	5,540	28.9	26,464	8,041	30.4	81,128	**63.6**
4th Transfer	9,595	2,689	28.0	14,701	4,200	28.6	88,017	**69.0**
>4 Transfers	9,869	2,545	25.8	17,793	4,611	25.9	95,173	**74.6**

Follow-up clinical pregnancies until Dec. 31st, 2024.

Important for counseling and assessing the chances is not only the pregnancy and birth rate per treatment or per embryo transfer but also the pregnancy rate over multiple cycles. This is particularly relevant in the era of single-embryo transfer and the improved outcomes of freezing through vitrification.

For these reasons, we have calculated the pregnancy rates per transfer cumulatively, regardless of whether it is a second fresh cycle or a thawing cycle (cryotransfer).

After just two embryo transfers, 53 % of our patients are pregnant. After three transfers, this figure rises to more than six out of ten, and after four transfers, it is already over two-thirds of all fertility patients.

Also included in this consideration are cycles in which the first embryo transfer was not fresh but occurred after thawing. This may happen, for example, if a fresh embryo transfer could not be performed for medical reasons. In fact, 22,260 first embryo transfers were performed after thawing, with the pregnancy rate being even slightly higher than in fresh cycles (34.1 % versus 33.7 %).

A cumulative pregnancy rate is primarily achieved through cryopreservation and subsequent transfers after thawing, without the need for further stimulation and egg retrieval.

In Germany, freezing and subsequent transfer are still not covered by public health insurance. This deters some from taking advantage of the opportunities offered by freezing and thawing. On the other hand, cryopreservation is increasingly being utilized, as the chances are at least equal and the effort is considerably lower.

Conclusion:
As disappointing as a negative pregnancy test after a transfer may be, the fact that two-thirds of patients are pregnant after four transfers, including cryopreservation, should be encouraging and is immensely important for counseling.

Dr. med. Ute Czeromin, Mülheim an der Ruhr (in charge)
Dr. med. Andreas Tandler-Schneider, Berlin
Prof. Dr. med. Jan-Steffen Krüssel, Düsseldorf
Dr. med. Sascha Tauchert, Saarbrücken

Main Topic: Results for fresh cycles depending on AMH level and patient age

Plausible cycles, treatment performed: IVF, ICSI, IVF/ICSI, AMH levels >0, year 2024

For the first time, we were able to evaluate the anti-Muellerian hormone value (AMH) for the year 2024. It was only in December 2023 that the AMH value input was made mandatory. In addition, the entries from the medical history were moved to a more visible location. This meant that the AMH value could be assigned to around 70% of the cycles.

We assume that we will achieve a significantly higher recording rate in the future.

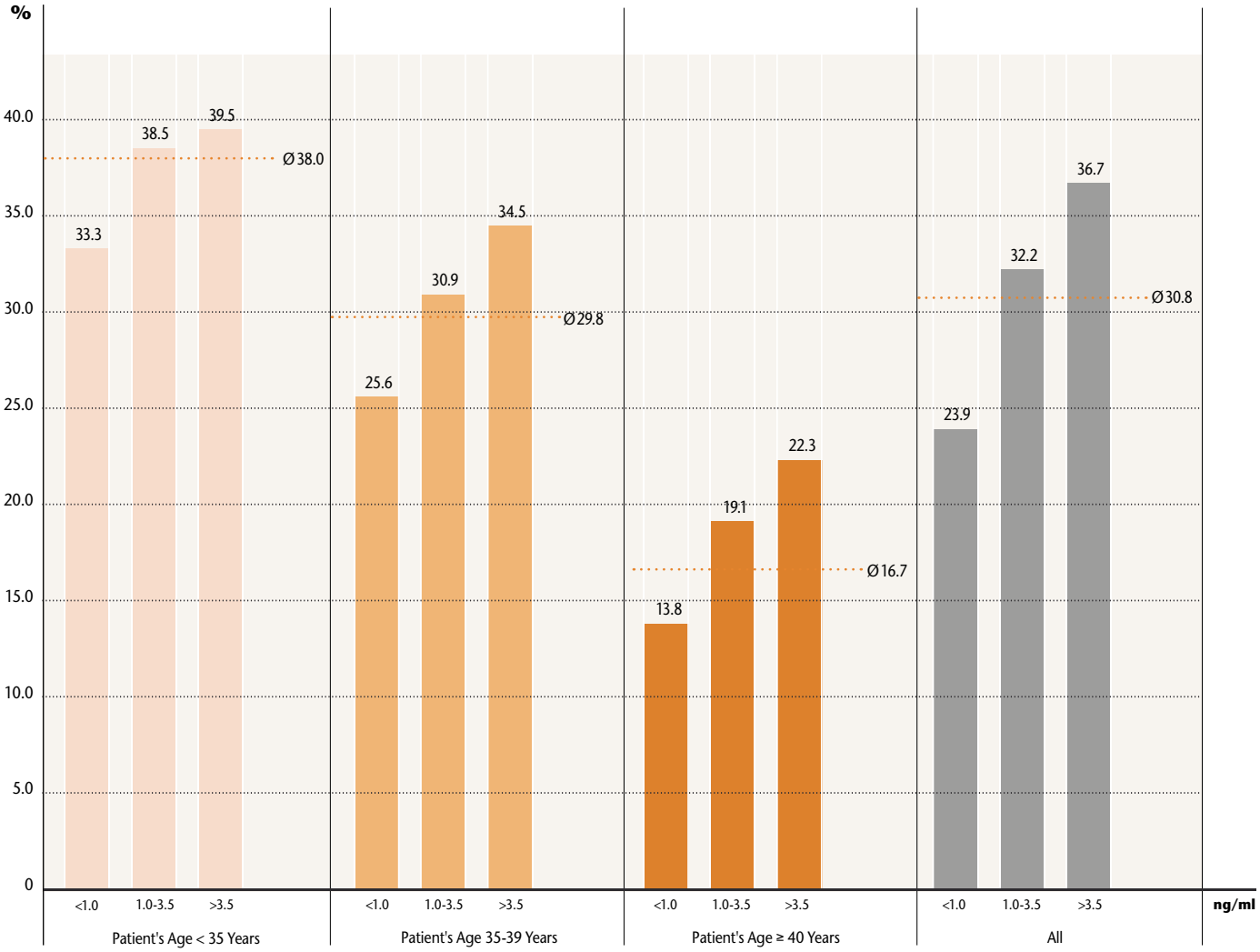
Overall, we have an overview of 42,542 fresh cycles with an assignable AMH.

In order to get a first assessment given the initially still small number, we divided the AMH values into groups below 1.0 ng/ml, 1.0-3.5 ng/ml and above 3.5 ng/ml, knowing well that this is a very rough subdivision.

The distribution of cycles in the above-mentioned groups, the average number of eggs retrieved, the probability of transfer, the probability of cryopreservation and the pregnancy rate per embryo transfer in the age groups under 35, 35-39 and 40 years and older were examined.

Patient's Age	**< 35 Years**				**35-39 Years**				**≥ 40 Years**				**Total**			
AMH Value Groups	**<1,0**	**1,0-3,5**	**>3,5**	**Total**	**<1,0**	**1,0-3,5**	**>3,5**	**Total**	**<1,0**	**1,0-3,5**	**>3,5**	**Total**	**<1,0**	**1,0-3,5**	**>3,5**	**Total**
Started Fresh Cycles	2,711	8,319	5,422	16,452	6,089	9,256	3,086	18,431	3,968	3,142	579	7,689	12,768	20,717	9,087	42,572
Age of Patients (Ø)	31.7	31.3	30.7	31.2	37.3	37.1	36.8	37.1	41.9	41.5	41.2	41.7	37.6	35.4	33.4	35.6
Retrieved Oocytes (Ø)	5.78	10.20	12.57	10.25	4.71	9.05	12.30	8.16	3.69	7.81	11.07	5.93	4.62	9.33	12.38	8.57
Assessed 2PN (Ø)	3.09	5.39	6.51	5.38	2.53	4.79	6.45	4.32	1.96	4.09	5.81	3.12	2.47	4.93	6.45	4.51
Culture Duration (Days, Ø)	3.94	4.33	4.39	4.28	3.79	4.27	4.41	4.14	3.56	4.15	4.26	3.87	3.75	4.28	4.39	4.15
Transfers	2,267	7,220	4,447	13,934	4,858	8,051	2,536	15,445	2,938	2,601	468	6,007	10,063	17,872	7,451	35,386
Transfers in % per Started Fresh Cycle	83.6	86.8	82.0	84.7	79.8	87.0	82.2	83.8	74.0	82.8	80.8	78.1	78.8	86.3	82.0	83.1
Transfers Day 2-3	935	1,852	1,021	3,808	2,334	2,285	551	5,170	1,623	843	126	2,592	4,892	4,980	1,698	11,570
Transfers Day 5-6	1,887	6,445	3,993	12,325	3,989	7,139	2,270	13,398	2,429	2,233	416	5,078	8,305	15,817	6,679	30,801
Share of Fresh Cycles with Transfer and Cryopreservation (%)	34.4	56.4	62.8	54.8	25.7	48.5	61.4	43.4	13.4	36.0	47.2	25.8	24.0	49.9	61.3	44.9
Clinical Pregnancy	752	2,770	1,749	5,271	1,237	2,475	872	4,584	402	494	104	1,000	2,391	5,739	2,725	10,855
Clin. Pregnancy/ET (%) Transfer	33.3	38.5	39.5	38.0	25.6	30.9	34.5	29.8	13.8	19.1	22.3	16.7	23.9	32.2	36.7	30.8

Clinical Pregnancy/ET IVF, ICSI, IVF/ICSI % Transfer by Patient's Age and AMH Groups



As expected, the pregnancy rate is highest in women with an AMH > 3.5 ng/ml.

However, patients with an AMH below 1 ng/ml can also expect a respectable pregnancy rate of 23.9 %. Please refer to the individual graphs for age-related differences.

It should also be noted that different assays (testing procedures) can lead to different AMH values.
In the future, we plan further differentiated evaluations of our results in connection with the AMH value.

Dr. med. Andreas Tandler-Schneider, Berlin (in charge)
Prof. Dr. med. Jan-Steffen Krüssel, Düsseldorf
Dr. med. Sascha Tauchert, Saarbrücken

Special Evaluation 10 Years of "Less is More!": A Significant and Encouraging Improvement in Treatment Quality!

With the presentation of the 2015 D·I·R® Annual at the 30th Annual Meeting of the German IVF Centers in Dresden, the then Executive Board and Board of Trustees of D·I·R® began to address a topic close to their hearts: reducing multiple pregnancies following assisted reproduction in Germany. Under the title "Less is More!", the pregnancy probabilities following the transfer of one, two, or three embryos and the multiple pregnancies resulting from these transfers were analyzed in detail for the first time.

Ten Annuals later, we can look back with great pride on the success of this campaign.

It's hard to imagine today, but in 1997, in the early years of D·I·R® electronic data collection, the proportion of cycles involving the transfer of two or three embryos was approximately 90% (an average of 2.5 embryos per transfer), resulting in a multiple birth rate of approximately 25%. One in four pregnancies following assisted reproduction in Germany was a multiple pregnancy, and one in four or five multiple pregnancies was a triplet or quadruplet pregnancy, with the often catastrophic consequences of premature birth at the time.

Over the past 20 years, up to 2016, the transfer behavior of D·I·R® centers had changed only marginally, the multiple birth rate remained at 20%. Only since the start of our "less is more" strategy with the first special evaluation in the 2016 Annual has a clear trend towards a reduction in the number of transferred embryos and, successively, also in the multiple birth rate been observed since 2017 (*Fig. 1*).

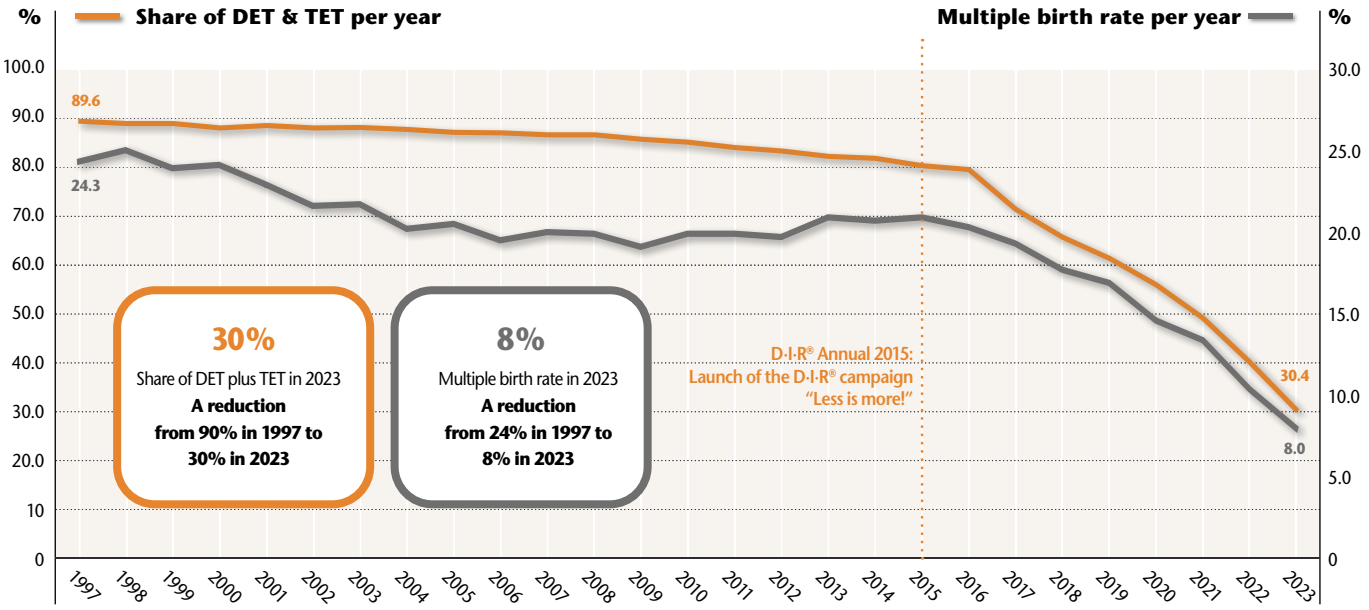


Figure 1: Development of transfers DET plus TET and the resulting development of multiple birth rates

This trend is shown in detail, see the standard evalution later in this Annual: the current average number of transferred embryos is 1.36 (fresh cycle) and 1.25 (FET-cycle), resulting in multiple embryo rates well below 10% for both the fresh cycle (9.3%) and the FET-cycle (6.2%) for the first time since D·I·R® began collecting data.

Despite all the euphoria: there is still room for improvement!

Despite joy and pride about this very positive development, a closer look reveals significant differences between the D·I·R® member centers. Figure 2 left shows the difference from the average number of transferred embryos of 1.36 for each individual center. Centers in the left-hand area transfer significantly fewer embryos per ET; in some cases, only single-embryo transfers (SET) are performed, whereas centers in the right-hand area perform double-embryo transfers (DET) more frequently than average – in the extreme case, 1.93 embryos per transfer. Interestingly, the multiple birth rate is below average at almost all centers where SET is performed more frequently, whereas in the right-hand area of the graph (increasing DETs) there are sometimes significant differences. Obviously, the more frequent DET does not always lead to an increased multiple birth rate (*Fig. 2 right*). One can only speculate about the reasons for this: one possible explanation would be DET in cases where the quality of the embryos is limited, regardless of the reason (age of the patient, low response with few eggs, culture-related).

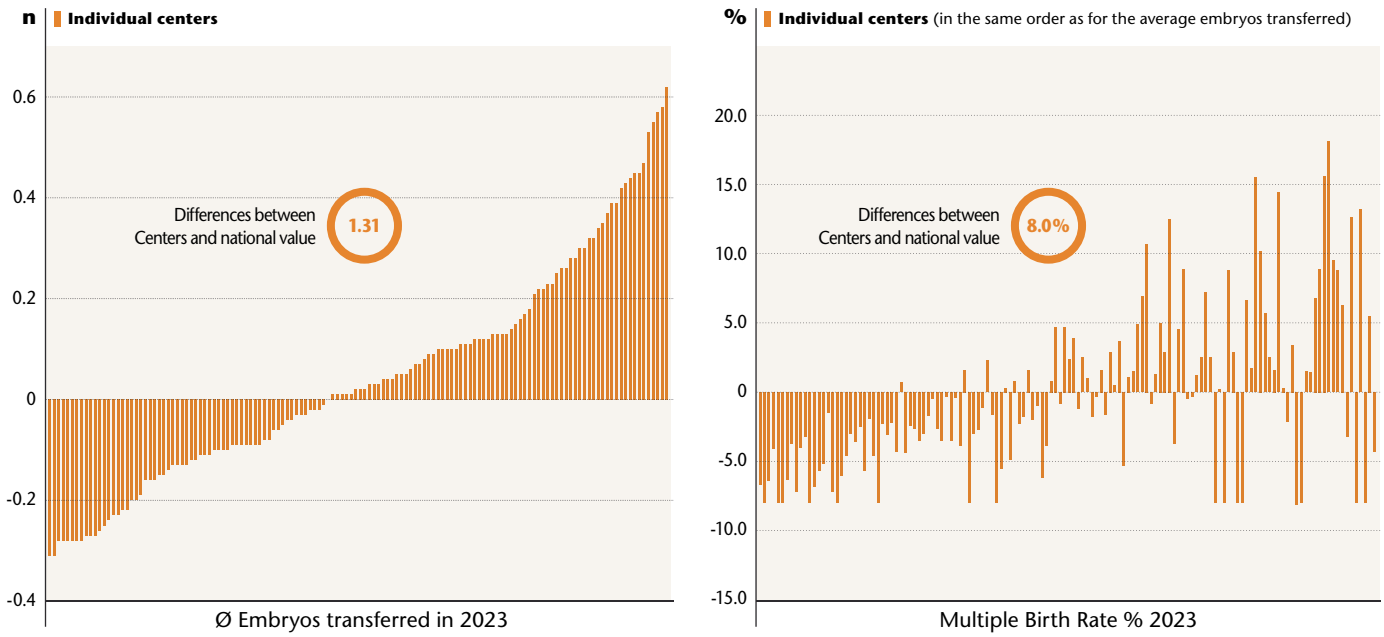


Figure 2, left: Differences between the individual centers and the mean number of embryos transferred. Right: Differences between the individual centers and the mean multiple birth rate, with the centers arranged as shown in the left figure.

Does the frequency of DET correlate with treatment quality?

To address this question more precisely, we evaluated the key outcome parameters (clinical pregnancy rate per ET, birth rate per ET, multiple birth rate, and implantation rate) depending on the transfer strategy for all cycles (fresh and thawed) for 2023.

The centers were clustered into five groups based on the average number of transferred embryos: transferred embryos <1.2, 1.2 to the mean, mean up to 1.6, 1.6 to 1.8, and >1.8 (*Fig. 3*). As in many evaluations in recent years, it is evident that the quality of treatment outcome correlates with the transfer strategy: centers with more SET have a higher pregnancy and birth rate across the board, despite a lower multiple birth rate.

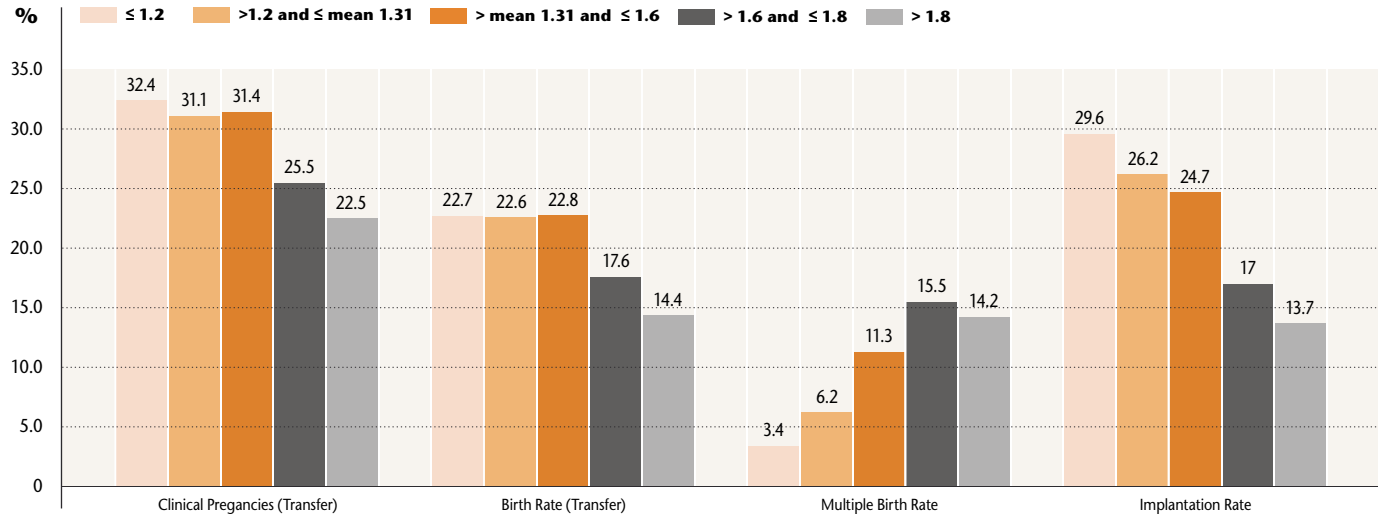


Figure 3: Correlation of key outcome parameters with the centers' transfer strategy

In particular, the centers that transfer fewer than 1.2 embryos on average appear to be doing a particularly good job: their pregnancy rate per ET is 32.4 %, the highest of all groups, and the multiple birth rate is the lowest at 3.4 %. The birth rate is similar to that of the centers that transfer an average of between 1.2 and 1.6 embryos.

Or in other words: even after 10 years, the motto "Less is more!" remains. Perhaps these data can inspire the centers on the right side of Figure 2 (left) to reconsider their transfer strategy and treatment procedures.

Prof. Dr. med. Jan-Steffen Krüssel, Düsseldorf (lead)
for the Board and Board of Trustees of the D·I·R®

Special Evaluation: Results of Fresh Transfers depending on the Culture Period

This special analysis provides information on the extent to which the day of the single-embryo transfer performed had an impact on the pregnancy and birth rate in the years 2019-2023.

Table 1 and figure 1 show the best pregnancy and birth rates for Day 5 transfers (35.3 % pregnancy rate and 27.1% birth rate, respectively). Day 2/3 transfers show significantly lower success rates. The pregnancy rate was only 15.8 % (Day 2 ET) and 18.8 % (Day 3 ET), and the birth rate was only 10.7 % (Day 2 ET) and 13.6 % (Day 3 ET). These transfers were likely preceded by a poorer fertilization rate, fewer eggs retrieved, and/or substandard embryo development. Rejection of blastocyst transfers by the center or the patient's wish for a Day 3 transfer is also conceivable.

The miscarriage rate was highest in the Day 2 ET group at over 26 % compared to almost identical percentage rates in the Day 3-6 ET group (22.5 % on average).

Overview 2019 – 2023, Fresh Cycles Performed with SET

Culture Duration / Transfer Day	Transfers	Clinical Pregnancies	Clinical Pregnancies % (of Transfers)	Miscarriages	Miscarriages % (of CP)	Births	Births % (of Transfers)
Transfer d2	19,983	3,152	15.8	827	26.2	2,139	10.7
Transfer d3	28,360	5,323	18.8	1,206	22.7	3,834	13.6
Transfer d4*	9,841	2,903	29.6	640	22.0	2,085	21.3
Transfer d5	65,993	23,246	35.3	4,877	21.0	17,444	26.5
Transfer d6*	2,026	547	27.1	130	23.8	385	19.1

Table 1

Outcome Rates by Culture Day 2 to 6 for Fresh Cycles with SET

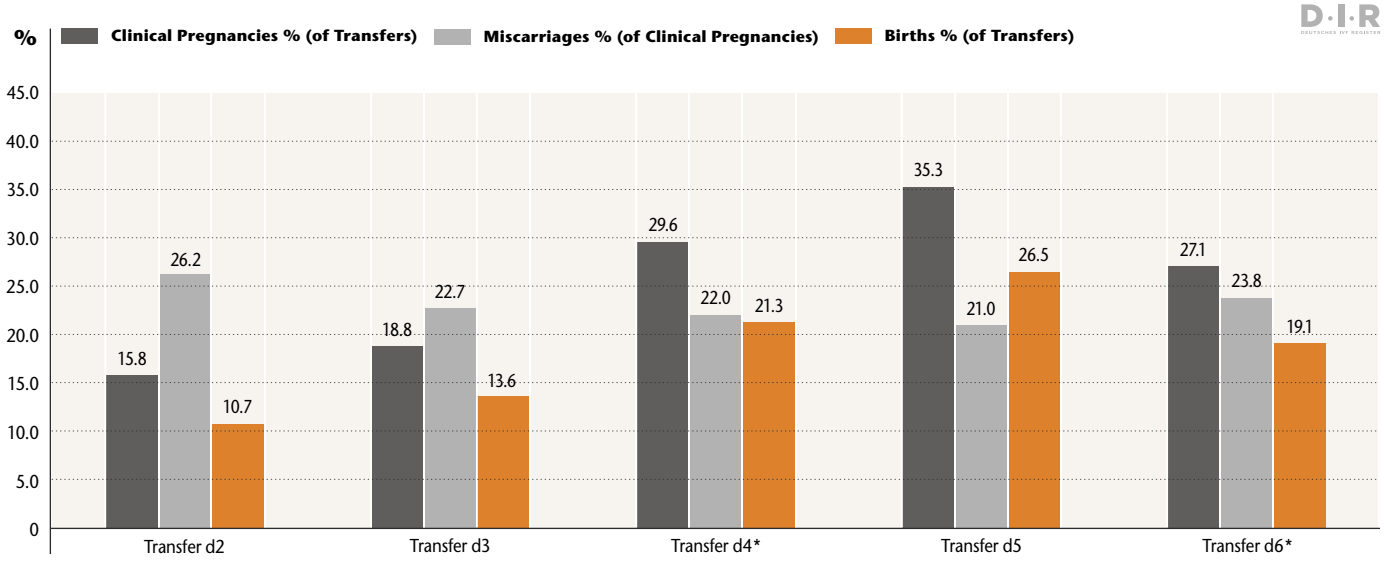


Figure 1

Out of over 126,000 SETs performed between 2019 and 2023, more than 76,000 SETs (nearly 62 %) occurred after an extended culture duration of at least 4 days.

Of interest within this group is the comparison of transfers on Day 4 or Day 6 versus Day 5. Here, a poorer success rate is observed for Day 4 and Day 6 transfers: the pregnancy rate was 29.6 % (Day 4) and 27.1 % (Day 6) compared to 35.3 % for Day 5 ETs. The difference of over 5 percentage points is also evident in the birth rates, with almost identical abortion rates across the three groups.

Development 2019–2023, Fresh Cycles Performed with SET

Cycle Years	All Transfers d4-d6 (n)	Share of Transfers d4* (%)	Share of Transfers d5 (%)	Share of Transfers d6* (%)
2019	9,552	14.4	83.0	2.6
2020	11,541	12.3	85.0	2.7
2021	14,949	12.7	85.3	2.0
2022	18,710	12.3	85.2	2.5
2023	23,108	12.3	84.7	3.0

Table 2

*: It is noteworthy that over 90% of Day 6 fresh ETs were performed after oocyte retrievals on Tuesdays, and 50% of Day 4 fresh ETs were performed on Fridays after punctures on Mondays. This suggests the presence of organizational rather than medical reasons.

In summary, for the years 2019-2023, it can be stated that when performing a single-embryo transfer after extended culture (Day 4-6), Day 5 ET is superior in terms of pregnancy and birth rates and is by far the most frequently applied method.

Dr. med. Sylvia Bartnitzky, Düsseldorf
Dr. med. Sascha Tauchert, Saarbrücken

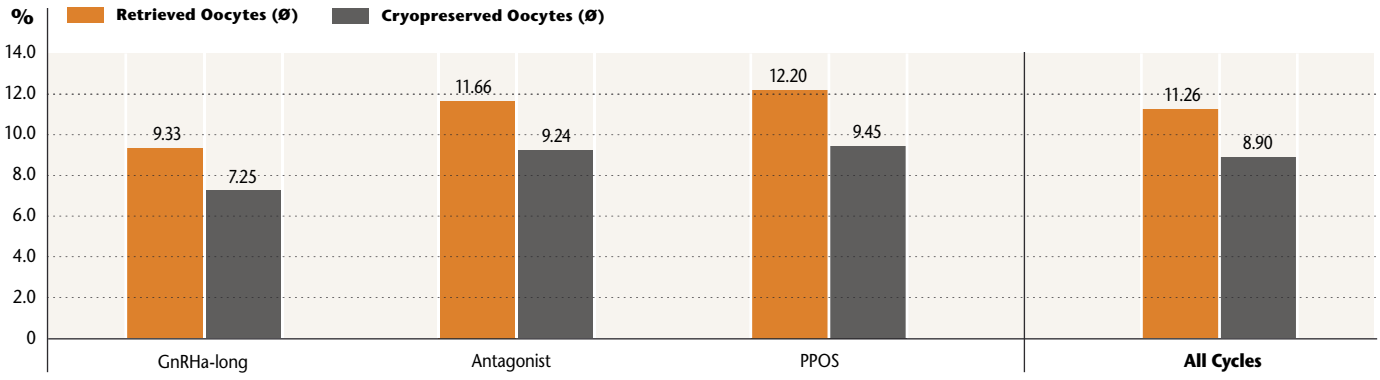
Special analysis: PPOS (Progestin Primed Ovarian Stimulation) protocol for freeze-all of unfertilized oocytes

In recent years, an increase in the use of the PPOS (Progestin Primed Ovarian Stimulation) protocol can be observed, and it has been recorded in D·I·R® since 2023. Its use primarily occurs in the context of preventive oocyte cryopreservation.

In 2023, only 215 follicle punctures were performed using the PPOS protocol; this number rose to 660 in 2024, representing a share of 10.5% and a percentage doubling compared to 2023 (215 PPOS out of a total of 4,725 stimulations).

The antagonist protocol is the most commonly used, at 65.3%. Regarding the number of oocytes retrieved (11.66 vs. 12.20), as well as the number of oocytes cryopreserved (9.24 vs. 9.45), there is no noteworthy difference between the antagonist and PPOS protocols. The agonist protocol is used in only less than 3% of patients and resulted in a lower oocyte count and a lower cryo-rate compared to the antagonist and PPOS protocols.

Average retrieved and cryopreserved oocytes, freeze-all of untreated oocytes performed according to protocols 2024



In summary, it can be stated that PPOS represents a good and equally effective, yet significantly more cost-effective and patient-friendly alternative to the antagonist protocol. It remains to be seen whether its percentage share will increase in the coming years.

Dr. med. Sylvia Bartnitzky, Düsseldorf
Dr. med. Sascha Tauchert, Saarbrücken

D·I·R® Annual 2024 – Tables

Number of Treatments in 2024

Centers for IVF-, ICSI-, and Cryo Transfer Treatments

Members of the German IVF-Registry 2024	n=140
Registry Participants 2024*	n=139
Data Received by Deadline April 16th 2025	n=139
Documented Treatment Cycles	n=134,281
Number of Women Treated**	n= 68,890
Mean Number of Treatment Cycles per Woman	**1.9**

Type of plausible treatment 2020 – 2024

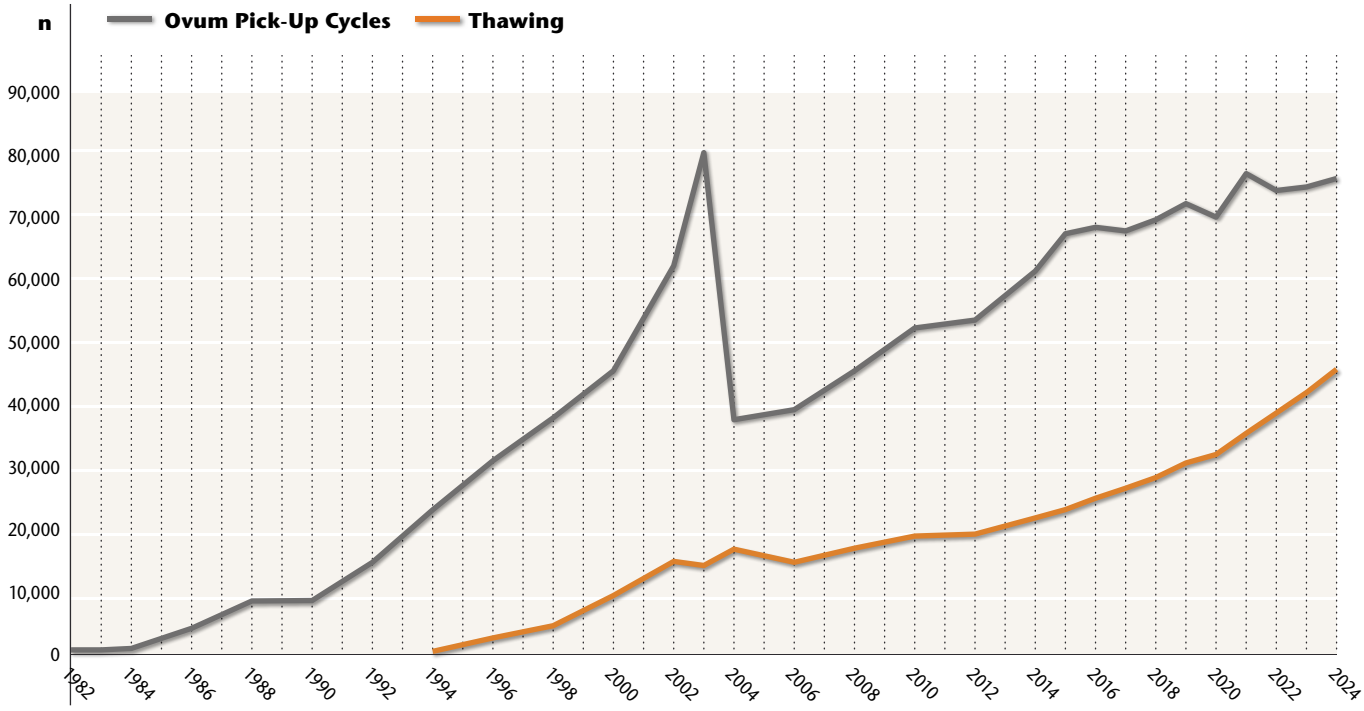
IVF, ICSI, IVF/ICSI, Cryo Transfer – Prospective and Retrospective Data

	2020		2021		2022		2023		2024	
	n	%	n	%	n	%	n	%	n	%
IVF	18,528	16.9	20,546	17.0	19,691	16.1	19,675	15.6	20,539	15.6
ICSI	44,951	41.0	48,549	40.1	46,553	38.0	45,460	36.1	44,183	33.5
IVF/ICSI	1,489	1.4	1,330	1.1	1,214	1.0	1,467	1.2	1,706	1.3
Freeze all - MII	2,086	1.9	3,134	2.6	3,625	3.0	5,043	4.0	6,465	4.9
Freeze All - PNs and Embryos	5,472	5.0	6,332	5.2	6,487	5.3	6,799	5.4	7,369	5.6
Cryo	32,059	29.2	35,447	29.3	38,705	31.6	42,108	33.4	45,714	34.7
Mixed Fresh and Cryo Cycles	296	0.3	395	0.3	352	0.3	411	0.3	467	0.4
None (= Break-off before oocyte treatment or thawing)	4,783	4.4	5,328	4.4	5,837	4.8	5,070	4.0	5,358	4.1
Total Plausible Cycles	**109,664**		**121,061**		**122,464**		**126,033**		**131,801**	

**) One center has not yet been able to obtain the interface to the D·I·R®.*
***) Base quantity: Total number of women, including implausible treatment cycles.*

Number of Oocyte Retrievals (Freshcycles) 1982 – 2024
Number of Thawing Cycles 1994 – 2024
Registry Participants 1982 – 2024

IVF, ICSI* – Prospective and Retrospective Data



	1982	1986	1990	[...]	2002	2003	2004	[...]	2020	2021	2022	2023	2024
.	742	4,201	8,653		62,306	80,434	37,633		70,101	77,075	74,368	74,933	76,291
IVF	742	3,806	7,343	*For values from 1991 to 2001 see www,deutsches-ivf-register.de*	23,936	28,058	11,848	*For values from 2005 to 2019 see www.deutsches-ivf-register.de*	18,528	20,546	19,691	19,675	20,539
ICSI*					37,692	51,389	25,339		46,440	49,879	47,767	46,927	45,889
Thawing					14,923	14,265	16,883		32,059	35,447	38,705	42,108	45,714
Registry Participants	**5**	**28**	**53**		**112**	**116**	**120**		**133**	**134**	**135**	**137**	**139**

Data for 1982 to 2019 are published and available. Separate presentation of GIFT, ZIFT, IVF/ICSI was abstained from.

**) Where IVF/ICSI is not explicitly mentioned, the treatments were added to ICSI.*

Quality of Documentation 2023/2024

Plausible and Prospectively Documented Cycles, Cycle- and Pregnancy-Outcomes

Any evaluation is only as good as the raw data.
The annual team thanks the centers for their meticulous work!

Plausible cycles 2024

131,801 plausible cycles out of **134,281** documented cycles. **98.2%** of all documented cycles are plausible.

Prospectively recorded cycles 2024

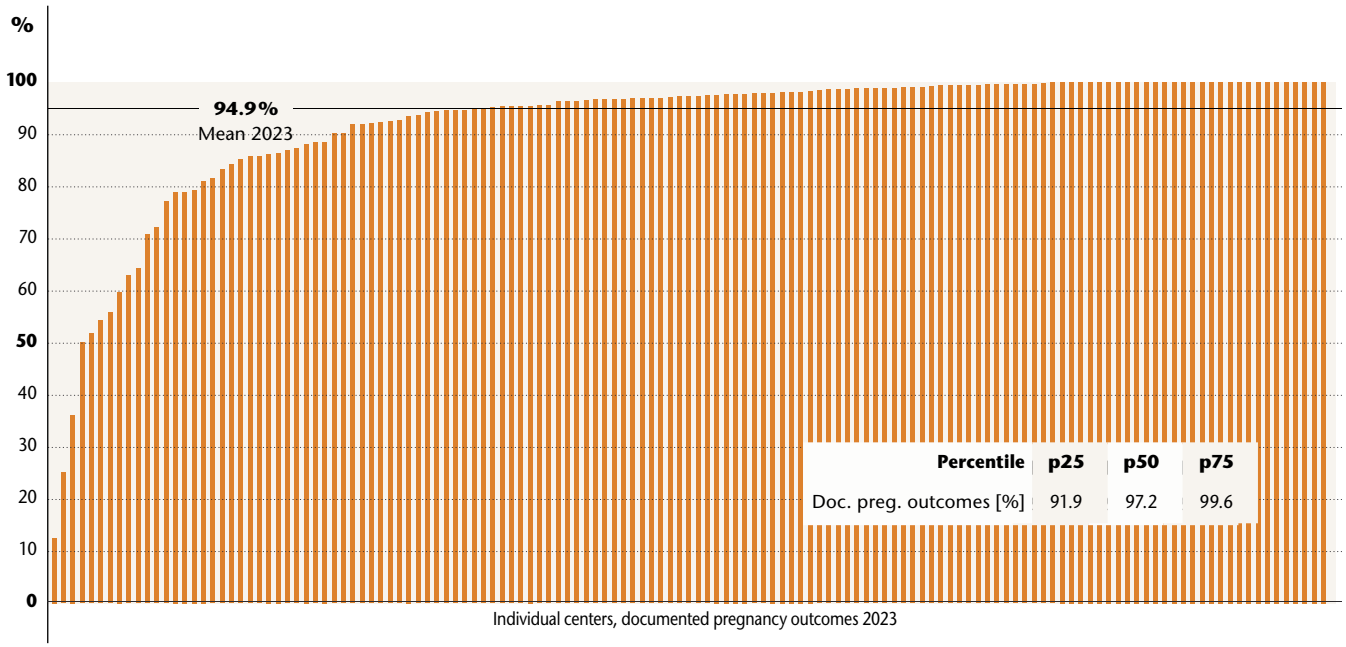
121,364 prospectively recorded cycles out of **131,801** plausible cycles. **92.1%** of all plausible cycles were recorded prospectively.
The German IVF Registry is the only registry worldwide that shows the number of prospectively recorded cycles.
This is a quality feature in itself!

Recorded cycle outcomes 2024

The result of the cycle was recorded in **92,148** of **92,603** embryo transfers. **99.5%** of cycle outcomes were recorded.

Recorded pregnancy outcomes 2023

The pregnancy outcome was recorded for **26,482** of **27,893** clinical pregnancies. **94.9%** of pregnancy outcomes were recorded.
After two better years, the centers were again below the D·I·R® target rate of **95%**, but the D·I·R® nevertheless thanks them for this extensive work.



Individual centers, documented pregnancy outcomes 2023

We know: The work, especially on the documentation qualities mentioned here, is laborious, time-consuming and ties up resources.

The D·I·R® data analyses team is therefore very happy to state that the percentage of prospectively recorded cycles is above **90%** for the seventh year in a row and has increased slightly again.

With a rate of **94.9%** of documented pregnancy outcomes, the **95%** target of the D·I·R® was again slightly undercut after two years with ≥ **95%**.

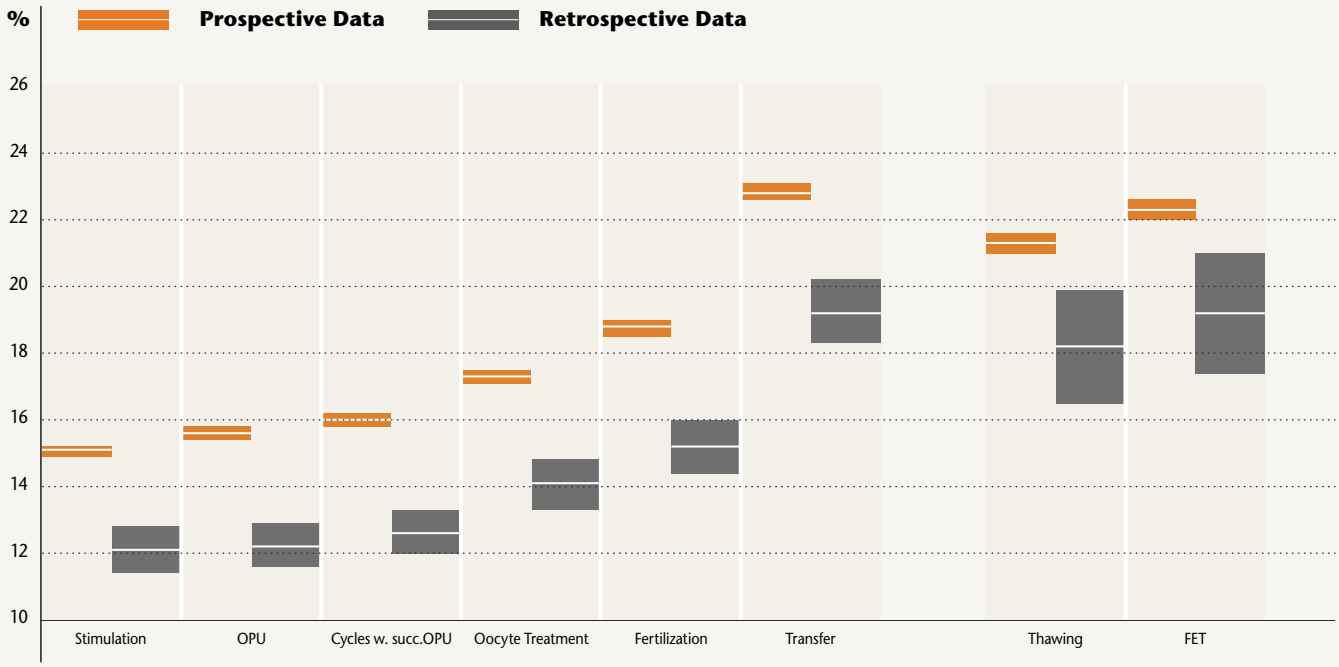
45 centers had a quota of over **99%**, **29** centers even had a quota of **100%**!!

The aim of the Executive Board and the Board of Trustees is to continue to motivate the centers to draw attention to the parameter of prospectivity.

We are also aiming for a documented pregnancy outcome quota of more than **95%**.

Birth Rate per Treatment Level in Fresh and Cryo Treatment Cycles 2022 and 2023

Prospective and Retrospective Data

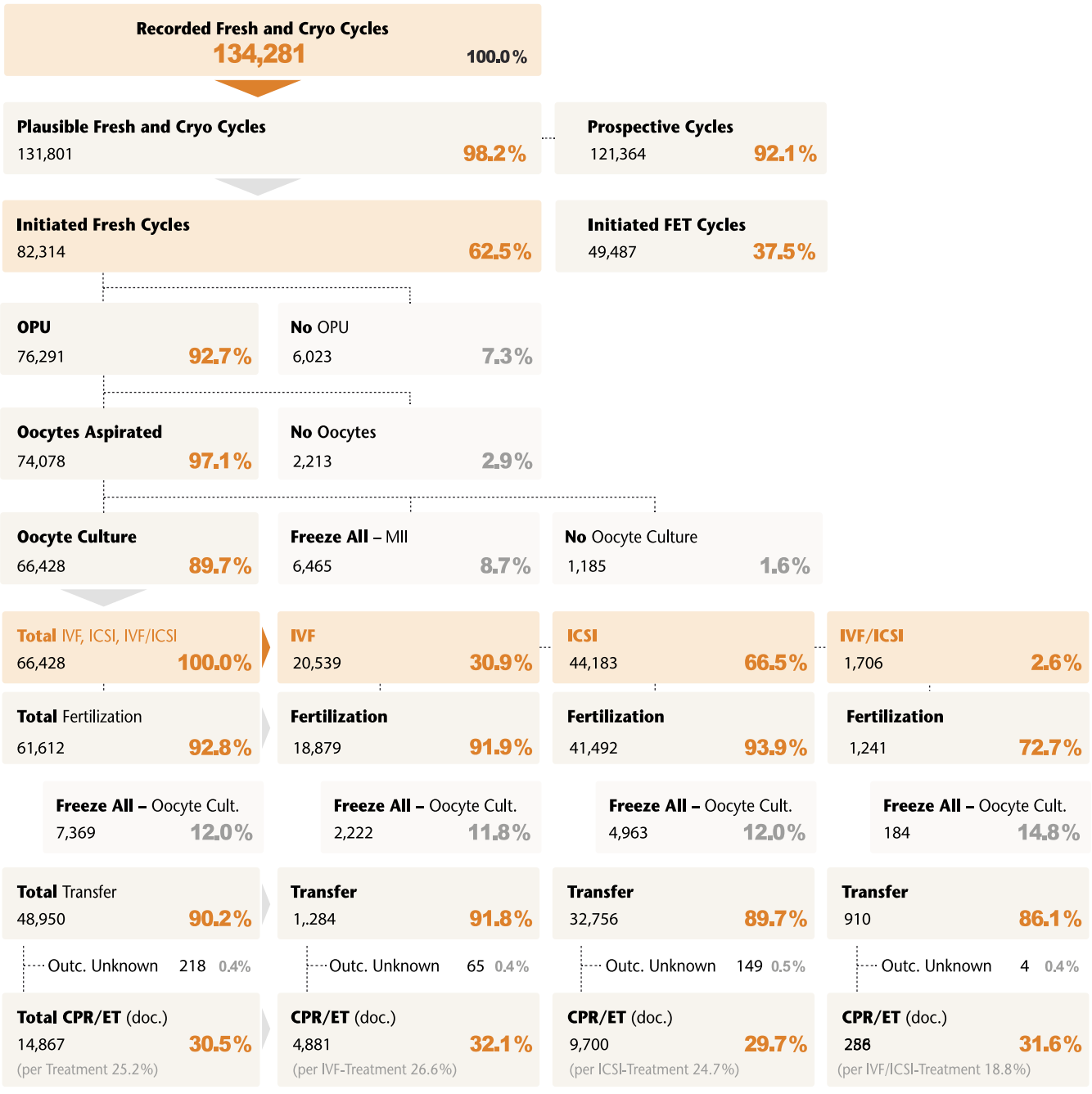


	Stimulation	OPU	Cycles with Successful OPU	Oocyte Treatment	Fertilization	Transfer	Thawing	FET
Prospective Numbers	143,729	138,989	134,863	125,090	115,251	94,759	78,868	75,195
Birth	21,636	21,636	21,636	21,636	21,636	21,636	16,781	16,781
Upper Confid. Limit*	15.2	15.8	16.2	17.5	19.0	23.1	21.6	22.6
Birth/Treatm. %	15.1	15.6	16.0	17.3	18.8	22.8	21.3	22.3
Lower Confid. Limit*	14.9	15.4	15.8	17.1	18.5	22.6	21.0	22.0
Retrospective Numbers	10,401	10,312	9,994	8,970	8,301	6,608	1,945	1,843
Birth	1,262	1,262	1,262	1,262	1,262	1,262	354	354
Upper Confid. Limit*	12.8	12.9	13.3	14.8	16.0	20.2	19.9	21.0
Birth/Treatm. %	12.1	12.2	12.6	14.1	15.2	19.1	18.2	19.2
Lower Confid. Limit*	11.5	11.6	12.0	13.3	14.4	18.3	16.5	17.4

**) With a 95 %-probability, the true mean lies within the defined confidence interval.*

D·I·R® Statistics in Brief – Fresh Cycles 2024 (CoD April 16th 2025)

German IVF Registry – Prospective and Retrospective Data



For FertiPROTEKT (medical freezing), 1,498 cycles have been documented. Among them 1,293 cycles freeze all oocytes and 20 cycles freeze all oocytes cultured. For Preventive Egg Freezing, 4,258 plausible cycles have been documented, resulting in 3,978 aspirations with an average of 11.2 oocyte retrieved. Freeze all oocytes: 3,608 cycles.

For for this and the next page:
Clinical pregnancy rates per transfer are adjusted by unknown outcomes.
Transfer rate, clinical pregnancy rates per treatment and birth rates per treatment are adjusted by freeze all oocytes cultured.

D·I·R® Statistics in Brief – Fresh Cycles 2023 (CoD April 16th 2025)

German IVF Registry – Prospective and Retrospective Data

Recorded Fresh and Cryo Cycles 128,214 100.0%

Plausible Fresh and Cryo Cycles 126,033 98.3%

Prospective Cycles 115,785 91.9%

Initiated Fresh Cycles 80,772 64.1%

Initiated FET Cycles 45,261 35.9%

OPU 74,933 92.8%

No OPU 5,839 7.2%

Oocytes Aspirated 72,713 97.0%

No Oocytes 2,220 3.0%

Oocyte Culture 66,602 91.6%

Freeze All – MII 5,043 6.9%

No Oocyte Culture 1,068 1.5%

For FertiPROTEKT (medical freezing), 1,034 cycles have been documented. Among them 984 cycles freeze all oocytes and 32 cycles freeze all oocytes cultured.

For Preventive Egg Freezing, 3,443 plausible cycles have been documented, resulting in 3,233 aspirations with an average of 11.0 oocyte retrieved. Freeze all oocytes: 2,968 cycles.

Total Fresh Cycles	**IVF**	**ICSI**	**IVF/ICSI**
66,602 100.0%	19,675 29.5%	45,460 68.3%	1,467 2.2%
Total Fertilization	**Fertilization**	**Fertilization**	**Fertilization**
61,387 92.2%	17,879 90.9%	42,503 93.5%	1,005 68.5%
Freeze All – Oocyte Cult.	**Freeze All** – Oocyte Cult.	**Freeze All** – Oocyte Cult.	**Freeze All** – Oocyte Cult.
6,799 11.1%	1,968 11.0%	4,688 11.0%	143 14.2%
Total Transfer	**Transfer**	**Transfer**	**Transfer**
49,877 91.4%	14,768 92.8%	34,343 90.8%	766 88.9%
Outc. Unknown 87 0.2%	Outc. Unknown 15 0.1%	Outc. Unknown 71 0.2%	Outc. Unknown 1 0.1%
Total CPR/ET (doc.)	**CPR/ET** (doc.)	**CPR/ET** (doc.)	**CPR/ET** (doc.)
15,531 31.2%	4,775 32.4%	10,503 30.6%	253 33.1%
(per Treatment 26.0%)	(per IVF-Treatment 27.0%)	(per ICSI-Treatment 25.8%)	(per IVF/ICSI-Treatment 19.1%)
Misc. 3,457 22.3%	**Misc.** 1,075 22.5%	**Misc.** 2,326 22.1%	**Misc.** 56 22.1%
EP 161 1.0%	**EP** 56 1.2%	**EP** 103 1.0%	**EP** 2 0.8%
Not yet Recorded 735 4.7%	**Not yet Recorded** 191 4.0%	**Not yet Recorded** 536 5.1%	**Not yet Recorded** 8 3.2%
Birth (doc.) 11,178 72.0%	**Birth** (doc.) 3,453 72.3%	**Birth** (doc.) 7,538 71.8%	**Birth** (doc.) 187 73.9%
(per Transfer 22.5%, per Treatm. 18.7%)	(per Transfer 23.4%, per Treatm. 19.5%)	(per Transfer 22.0%, per Treatm. 18.5%)	(perTransfer 24.4%, per Treatm. 14.1%)

Births	n	%
Singletons	10,140	90.7
Twins	1,017	9.1
Triplets	21	0.2
Quadruplets	0	0.0

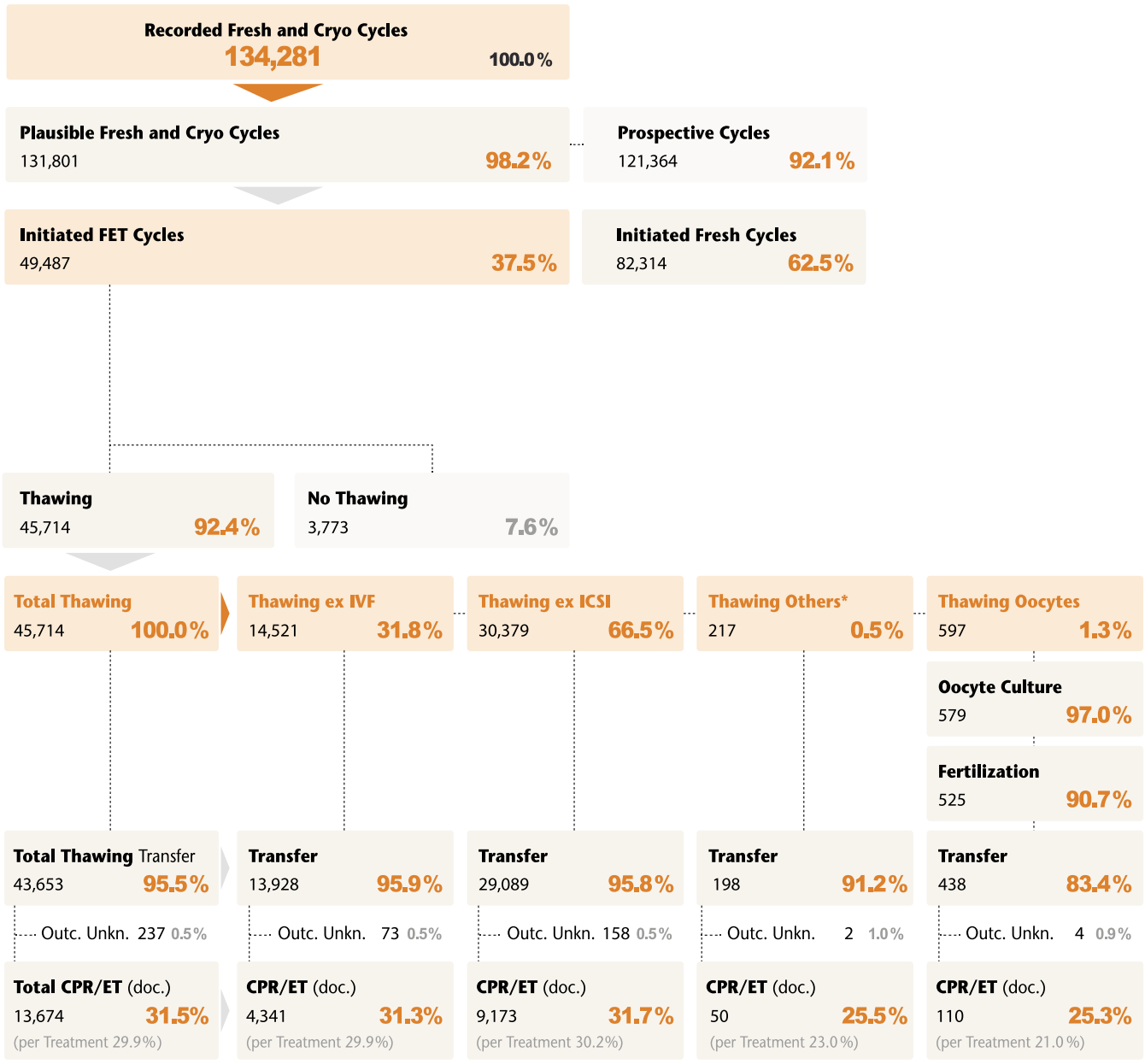
Births	n	%
Singletons	3,150	91.2
Twins	299	8.7
Triplets	4	0.1
Quadruplets	0	0.0

Births	n	%
Singletons	6,817	90.4
Twins	705	9.4
Triplets	16	0.2
Quadruplets	0	0.0

Births	n	%
Singletons	173	92.5
Twins	13	7.0
Triplets	1	0.5
Quadruplets	0	0.0

D·I·R® Statistics in Brief – Cryo Cycles 2024 (CoD April 16th 2025)

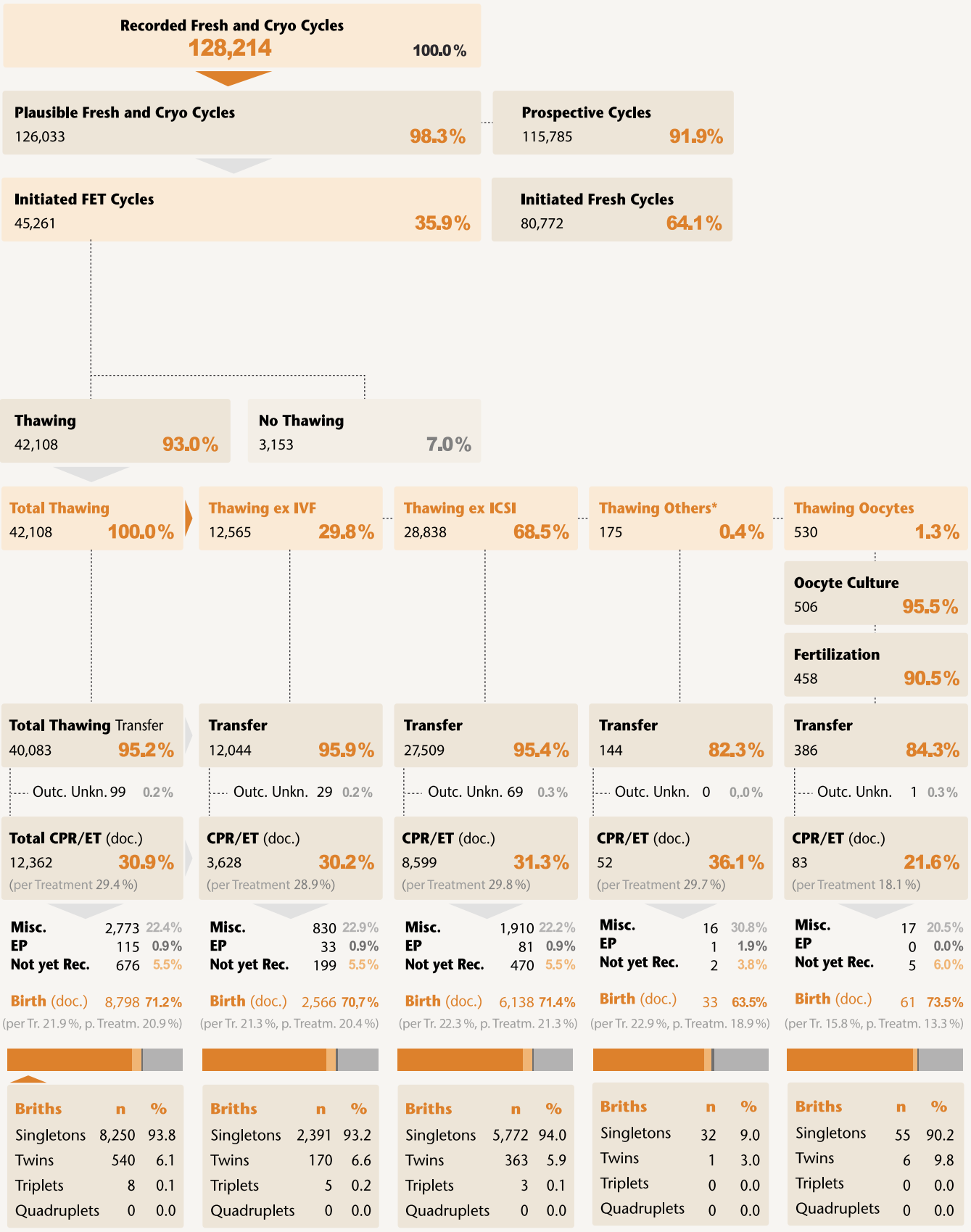
German IVF Registry – Prospective and Retrospective Data



*) Thawing others means cycles with unknown previous treatment, previous treatment not documented or previous treatment has partly been IVF and ICSI.

D·I·R® Statistics in Brief – Cryo Cycles 2023 (CoD April 16th 2025)

German IVF Registry – Prospective and Retrospective Data



Briths	n	%
Singletons	8,250	93.8
Twins	540	6.1
Triplets	8	0.1
Quadruplets	0	0.0

Briths	n	%
Singletons	2,391	93.2
Twins	170	6.6
Triplets	5	0.2
Quadruplets	0	0.0

Briths	n	%
Singletons	5,772	94.0
Twins	363	5.9
Triplets	3	0.1
Quadruplets	0	0.0

Briths	n	%
Singletons	32	9.0
Twins	1	3.0
Triplets	0	0.0
Quadruplets	0	0.0

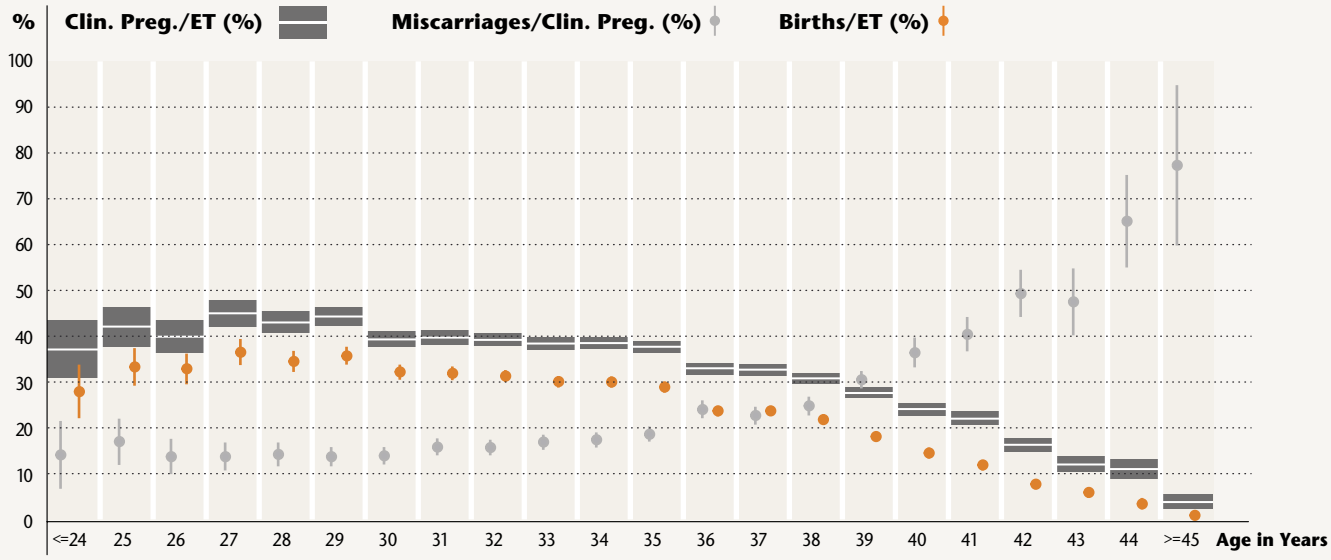
Briths	n	%
Singletons	55	90.2
Twins	6	9.8
Triplets	0	0.0
Quadruplets	0	0.0

*) Thawing others means cycles with unknown previous treatment, previous treatment not documented or previous treatment has partly been IVF and ICSI.

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2019 – 2023

Prospective Data

IVF 2019 – 2023



	<=24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45	
n	231	504	768	1,100	1,621	2,361	3,136	3,780	4,582	5,051	5,424	5,521	5,554	5,358	5,672	8,206	3,437	2,992	2,235	1,490	786	576	ET
%	37.1	42.1	39.9	45.0	43.0	44.3	39.3	39.7	39.2	38.4	38.5	37.7	33.0	32.7	30.8	27.6	24.1	22.0	16.3	12.0	11.0	3.8	CP/ET
n	64	168	252	402	559	843	1,008	1,204	1,431	1,516	1,626	1,593	1,311	1,266	1,238	1,478	497	354	171	87	27	5	Birth

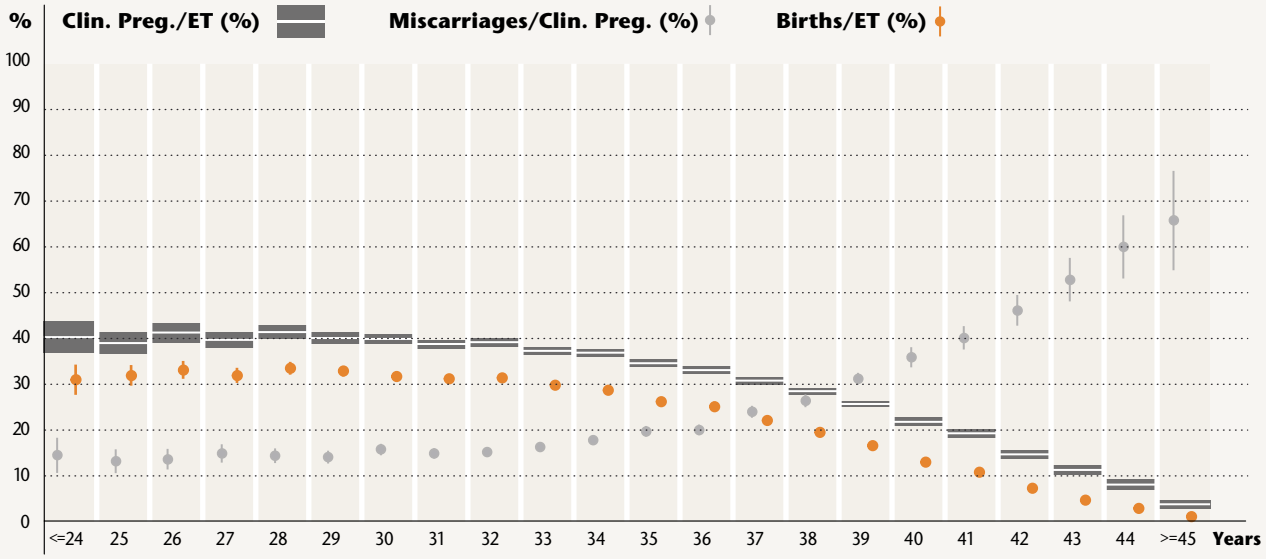
Age in Years	<= 29	30 – 34	35 – 39	40	41	42	43	44	>=45	Total
OPU	8,808	28,234	38,188	4,389	3,833	2,888	1,975	1,099	806	**90,220**
Oocytes	11.6	10.4	8.3	6.8	6.3	5.9	5.2	4.9	4.2	**8.9**
Insemination	11.5	10.2	8.2	6.7	6.2	5.8	5.2	4.9	4.1	**8.8**
Transfer	6,585	21,973	30,311	3,437	2,992	2,235	1,490	786	576	**70,385**
ET/OPU %	74.8	77.8	79.4	78.3	78.1	77.4	75.4	71.5	71.5	**78.0**
Trans. Embr.	1.51	1.48	1.51	1.54	1.54	1.56	1.56	1.59	1.52	**1.51**
CP	2,838	8,545	9,659	826	658	363	179	86	22	**23,176**
CP/OPU %	32.2	30.3	25.3	18.8	17.2	12.6	9.1	7.8	2.7	**25.7**
CP/ET Upper Confidence Limit*%	44.3	39.6	32.4	25.5	23.5	17.8	13.7	13.1	5.4	**33.3**
CP/ET %	**43.1**	**39.0**	**31.9**	**24.1**	**22.0**	**16.3**	**12.0**	**11.0**	**3.8**	**33.0**
CP/ET Lower Confidence Limit*%	41.9	38.3	31.4	22.7	20.6	14.8	10.4	8.8	2.3	**32.6**
CP/ET %: 2 Embr. Transf. + min. 2 2PN Surplus	49.1	46.0	39.4	33.8	29.1	24.5	15.9	16.3	7.7	**41.0**
CP/ET %: 1 Embr. Transf. + min. 3 2PN Surplus	46.3	40.6	34.7	31.0	28.8	17.5	11.5	24.2	0.0	**37.3**
Misc./CP Upper Confidence Limit*%	15.4	16.9	25.1	39.7	44.2	54.5	54.8	75.2	94.8	**22.2**
Misc./CP %	**14.1**	**16.1**	**24.3**	**36.4**	**40.4**	**49.3**	**47.5**	**65.1**	**77.3**	**21.7**
Misc./CP Lower Confidence Limit*%	12.8	15.4	23.4	33.2	36.7	44.2	40.2	55.0	59.8	**21.2**
Births/ET Upper Confidence Limit*%	35.9	31.5	23.2	15.7	13.0	8.8	7.0	4.7	1.6	**24.7**
Births/ET %	34.8	30.9	22.8	14.5	11.9	7.7	5.9	3.4	0.9	**24.3**
Births/ET Lower Confidence Limit*%	33.6	30.3	22.3	13.3	10.7	6.6	4.7	2.2	0.1	**24.0**

**) With a 95%-probability, the true mean lies within the defined confidence interval.*

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2019 – 2023

Prospective Data

ICSI 2019 – 2023



	<=24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45	
n	775	1,675	2,170	3,118	4,510	6,009	8,038	9,831	11,254	12,476	12,970	13,769	13,396	13,517	13,869	18,987	8,509	7,364	5,675	3,791	2,428	1,926	ET
%	40.3	39.0	41.3	39.7	41.4	40.1	39.9	38.8	39.2	37.3	36.9	34.6	33.1	30.8	28.5	25.7	21.8	19.3	14.7	11.3	8.1	3.8	CP/ET
n	240	534	718	993	1,509	1,972	2,547	3,060	3,535	3,713	3,713	3,605	3,361	2,978	2,695	3,151	1,102	791	412	176	70	22	Birth

Age in Years	<= 29	30 – 34	35 – 39	40	41	42	43	44	>=45	Total
OPU	23,084	67,845	91,281	10,907	9,499	7,438	5,010	3,326	2,675	**221,065**
Oocytes	12.3	11.1	8.8	7.0	6.5	5.9	5.4	4.7	4.0	**9.4**
Insemination	9.6	8.7	6.9	5.6	5.2	4.7	4.3	3.8	3.2	**7.4**
Transfer	18,257	54,569	73,538	8,509	7,364	5,675	3,791	2,428	1,926	**176,057**
ET/OPU %	79.1	80.4	80.6	78.0	77.5	76.3	75.7	73.0	72.0	**79.6**
Trans. Embr.	1.55	1.54	1.54	1.57	1.56	1.57	1.59	1.57	1.56	**1.55**
CP	7,367	20,828	22,143	1,847	1,420	830	426	195	73	**55,129**
CP/OPU %	31.9	30.7	24.3	16.9	14.9	11.2	8.5	5.9	2.7	**24.9**
CP/ET Upper Confidence Limit*%	41.1	38.6	30.5	22.7	20.2	15.6	12.3	9.2	4.7	**31.6**
CP/ET %	**40.4**	**38.2**	**30.2**	**21.8**	**19.3**	**14.7**	**11.3**	**8.1**	**3.8**	**31.4**
CP/ET Lower Confidence Limit*%	39.7	37.8	29.8	20.9	18.4	13.7	10.3	7.0	2.9	**31.2**
CP/ET %: 2 Embr. Transf. + min. 2 2PN Surplus	46.7	44.6	37.9	28.5	27.2	21.8	18.1	13.2	9.3	**39.7**
CP/ET %: 1 Embr. Transf. + min. 3 2PN Surplus	40.7	39.5	33.1	26.6	23.7	16.5	14.8	12.5	16.7	**35.7**
Misc./CP Upper Confidence Limit*%	15.0	16.6	24.9	38.1	42.7	49.5	57.6	66.9	76.6	**21.7**
Misc./CP %	**14.2**	**16.1**	**24.3**	**35.9**	**40.1**	**46.1**	**52.8**	**60.0**	**65.8**	**21.4**
Misc./CP Lower Confidence Limit*%	13.4	15.6	23.7	33.7	37.6	42.8	48.1	53.1	54.9	**21.0**
Births/ET Upper Confidence Limit*%	33.4	30.8	21.8	13.7	11.5	8.0	5.3	3.6	1.6	**23.5**
Births/ET %	32.7	30.4	21.5	13.0	10.8	7.3	4.7	2.9	1.1	**23.3**
Births/ET Lower Confidence Limit*%	32.1	30.0	21.2	12.3	10.1	6.6	4.0	2.2	0.7	**23.1**

**) With a 95%-probability, the true mean lies within the defined confidence interval.*

Treatment Results IVF and ICSI Overall and in Natural Cycles 2023

Prospective Data

IVF 2023 – Ø Avg. Patient Age: 35.8

	n	%	Fertilization %	Embryo exist. %	Transfer %	Clin. Preg. %
Performed IVF Treatm.	18,611	100.0				
Successful Fertilization*	16,921	90.9	100.0			
Freeze All Treated Oocytes	1,835	9.9	10.8			
Minimum 1 Embryo**	14,901	88.8	98.8	100.0		
ET Performed**	13,995	83.4	92.8	93.9	100.0	
Clin. Pregnancy	4,550	**24.4**	26.9	30.5	**32.5**	100.0
Birth	3,297	**17.7**	**19.5**	**22.1**	**23.6**	**72.5**
Miscarriage	1,035					22.7
Ectopic Pregnancy	53					1.2
Not Yet Recorded	166					3.6

ICSI 2023 – Ø Avg. Patient Age: 35.6

	n	%	Fertilization %	Embryo exist.%	Transfer %	Clin. Preg. %
Performed ICSI Treatm.	43,685	100.0				
Successful Fertilization*	40,489	92.7	100.0			
Freeze All Treated Oocytes	4,381	10.0	10.8			
Minimum 1 Embryo**	35,657	90.7	98.8	100.0		
ET Performed**	32,712	83.2	90.6	91.7	100.0	
Clin. Pregnancy	10,052	**23.0**	24.8	28.2	**30.7**	100.0
Birth	7,288	**16.7**	**18.0**	**20.4**	**22.3**	**72.5**
Miscarriage	2,225					22.1
Ectopic Pregnancy	102					1.0
Not Yet Recorded	439					4.4

IVF and ICSI in Natural Cycles 2023** – Ø Avg. Patient Age: 38.7

	n	%	Cycle %	Fertilization %	Embryo exist. %	Transfer %	Clin. Preg. %
Started Cycles	4,224	100.0					
No Oocyte Treatment	1,406	33.3					
Treatm. in Natural Cycles***	2,818	66.7	100.0				
ø Oocytes Retrieved	3,1						
Successful Fertilization*	2,217	52.5	78.7	100.0			
Freeze All Treated Oocytes	214	5.1	7.6	9.7			
Minimum 1 Embryo**	1,929	48.1	74.1	96.3	100.0		
ET Performed**	1,850	46.1	71.0	92.4	95.9	100.0	
Clin. Pregnancy	420	**9.9**	**14.9**	18.9	21.8	**22.7**	100.0
Birth	269	**6.4**	**9.5**	**12.1**	**13.9**	**14.5**	**64.0**
Miscarriage	118						28.1
Ectopic Pregnancy	7						1.7
Not Yet Recorded	26						6.2

**) Successful fertilization of at least one oocyte per cycle.*
***) %-rates up to fertilization adjusted by freeze all oocytes culture.*
****) Evaluation for "IVF and ICSI in Natural Cycles" if "Yes, without any ovarian stimulation" or "Yes, with mild ovarian stimulation (e.g. with CC, letrozole, low dose FSH/HMG)" was documented manually.*

Results of Thawing-Cycles, TESE, IVF and ICSI with Donor Sperm 2023

Prospective Data

Cryo Transfer Cycles 2023

	n	%	PN/Embryo %	Transfer %	Clin. Preg. %
Cryo Transfer Cycles	41,146	100.0			
Thawed PN/Embryo	40,643	98.8	100.0		
ET Performed	39,172	95.2	96.4	100.0	
Clin. Pregnancy	12,068	**29.3**	29.7	**30.8**	100.0
Birth	8,605	**20.9**	**21.2**	**22.0**	**71.3**
Miscarriage	2,709				22.4
Ectopic Pregnancy	112				0.9
Not Yet Recorded	647				5.4

TESE 2023 – Ø Avg. Patient Age: 34.7

	n	%	Fertilization %	Embryo %	Transfer %	Clin. Preg. %
Perf. ICSI/TESE Treatm.	2,029	100.0				
Successful Fertilization*	1,839	90.6	100.0			
Freeze All Treated Oocytes	165	8.1	9.0			
Minimum 1 Embryo**	1,607	86.2	96.0	100.0		
ET Performed**	1,436	77.0	85.8	89.4	100.0	
Clin. Pregnancy	405	**20.0**	22.0	25.2	**28.2**	100.0
Birth	313	**15.4**	**17.0**	**19.5**	**21.8**	**77.3**
Miscarriage	79					19.5
Ectopic Pregnancy	2					0.5
Not Yet Recorded	11					2.7

IVF and ICSI with Donor Sperm 2023– Ø Avg. Patient Age: 37.2

	n	%	Fertilization %	Embryo %	Transfer %	Clin. Preg. %
ART-Treatm. (donor sperm)	3,177	100.0				
Successful Fertilization*	2,992	94.2	100.0			
Freeze All Treated Oocytes	286	9.0	9.6			
Minimum 1 Embryo**	2,684	92.8	99.2	100.0		
ET Performed**	2,528	87.4	93.4	94.2	100.0	
Clin. Pregnancy	792	**24.9**	26.5	29.5	**31.3**	100.0
Birth	588	**18.5**	**19.7**	**21.9**	**23.3**	**74.2**
Miscarriage	188					23.7
Ectopic Pregnancy	8					1.0
Not Yet Recorded	8					1.0

**) Successful fertilization of at least one oocyte per cycle.*
***) %-rates up to fertilization adjusted by freeze all oocytes culture.*

Culture According to the "German Compromise" and Impact on Therapy Outcome – Fresh Cycles 2023

Prospective and Retrospective Data

Number of centers choosing >=3 x 2PN for extended culture: n=136

Oocyte Treatment (All) - Culture >= 3 x 2PN
33,494

Oocyte Treatment - Culture >= 3 x 2PN for Transfer on Day 4-6
25,623

Number of Transfer Cycles with SET Day 4-6		Number of Transfer Cycles with DET Day 4-6	
18,469	Mean age woman: 34.7	6,907	Mean age woman: 36.0

CP/ET (doc. and outcome known)*			Outcome unknown		
6,866		37.2%	16		0.1%

Miscarriage	1,421	20.7%
EP	74	1.1%
Not yet Recorded	291	4.2%
Birth (doc.)	**5,080**	**74.0%**
	per Transfer	27.5%

Births	n	%
Singletons	5,007	98.6
Twins	73	1.4
Triplets	0	0.0
Quadruplets	0	0.0

Multiple Birth Rate (MBR) 1.4%

CP/ET (doc. and outcome known)*			Outcome unknown		
2,682		38.9%	14		0.2%

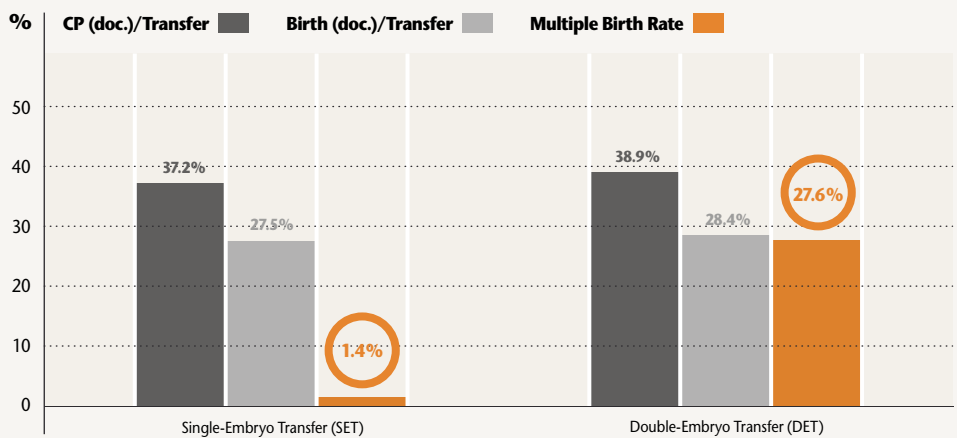
Miscarriage	591	22.0%
EP	28	1.0%
Not yet Recorded	104	3.9%
Birth (doc.)	**1,959**	**73.0%**
	per Transfer	28.4%

Births	n	%
Singletons	1,418	72.4
Twins	530	27.1
Triplets	11	0.6
Quadruplets	0	0.0

Multiple Birth Rate (MBR) 27.6%

**) please note: documented clinical pregnancies (5,983) per transfer with outcome known (24,444) on other days than 4-6: 24.5%*

Comparison SET and DET "German Compromise" Fresh Cycles 2023



SET versus DET:
The likelihood of birth after DET increases by a factor of 1.03.
A multiple birth after DET likely increases by factor 19.2.
For an increase in the birth rate of not even 1 percentage points, the risk of multiples is raised by nearly 20 times!

Culture According to the "German Compromise" and Impact on Therapy Outcome – Thawing Cycles Embryos 2023

Prospective and Retrospective Data

Number of centers transfering previously cryopreserved embryos: n=135

Thawing total
42,108

Thawing Embryos
21,944

Transfer Single ET		Transfer Double ET	
18,493	88.5%	2,403	11.5%
CP/ET (doc. and outcome known)		**CP/ET (doc.)**	
5,882	31.9%	848	35.4%
Outcome unknown		**Outcome unknown**	
30	0.2%	8	0.3%

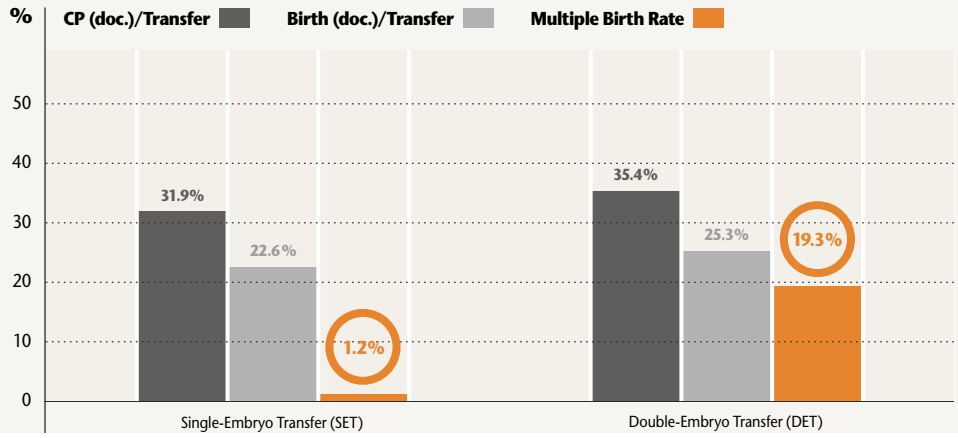
Miscarriage	1,366	23.2%	Miscarriage	204	24.1%
EP	46	0.8%	EP	5	0.6%
Not yet Recorded	299	5.1%	Not yet Recorded	32	3,8%
Birth (doc.)	**4,171**	**70.9%**	**Birth (doc.)**	**607**	**71.6%**
	per Transfer	22.6%		per Transfer	25.3%

Births	n	%	Births	n	%
Singletons	4.121	98,8	Singletons	490	80.7
Twins	50	1,2	Twins	115	18.9
Triplets	0	0,0	Triplets	2	0.3
Quadruplets	0	0,0	Quadruplets	0	0.0
Multiple Birth Rate (MBR)		**1.2%**	**Multiple Birth Rate (MBR)**		**19.3%**

Compared to thawing 2PNs:

	SET (n)	CP/Transfer (%)	Births/Transfer (%)	MBR (%)	DET (n)	CP/Transfer (%)	Births/Transfer (%)	MBR (%)
Transfers (outcome kown)	10,983	29.6	21.2	1.5	7,514	29.9	21.2	21.1
Transfers d2/3	2,776	17.7	11.3	1.0	4,267	24.3	17.3	15.7
Transfers d5/6	7,601	34.4	25.2	1.7	2,706	38.6	27.3	27.3
others	606	24.3	17.7	0.9	541	29.8	21.6	17.5

Comparison SET and DET "German Compromise" Thawing Cycles Embryos 2023



SET versus DET:
The likelihood of birth after DET increases by a factor of 1.12.
A multiple birth after DET likely increases by factor 16.1.
For an increase in the birth rate of not even 3 percentage points, the risk of multiples is raised by more than 16 times!

Pregnancies Cumulative 2020 – 2023 as a Function of Female Age

IVF, ICSI, Cryo Cycles – Prospective Data

Age Group <= 29	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	13,094	5,547	42.4	3,224	1,230	38.2	6,777	**41.5**
2nd Transfer	3,713	1,465	39.5	6,552	2,352	35.9	10,594	**64.9**
3rd Transfer	1,829	663	36.2	3,839	1,326	34.5	12,583	**77.1**
4th Transfer	879	336	38.2	2,028	679	33.5	13,598	**83.3**
>4 Transfers	787	301	38.2	2,100	679	32.3	14,578	**89.3**

Age Group 30-34	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	36,048	14,218	39.4	8,529	3,185	37.3	17,403	**39.0**
2nd Transfer	11,033	3,932	35.6	17,517	6,012	34.3	27,347	**61.3**
3rd Transfer	6,125	2,136	34.9	10,502	3,536	33.7	33,019	**74.1**
4th Transfer	3,145	1,072	34.1	5,767	1,861	32.3	35,952	**80.7**
>4 Transfers	3,031	971	32.0	6,818	1,977	29.0	38,900	**87.3**

Age Group 35-39	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	41,944	13,328	31.8	7,524	2,510	33.4	15,838	**32.0**
2nd Transfer	15,154	4,172	27.5	16,296	4,856	29.8	24,866	**50.3**
3rd Transfer	8,371	2,310	27.6	9,796	2,765	28.2	29,941	**60.5**
4th Transfer	4,159	1,097	26.4	5,630	1,442	25.6	32,480	**65.7**
>4 Transfers	4,323	1,059	24.5	7,201	1,699	23.6	35,238	**71.2**

Age Group >= 40	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	14,219	2,427	17.1	2,982	670	22.5	3,097	**18.0**
2nd Transfer	5,466	852	15.6	4,202	791	18.8	4,740	**27.6**
3rd Transfer	2,864	431	15.0	2,327	414	17.8	5,585	**32.5**
4th Transfer	1,412	184	13.0	1,276	218	17.1	5,987	**34.8**
>4 Transfers	1,728	214	12.4	1,674	256	15.3	6,457	**37.5**

Follow-up clinical pregnancies until Dec. 31st, 2024.
No distinction was made here as to the order in which a patient underwent fresh or thawing cycles from the second transfer onwards.

Here again, we present cumulative chances after several cycles depending on age. Patients under 34 years of age have a chance of becoming pregnant with four transfers of over 80%.

In patients between 35 and 39 years of age, 2 out of 3 patients achieve a pregnancy after four transfers.

In patients aged 40 and over, the chances increase to "only" a third. So even in a cumulative view, the age of our patients plays a decisive role.

These figures can help assess the chances during counselling.

Live Births Cumulative 2018 – 2022 Based on First OPU

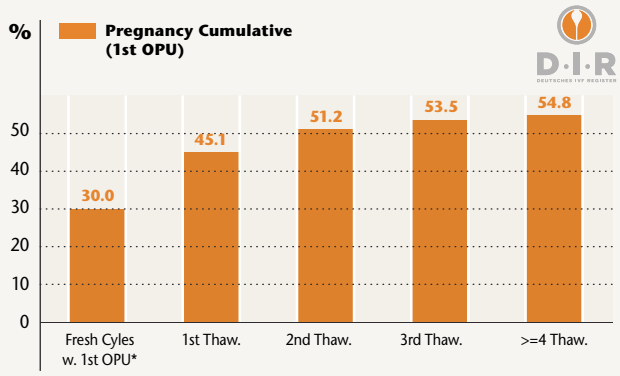
IVF, ICSI, Cryo Cycles – Prospective Data

This evaluation presents cumulative probability of having a child per aspiration. Other evaluations present cumulative probability of pregnancies with regard to transfers.

After first aspiration, the chance of birth in Germany is just 30 %. Subsequent thawing transfers can increase birth rate to more than 50 %.

And this is after only one aspiration for oocyte retrieval!

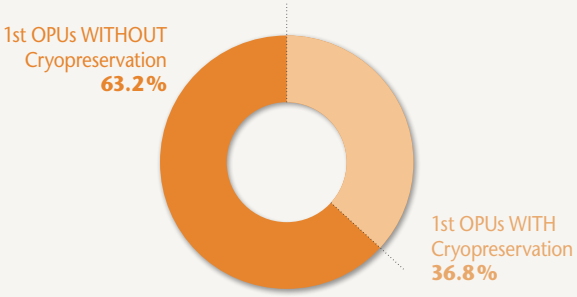
The relatively small percentage increase after the 3rd transfer is due to the small number of people who even have the option for 4 or more transfers from one egg retrieval, as the proportion of remaining embryos becomes low after three transfers.



2018 – 2022 (Total)	1st OPU*	Thawings Based on 1st OPU	Live Births	Live Births/OPU / Live Births/FET (%)	Live Births Cumulative	Live Births/OPU Cumulative (%)
Fresh Cyles with 1st OPU*	54,019		16,187	30.0	16,187	**30.0**
1st Thawing		36,373	8,197	22.5	24,384	**45.1**
2nd Thawing		15,338	3,281	21.4	27,665	**51.2**
3rd Thawing		5,872	1,230	20.9	28,895	**53.5**
>= 4 Thawings		3,501	713	20.4	29,608	**54.8**

Follow-up births until Dec. 31st, 2023.
**) Cycles without fresh transfer (freeze all) and cycles without cryopreservation were excluded.*
2018-2022: 1st OPU = 168,050; 1st OPU without freeze all = 146,970; Cycles without cryopreservation = 54,019; Cycles with Cryopreservation = 92,951.

1st OPU without Freeze All: Ratio Cycles with and without Cryopreservation

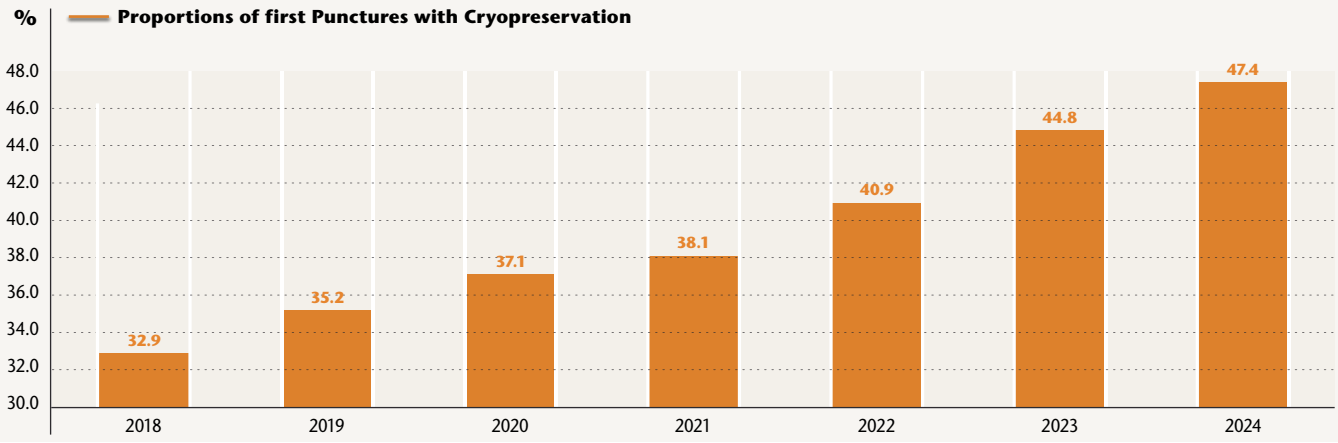


In the years 2018-2022, freezing was performed in just under 37 % of all first follicle punctures with transfer.

However, a constant annual increase in the proportion of first punctures with cryopreservation can be seen, from 32.9 % in 2018 to now 47.4 % in 2024. More is preserved every year! We believe this is a positive development, as it shows that more than 45 % of our patients have a child after just two embryo transfers (see above).

This success rate is certainly also related to improved freezing and thawing techniques (vitrification). The fact that the opportunities for subsequent thaw cycles (without renewed hormone therapy) are not used more often is also partly due to the fact that the costs for cryopreservation and subsequent thaw cycles are not covered by public health insurances.

Annual development of the proportions of first punctures with cryopreservation, without Freeze All 2018 – 2024



Positive Pregnancy Outcomes 2023

IVF, ICSI – Prospective and Retrospective Data

	Fresh Cycles		Cryo Cycles	
	n	%	n	%
Clinical Pregnancies	15,531	100.0	12,362	100.0
Outcome documented	14,796	95.3	11,686	94.5
Transfer	49,877		40,083	
Births	11,178		8,798	
Life-Birth-Rate/Birth	11,151	99.8	8,783	99.8
Life-Birth-Rate/ET	11,151	22.4	8,783	21.9
SET Good Prognosis Patient*				
Number of Transfers	3,916			
Life-Birth-Rate/ET	1,285	32.8		
Multiple Pregnancies	20	1.6		
DET Good Prognosis Patient*				
Number of Transfers	1,251			
Life-Birth-Rate/ET	382	30.5		
Number of Multiple Births	121	31.7		

Loss of Pregnancy 2023

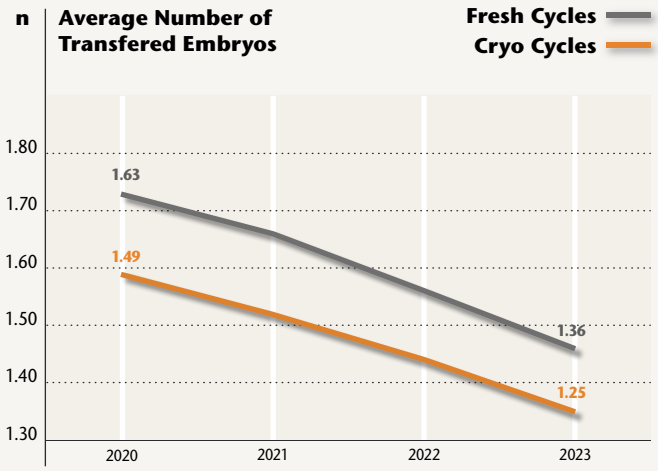
Prospective and Retrospective Data

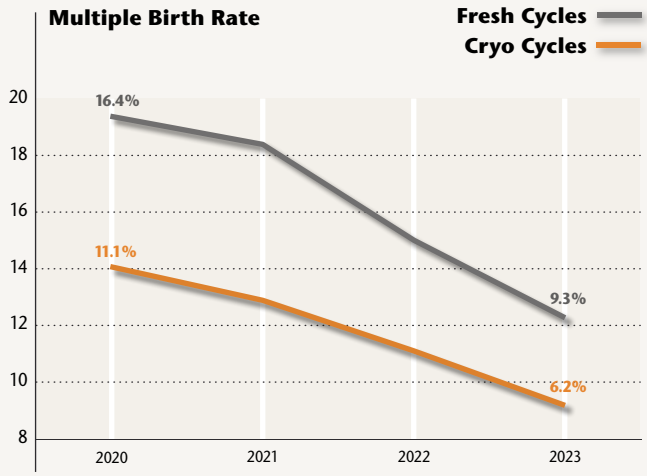
	Fresh Cycles		Cryo Cycles	
	n	%	n	%
Clinical Pregnancies	15,531	100.0	12,362	100.0
Outcome documented	14,796	95.3	11,686	94.5
Miscarriages	3,457	22.3	2,773	22.4
Among those: Induced Abortions	279	8.1	163	5.9
Stillbirths	27	0.2	19	0.2

*) *Good prognosis patient in D·I·R: age <=35, fresh cycle, 1st cycle, oocytes retrieved >=8, 2PNs >=5, sperm collection anterograde*

Embryos per Transfer and Multiple Birth Rate 1997 – 2023

IVF, ICSI, Cryo – Prospective and Retrospective Data





		1997	[...]	2020	2021	2022	2023
Fresh Cycles	ø Number of Transf. Embryos	2.56		1.63	1.56	1.46	1.36
	Multiple Birth Rate	25.2	*For values from 1998 to 2019 see www.deutsches-ivf-register.de*	16.4	15.4	12.0	9.3
Cryo Cycles	ø Number of Transf. Embryos	2.34		1.49	1.42	1.34	1.25
	Multiple Birth Rate	11.6		11.1	9.9	8.1	6.2

The significant reduction in multiple births continues! This is due to the fact that more and more centers are transferring fewer embryos per embryo transfer. Single-embryo transfer continues to gain sustained acceptance in Germany.

A barrier was broken in 2023: In the sum of fresh and thawing cycles, the multiple birth rate was 20.3% in 2016, but in 2023 it has now fallen to 8.0%, below 10%!

Special Laboratory Analysis: Quality or Quantity?

Result Quality Depends on the Number and Maturity of the Retrieved Oocytes

Background

In the ART laboratory, oocytes retrieved for (subsequent) fertilization vary in number, maturity and developmental competence. Several factors, including maternal age, hormonal status/profile, response to stimulation, exposure to environmental toxins, and genetic predispositions can significantly influence both the developmental stage and quality of the oocytes after follicular aspiration. Typically, a proportion of the retrieved oocytes are not in the metaphase II (MII) stage and are therefore not competent for fertilization. The in vitro maturation of immature metaphase I and germival vesicel oocytes plays a minor role in clinical practice and is usually Relevant in a limited subset of patients (Wang et al., 2023).

A straightforward qualitative indicator, at least for the genetic competence of an oocyte, is its genetic maturity. According to the Maribor Consensus, the presence of at least 75% mature MII oocytes serves as a benchmark for good treatment outcomes (ESHRE Clinic PI Working Group, 2021).

A low proportion of mature oocytes is frequently associated with a reduced quality of the entire oocyte cohort (Braga et al., 2020 and Mandelbaum et al., 2020 The role of oocyte maturity in determining ART outcomes remains unclear, paticularly in German treatment centers.

In addition to oocyte quality, the number of fertilizable oocytes can also be a decisive factor for successful treatment. However, the supra-physiological conditions induced by hormonal stimulation may adversely affect oocyte quality. Consequently, in addition to the well-known risk of hyperstimulation, A higher quantity of oocytes does not automatically translate into improved treatment outcomes (Van der Gaast et al., 2006 and Magnusson et al., 2019). Therefore, the interplay of quantity and quality ultimately determines the success of a treatment.

What does the "real data" look like in Germany? How do the number of retrieved oocytes and the maturity level within an oocyte cohort influence the success of fertility treatments? Do mature oocytes from a cohort with a low maturity level generally result in reduced treatment outcomes? To address these questions, this analysis aims to evaluate the Maribor Consensus as a potential benchmark and reliable indicator for assessing stimulation and oocyte retrieval.

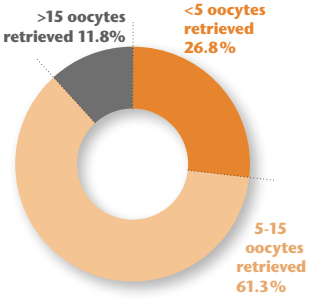
Outcome quality depends on the number of oocytes retrieved

To include the "maturity" factor in this purely descriptive data analysis, only ICSI cycles were included for the evaluation, as only these allow for reliable determination of genetic maturity on the day of oocyte retrieval. Between 2020 and 2024, a total of 1,766,840 oocytes were retrieved across 205,581, resulting in an average of 8.6 oocytes per cycle. Of these, 72.6% underwent successful fertilization.

In a total of 168,605 ICSI cycles with 1,457,162 oocytes retrieved, the number of MII oocytes and the fertilization rates, defined as the proportion of 2PN per injected oocyte, were plausibly documented and included in the evaluation. However, documentation of oocyte maturity was not consistently provided across all centers. However, documentation of oocyte maturity was not consistently provided across all centers. On average of 8.6 oocytes were retrieved per cycle, of which 65.3% were fertilized.

Fewer than five oocytes were retrieved in 26.8% of cycles, between 5 and 15 oocytes in 61.3%, and more than 15 oocytes in 11.8% (*Fig. 1*). Notably, the number of oocytes retrieved did not have a significant impact on the fertilization rate (*Fig. 2*). Across all groups, fertilization rates ranged between 65.6% and 67.9%. This aligns precisely with the ESHRE competency level of >65% (ESHRE Special Interest Group of Embryology, 2017).

Distribution of oocyte count per ICSI cycle



Fertilization Rates and CP per Transfer per Oocyte retrieved in ICSI cycles

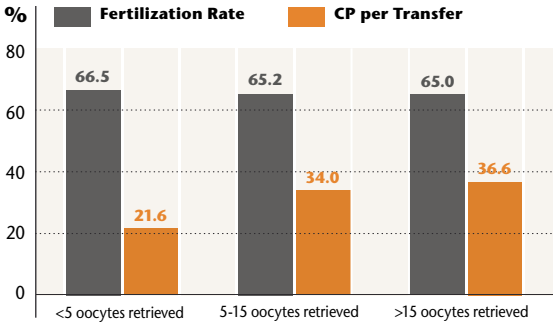


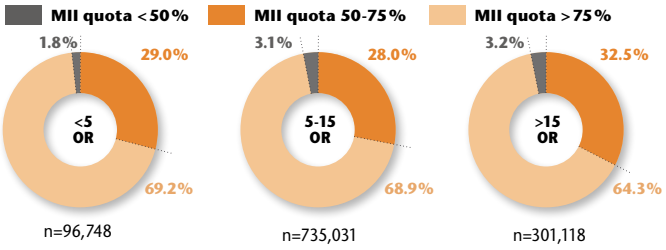
Figure 1 and 2

A clear correlation was observed between the number of retrieved oocytes and the clinical pregnancy rate in fresh transfer cycles. Specifically, pregnancy rates were 21.6% for cycles with fewer than 5 oocytes, 34.0% for those with 5 to 15 oocytes, and 36.6% when more than 15 oocytes were retrieved. More oocytes can further increase the cumulative pregnancy rate through potential cryocycles. Conversely, a lower oocyte count reduces the likelihood of optimal embryo selection for transfer.

The proportion of mature oocytes decreases slightly in ICSI cycles with increasing oocyte count. In cycles with fewer than five retrieved oocytes, 83.2% were mature; this proportion decreased to 77.9% in cycles with five to 15 oocytes, and further to 75.9% in cycles with more than 15 oocytes. The distribution of the maturity groups is illustrated in Fig. 3. In cycles with a lot of retrieved oocytes, the proportion of cycles with more immature oocytes increases. A possible explanation for this observation is the presence of heterogeneous follicle cohorts , which results in more small follicles being punctured and thus more immature oocytes being retrieved.

Verteilung reifer Eizellen

Figure 3



Treatment outcomes do not depend on oocyte maturation

To ensure comparability of treatment outcomes regarding oocyte maturation, only cycles with at least three normally fertilized oocytes that resulted in a SET (single-embryo transfer) on day 5 were included In the subsequent analysis. This selection reflects an ideal scenario characterized by good fertilization and an adequate number of cells to support an optimal culture strategy, thereby allowing for a meaningful assessment of the impact of immature oocyte proportions. By focusing on this subset, the influence of poor fertilization rates and limited availability of fertilized oocytes was minimized. The final dataset comprised 38,678 cycles with 424,321 oocytes (10.9 per cycle) from 2020 to 2024. In 66% of these cycles, the Maribor benchmark value was met with more than 75% mature oocytes. In 29% of cycles, the proportion of mature MII oocytes ranged between 50% and 75%, while in 5% of cases, fewer than 50% of oocytes achieved MII maturity.

The results are compared for the groups with a low proportion of mature oocytes (<50%), a medium proportion (50-75%), or a high proportion (>75%) (*Fig. 5*).

Percentage of MII oocytes / ideal cycle

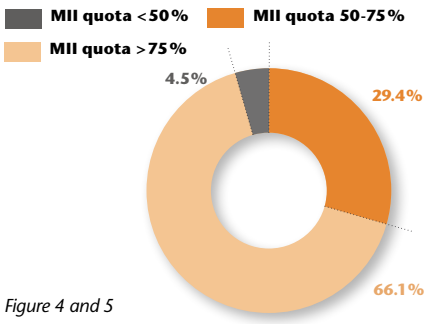
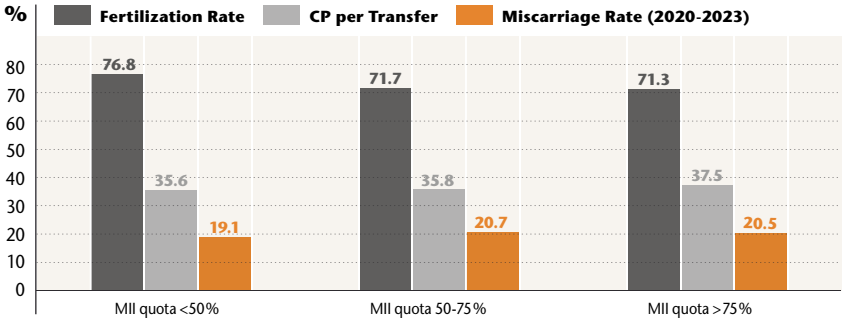


Figure 4 and 5

Fertilization Rates, CP per Transfer % (2020–2024), Miscarriage Rate (2020–2023)



The fertilization rate of MII oocytes in this "ideal scenario" ranged between 76.8% (<50% MII), 71.7% (50-75% MII), and 71.3% (>75% MII). The higher fertilization rate observed in cycles with a lower proportion of mature oocytes may be attributable to the fact that more complex cases are often managed by particularly experienced laboratory personnel. It is noteworthy that both the clinical pregnancy rate and the abortion rate were comparable across all groups. The pregnancy rate per SET was 35.6% in cycles with low maturity, 35.8% with intermediate maturity, and 37.5% with high maturity. Miscarriage rates ranged narrowly between 19.1% and 20.5% across all groups. These findings suggest that the proportion of immature oocytes does not exert a significant negative influence on treatment success.

Treatment outcomes depend on the fertilization rate

Objectively evaluating the influence of the fertilization rate remains a considerable challenge. Fertilization rates below 30% are often used as a threshold to recommend the use of calcium ionophores for oocyte activation in subsequent treatment cycles.

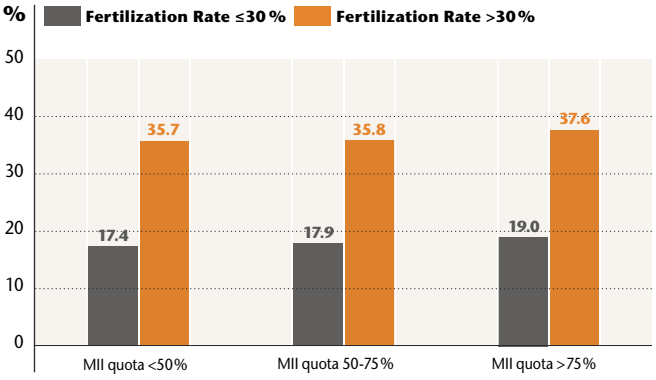
However, in the subgroup with low fertilization, the ideal scenario criteria such as the availability of cultivable 2PN cells, culture duration, and the number of embryos suitable for transfer are often not applicable due to the limited number of 2PN cells.

For the analysis, oocyte maturity was categorized into three groups based on the proportion of MII oocytes between 2020 and 2024: <50% MII, 50–75% MII, and >75% MII. Fertilization rates were further classified as low (≤30% 2PN/MII, n = 6,116) and normal (>30% 2PN/MII, n = 38,259).

In cycles with a normal fertilization rate (>30% 2PN/MII), the proportion of mature oocytes has no influence on the outcome of ART treatment. The clinical pregnancy rates per embryo transfer ranged between 35.7% and 37.6% (*Fig. 6*). In contrast, when the fertilization rate is below 30%, the clinical pregnancy rate drops significantly to 17-19%, regardless of the maturity of the oocyte cohort. In such cases, oocyte maturity likely plays only an indirect role. The limited number of fertilized oocytes restricts the possibility of extended embryo culture and selection of developmentally competent embryos, resulting in suboptimal embryo transfers with reduced implantation potential. Thus, regardless of the proportion of mature oocytes, only low clinical pregnancy rates (17-19%) were achieved.

Clinical Pregnancies

Figure 6



Conclusion

First, an increased number of retrieved oocytes is associated with higher clinical pregnancy rates. As a consequence of the increased quantity, more 2PN cells are formed, allowing for ideal culture and transfer strategies.

Second, a high proportion of immature oocytes in an oocyte cohort does not appear to reduce the quality of the mature oocytes or the treatment success. Nevertheless, a predominance proportion of immature oocytes may result in an insufficient number of viable fertilized oocytes capable of developing into competent embryos, often resulting in suboptimal transfers.

Third, a poor fertilization rate impairs treatment success because the low number of fertilized oocytes often precludes extended embryo culture reducing the likelihood of identifying a highly developmentally competent embryo.

In summary, a high oocyte count, a large number of mature oocytes, and a good fertilization rate have the same effect: Treatment outcomes are better because an optimal culture and transfer strategy leads to highly viable embryos for embryo transfer. Moreover, in addition to improved outcomes in the fresh cycle, the availability of surplus mature oocytes allows for cryopreservation, thereby contributing to higher cumulative pregnancy rates.

Many mature oocytes and a high fertilization rate lead to the best results.

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Dr. rer. nat. Tom Trapphoff, Dortmund, Dr. rer. nat. Alain Wunsch, Garching bei München

ICSI/ejaculate in Cryptozoospermia with Concentration <1 Million per ml versus ICSI/TESE 2020–2023

Prospective and retrospective data

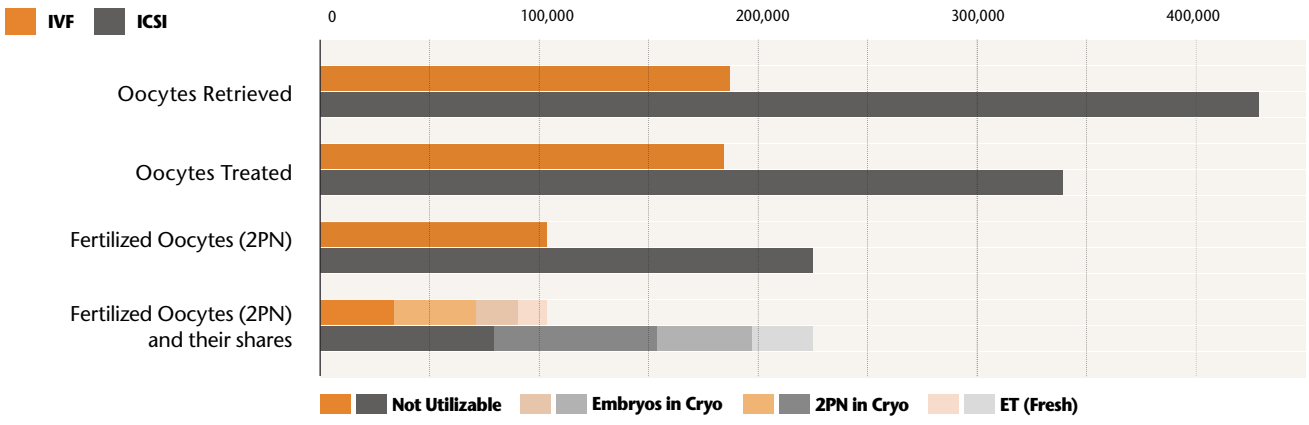
	ICSI with ejaculated sperm concentration < 1 M / ml				ICSI after TESE*			
	n	%	%	%	n	%	%	%
Number of centers	126				134			
Retrieved oocytes	105,008	100.0			96,097	100.0		
Treated oocytes	81,801	77.9	100.0		75,787	78.9	100.0	
Fertilized (2PN)	47,178	44.9	57.7	100.0	37,472	39.0	49.4	100.0
Cryopreserved 2PN	14,800			31.4	9,711			25.9
Transferred embryos	12,530			26.6	9,699			25.9
Cryopreserved embryos	3,632			7.7	3,758			10.0
Transfers (n)	8,385				6,570			
CP (n and % of transfers)	2,643	31.5			1,980	30.2		
Miscarriages (n and % of CP)	545	20.6			399	20.2		
Births (n and % of transfers)	1,981	23.6			1,518	23.2		

**) There was no distinction made between fresh and thawed sperm.*

Development of the Retrieved Oocytes 2024

Prospective and retrospective data

	IVF	%	%		ICSI	%	%	
retrieved oocytes	187,027	100.0			428,786	100.0		
treated oocytes	184,084	98.4	100.0		338,874	79.0	100.0	
fertilized (2PN)	103,448	55.3	56.2	100.0	225,102	52.5	66.4	100.0
cryopreserved 2PN	37,352			36.1	74,399			33.1
transferred embryos	18,909			18.3	43,466			19.3
cryopreserved embryos	13,238			12.8	27,729			12.3



Clinical Pregnancies (CP)/Fresh Transfer as a Function of Embryo Quality 2024

IVF, ICSI, IVF/ICSI – Prospective Data

Quality		<= 29 Years		30 – 34 Years		35 – 39 Years		>= 40 Years		Total*	
Ideal	Not Ideal	ET	CP/ET %	ET	CP/ET %	ET	CP/ET %	ET	CP/ET %	ET	CP/ET %
0	1	442	19.2	1,560	18.6	2,425	13.4	1,128	6.5	5,555	13.9
0	2	129	20.3	390	23.7	746	20.7	385	13.0	1,650	19.6
0	3	0	-	5	40.0	11	9.1	12	8.3	28	14.3
1	0	2,814	44.7	9,132	39.7	12,301	32.1	4,450	17.5	28,697	33.5
1	1	151	31.5	444	33.0	851	28.6	475	17.1	1,921	27.5
1	2	0	-	1	0.0	7	28.6	12	33.3	20	30.0
2	0	689	45.6	2,166	43.0	3,561	36.3	1,773	22.2	8,189	35.8
2	1	1	100.0	1	100.0	13	30.8	20	20.0	35	28.6
3	0	5	75.0	10	20.0	23	18.2	35	14.3	73	19.7
Total*		**4,231**	**30.7**	**13,718**	**37.1**	**19,950**	**30.0**	**8,301**	**16.7**	**46,200**	**30.7**

**) 32 transfers could not be allocated.*

Clinical Pregnancies (CP)/Frozen Transfer as a Function of Embryo Quality 2024

Cryo Transfer – Prospective Data

Quality		IVF		ICSI	
ideal	Not Ideal	ET	CP/ET %	ET	CP/ET %
0	1	855	18.9	2,131	18.5
0	2	260	21.6	705	19.9
0	3	4	50.0	30	6.9
1	0	10,489	32.1	20,608	33.5
1	1	336	27.3	873	28.8
1	2	5	0.0	17	23.5
2	0	1,698	36.1	3,798	34.3
2	1	4	25.0	18	33.3
3	0	22	28.6	86	30.2
Total*		**13,720**	**31.4**	**28,361**	**31.9**

**) 142 transfers could not be allocated.*

Children Born as a Function of Week of Gestation (WoG) and Birth Weight 2023

Prospective and Retrospective Data

IVF, ICSI, IVF/ICSI

Current WoG	20 - 26		27 - 31		32 - 37		38 - 41		>= 42		Total	% of total
Singletons (n and %)	31	0.3	113	1.2	1,508	16.5	7,402	81.1	74	0.8	**9,128**	**83.4**
Average Birth Weight (g)	688		1,307		2,693		3,399		3,559		**3,249**	
Twins (n and %)	44	2.5	140	8.0	1,316	74.9	258	14.7	6	0.3	**1,758**	**16.1**
Average Birth Weight (g)	652		1,315		2,408		2,790		2,974		**2,335**	
Triplets (n and %)	6	11.1	27	50.0	21	38.9	-	-	-	-	**54**	**0.5**
Average Birth Weight (g)	534		1,191		1,755		-		-		**1,367**	

Percentage of preterm deliveries in singleton pregnancies is 18.1%.
Percentage of preterm deliveries in twin pregnancies is 85.3%.
Percentage of preterm deliveries in triplets pregnancies is 100.0%.

Cryo Transfer

Current WoG	20 - 26		27 - 31		32 - 37		38 - 41		>= 42		Total	% of total
Singletons (n and %)	22	0.3	60	0.8	987	13.7	6,014	83.4	126	1.7	**7,209**	**88.2**
Average Birth Weight (g)	631		1,310		2,848		3,514		3,514		**3,396**	
Twins (n and %)	14	1.5	62	6.6	730	77.5	138	14.6	-	-	**942**	**11.5**
Average Birth Weight (g)	567		1,386		2,508		2,825		-		**2,452**	
Triplets (n and %)	-	-	12	57.1	9	42.9	-	-	-	-	**21**	**0.3**
Average Birth Weight (g)	-		1,038		2,023		-		-		**1,460**	

Percentage of preterm deliveries in singleton pregnancies is 14.8%.
Percentage of preterm deliveries in twin pregnancies is 85.6%.
Percentage of preterm deliveries in triplets pregnancies is 100.0%.

Children Born 1997 – 2023

Prospective and Retrospective Data

Total (IVF, ICSI, IVF/ICSI, Cryo Transfer)

	Singletons		Twins		Triplets		Quadruplets		Total
	n	%	n	%	n	%	n	%	n
1997	4,175	58.7	1,902	32.8	492	8.4	8	0.1	6,577
1998	5,357	58.2	3,152	34.2	702	7.6	0	-	9,211
1999	6,116	60.5	3,396	33.6	600	5.9	4	0.0	10,116
2000	6,143	60.5	3,504	34.5	507	5.0	4	0.0	10,158
2001	7,726	62.2	4,252	34.3	435	3.5	0	-	12,413
2002	8,930	63.8	4,662	33.3	387	2.8	8	0.1	13,987
2003	11,922	63.1	6,334	33.6	597	3.2	24	0.1	18,877
2004	6,891	65.6	3,336	31.8	273	2.6	0	-	10,500
2005	7,038	65.8	3,440	32.1	213	2.0	12	0.1	10,703
2006	7,419	66.9	3,450	31.1	222	2.0	4	0.0	11,095
2007	8,407	66.4	4,076	32.2	183	1.4	4	0.0	12,670
2008	8,444	65.7	4,142	32.3	240	1.9	8	0.1	12,834
2009	9,016	67.3	4,152	31.0	216	1.6	8	0.1	13,392
2010	8,619	66.2	4,156	31.9	249	1.9	0	-	13,024
2011	9,388	63.3	5,131	34.7	300	2.0	0	-	14,819
2012	10,188	66.4	4,906	32.0	249	1.6	0	-	15,343
2013	11,713	64.9	6,003	33.3	327	1.8	8	0.0	18,051
2014	13,092	65.5	6,566	32.9	309	1.5	12	0.1	19,979
2015	13,702	65.4	6,942	33.2	297	1.4	8	0.0	20,949
2016	13,692	66.0	6,800	32.8	258	1.2	4	0.0	20,754
2017	14,580	67.2	6,800	31.3	321	1.5	8	0.0	21,709
2018	15,423	69.6	6,508	29.4	225	1.0	0	-	22,156
2019	16,467	70.7	6,560	28.2	273	1.2	0	-	23,300
2020	17,050	74.4	5,690	24.8	156	0.7	8	0.0	22,904
2021	18,547	76.0	5,702	23.4	165	0.7	0	-	24,414
2022	18,021	81.0	4,100	18.4	129	0.6	0	-	22,250
2023	18,451	85.1	3,132	14.5	90	0.4	0	-	21,673
Total	**296,517**	**68.3**	**128,794**	**29.7**	**8,415**	**1.9**	**132**	**0.0**	**433,858**

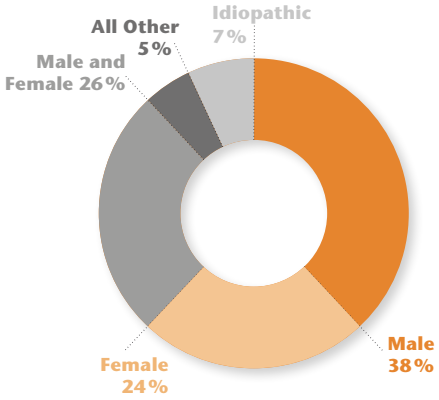
Distribution of Indications 2024

IVF and ICSI – Prospective Data

	Ø Age Pat.	Treatments	Transfers		Clin. Preg.	
	n	n	n	%	n	%*
No Information	34.8	636	544	85.5	144	26.5
Idiopathic	35.7	4,637	3,291	71.0	1,046	31.9
Male	35.0	23,473	17,911	76.3	5,844	32.8
Female	35.7	15,167	11,165	73.6	3,422	30.7
Male and Female	36.4	16,382	11,572	70.6	3,213	27.9
Single Woman	36.9	1,299	1,018	78.7	226	22.4
Lesbian Couple	35.5	939	699	74.4	245	35.3
Total	**35.7**	**62,533**	**46,200**	**73.9**	**14,140**	**30.7**

*) CPR/ET for outcomes known

Shares of Indications (Cycles) 2024



IVF

Male Factor	Normal		Red. Semen Quality		Unknown		Other***		Total****	
Female Factor	n	%	n	%	n	%	n	%	n	%
Normal	3,641	15.7	546	2.4	108	0.5	544	2.3	4,839	20.9
Tubal Pathology	2,551	11.0	419	1.8	96	0.4	461	2.0	3,527	15.2
Endometriosis	2,516	10.9	387	1.7	88	0.4	454	2.0	3,445	14.9
Hyperandrog./PCO	613	2.6	105	0.5	26	0.1	145	0.6	889	3.8
Ovulatory Dysf.	722	3.1	161	0.7	24	0.1	249	1.1	1,156	5.0
Psychogen. Factors	20	0.1	5	0.0	0	0.0	5	0.0	30	0.1
Age	1,624	7.0	342	1.5	46	0.2	399	1.7	2,411	10.4
Other**	4,490	19.4	1,151	5.0	211	0.9	958	4.1	6,810	29.4
No Information	60	0.3	0	0.0	0	0.0	1	0.0	61	0.3
Total**	**16,237**	**70.1**	**3,116**	**13.4**	**599**	**2.6**	**3,216**	**13.9**	**23,168**	**100.0**

ICSI

Male Factor	Normal		Red. Semen Quality		Azoospermia		Unknown		Other***		Total****	
Female Factor	n	%	n	%	n	%	n	%	n	%	n	%
Normal	5,236	9.7	7,285	13.5	1,086	2.0	159	0.3	1,979	3.7	15,745	29.2
Tubal Pathology	1,034	1.9	1,533	2.8	56	0.1	56	0.1	678	1.3	3,357	6.2
Endometriosis	1,560	2.9	2,190	4.1	130	0.2	57	0.1	980	1.8	4,917	9.1
Hyperandrog./PCO	544	1.0	860	1.6	102	0.2	27	0.1	365	0.7	1,898	3.5
Ovulatory Dysf.	641	1.2	1,469	2.7	139	0.3	53	0.1	682	1.3	2,984	5.5
Psychogen. Factors	23	0.0	43	0.1	8	0.0	0	0.0	25	0.0	99	0.2
Age	1,672	3.1	2,367	4.4	276	0.5	98	0.2	1,015	1.9	5,428	10.1
Other**	7,153	13.3	7,505	13.9	771	1.4	250	0.5	3,534	6.6	19,213	35.7
No Information	136	0.3	45	0.1	8	0.0	8	0.0	23	0.0	220	0.4
Total**	**17,999**	**33.4**	**23,297**	**43.3**	**2,576**	**4.8**	**708**	**1.3**	**9,281**	**17.2**	**53,861**	**100.0**

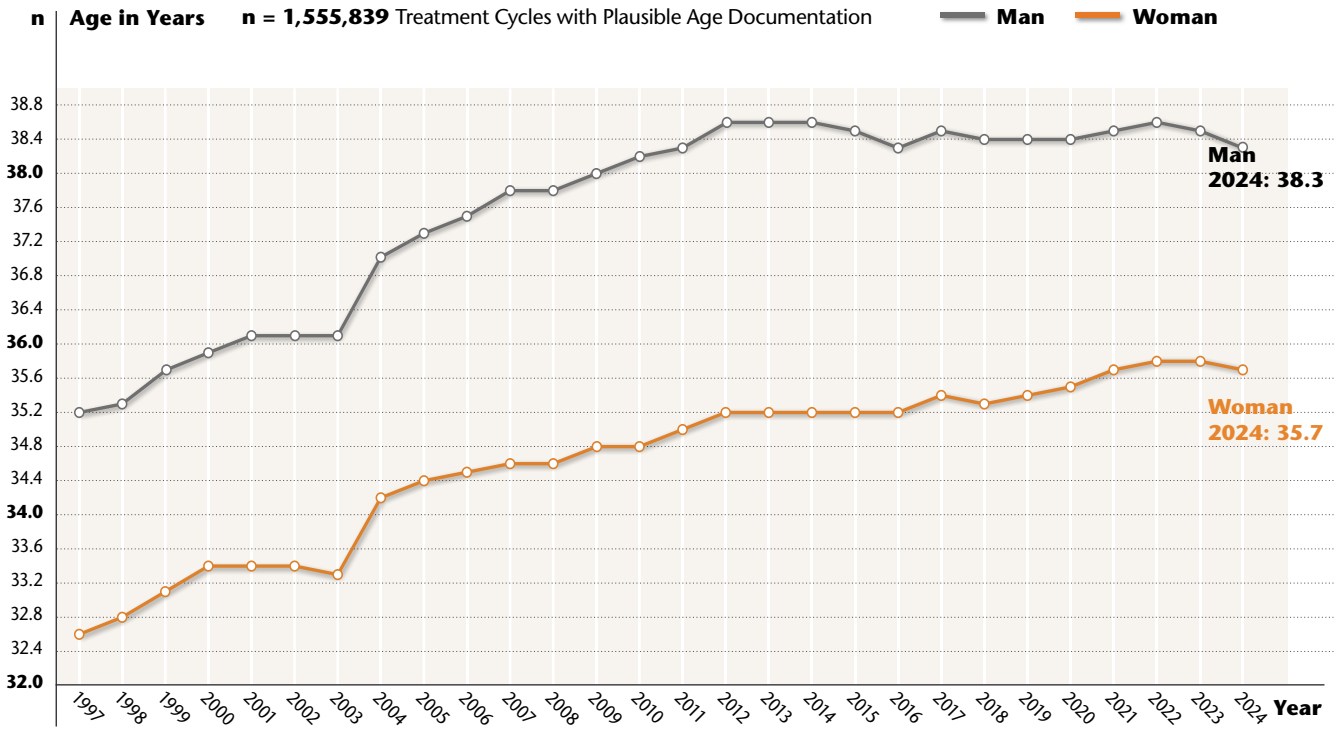
***) This includes the following indications: diminished ovarian reserve, medical freezing, single women, genetic testing (polar body analysis, trophectoderm biopsy for PGT-A, PGT-SR, PGT-M), lesbian couple, social freezing, uterine or cervical factor, others.*

****) This includes following indications: anejaculation, medical freezing, preimplantation genetic testing, CBAVD, pathological function test, psychogenic disturbances, retrograde ejaculation, urogenital malformation, failed or bad fertilization rate in conventional ivf-procedure, condition after genital cancer, condition after severe genital infection, condition after vasectomy, others.*

*****) Multiple answers per cycle permitted.*

Mean Age for Women and Men 1997 – 2024

IVF, ICSI, IVF/ICSI – Prospective and Retrospective Data



Preventive Egg Freezing 2020 – 2024

Fresh Cycles – Prospective and Retrospective Data

	2020	2021	2022	2023	2024
No. of Centers	95	108	109	114	126
Recorded Cycles	1,325	1,945	2,069	3,144	3,935
Plausible Cycles	1,299	1,907	2,034	3,114	3,894
Plausible Cycles %	98.0	98.0	98.3	99.0	99.0
Number of Patients	1,021	1,414	1,580	2,396	3,048
Ø-Age of Patients	35.7	35.7	35.6	35.3	35.3
Ø Number of treatm. / patient	1.3	1.3	1.3	1.3	1.3
OPU	1,208	1,813	1,902	2,940	3,667
Oocytes Aspirated	1,172	1,769	1,848	2,887	3,588
Avg. Oocytes Aspirated / Cycle	10,8	10,8	11,0	11,0	11,2
Freeze All MII	1,068	1,631	1,727	2,695	3,326
Share (%) of Cycles with Cryo-preserved from Retrieved Oocytes	75.5	76.4	76.7	76.4	75.7

Either therapy or patient are marked as Preventive Egg Freezing.
Follow-up from these cycles: Subsequent pregnancies and births from the resulting thawing cycles have not yet been detected in significant numbers.

Clinical Pregnancy Rate as a Function of Stimulation 2024

Prospective Data

Total	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total
Stimulations (n)	22,163	13,766	20,401	4,452	1,628	1,421	5,211	2,747	2,418	74,207
Transfers (n)	13,991	8,662	13,048	2,624	877	938	2,428	1,971	1,259	45,798
Transfers (%)	63.1	62.9	64.0	58.9	53.9	66.0	46.6	71.8	52.1	61.7
CP (n)	4,837	2,468	4,076	650	202	341	478	608	415	14,075
CP/ET (%)	34.6	28.5	31.2	24.8	23.0	36.4	19.7	30.8	33.0	30.7
CP/Stim. (%)	21.8	17.9	20.0	14.6	12.4	24.0	9.2	22.1	17.2	19.0
Ø-Age of Patients	33.9	36.9	35.7	36.4	36.8	33.6	38.5	35.7	35.7	35.6

Short GnRHa	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total	Share (%) from total
Stimulations (n)	200	439	538	334	13	10	75	29	115	1,753	2.4
Transfers (n)	126	254	361	189	5	6	28	19	93	1,081	2.4
Transfers (%)	63.0	57.9	67.1	56.6	38.5	60.0	37.3	65.5	80.9	61.7	
CP (n)	35	57	88	39	1	2	5	8	31	266	1.9
CP/ET (%)	27.8	22.4	24.4	20.6	20.0	33.3	17.9	42.1	33.3	24.6	
CP/Stim. (%)	17.5	13.0	16.4	11.7	7.7	20.0	6.7	27.6	27.0	15.2	
Ø-Age of Patients	34.6	37.7	36.9	38.0	36.5	34.9	38.4	37.4	34.4	37.0	

Long GnRHa	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total	Share (%) from total
Stimulations (n)	1,515	2,060	2,351	730	114	41	79	264	264	7,418	10.0
Transfers (n)	1,116	1,453	1,609	553	88	28	44	191	168	5,250	11.5
Transfers (%)	73.7	70.5	68.4	75.8	77.2	68.3	55.7	72.3	63.6	70.8	
CP (n)	392	430	479	141	22	7	6	56	48	1,581	11.2
CP/ET (%)	35.1	29.6	29.8	25.5	25.0	25.0	13.6	29.3	28.6	30.1	
CP/Stim. (%)	25.9	20.9	20.4	19.3	19.3	17.1	7.6	21.2	18.2	21.3	
Ø-Age of Patients	34.4	36.7	36.0	36.1	37.2	34.8	37.9	36.8	36.4	36.0	

GnRH-Antagonists	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total	Share (%) from total
Stimulations (n)	17,580	9,302	15,423	3,028	1,285	1,206	3,278	2,188	1,718	55,008	74.1
Transfers (n)	11,433	6,022	9,978	1,715	725	803	1,676	1,591	912	34,855	76.1
Transfers (%)	65.0	64.7	64.7	56.6	56.4	66.6	51.1	72.7	53.1	63.4	
CP (n)	4,002	1,729	3,193	434	172	299	300	487	309	10,925	77.6
CP/ET (%)	35.0	28.7	32.0	25.3	23.7	37.2	17.9	30.6	33.9	31.3	
CP/Stim. (%)	22.8	18.6	20.7	14.3	13.4	24.8	9.2	22.3	18.0	19.9	
Ø-Age of Patients	33.8	36.9	35.7	36.3	37.1	33.6	38.6	35.5	35.6	35.5	

9,605 stimulations (12.9 %) have been realized without Analoga or Antagonists, resulting in 4,395 transfers (45.8 %) and 1,233 clinical pregnancies (28.1 % CP/ET).

423 stimulations (0.6 %) could not been allocated to a specific protocol, resulting in 217 transfers (51.3 %) and 70 clinical pregnancies (32.3 % CP/ET).

*) *e.g. uFSH, uFSH and hMG etc.*

Ovarian Hyperstimulation Syndrome (OHSS) as a Function of Stimulation Protocol and Age Cohort 2024

IVF, ICSI, IVF/ICSI – Prospective Data

	Stimulations Started	%	Ø Oocytes Retrieved	OHSS III (WHO)	OHSS III/Cycles %
Short GnRHa	**1,753**	**2.4**	**6.8**	**2**	**0.1**
< = 29 Years	102		10.4	0	0.0
30 – 34 Years	397		8.4	0	0.0
35 – 39 Years	757		6.7	2	0.3
> = 40 Years	497		4.8	0	0.0
Long GnRHa	**7,418**	**10.1**	**9.1**	**38**	**0.5**
< = 29 Years	518		11.7	11	2.1
30 – 34 Years	2,001		10.7	13	0.6
35 – 39 Years	3,588		8.6	14	0.4
> = 40 Years	1,311		6.8	0	0.0
GnRHa-Antagonists	**55,008**	**74.6**	**9.7**	**95**	**0.2**
< = 29 Years	5,664		12.8	20	0.4
30 – 34 Years	16,559		11.4	39	0.2
35 – 39 Years	23,104		9.0	31	0.1
> = 40 Years	9,681		6.1	5	0.1
No Analoga / no Antagonists	**9,605**	**13.0**	**7.8**	**13**	**0.1**
< = 29 Years	872		12.2	0	0.0
30 – 34 Years	2,608		10.3	2	0.1
35 – 39 Years	3,941		7.4	7	0.2
> = 40 Years	2,184		4.1	4	0.2
Total*	**73,784**	**100**	**9.3**	**148**	**0.2**

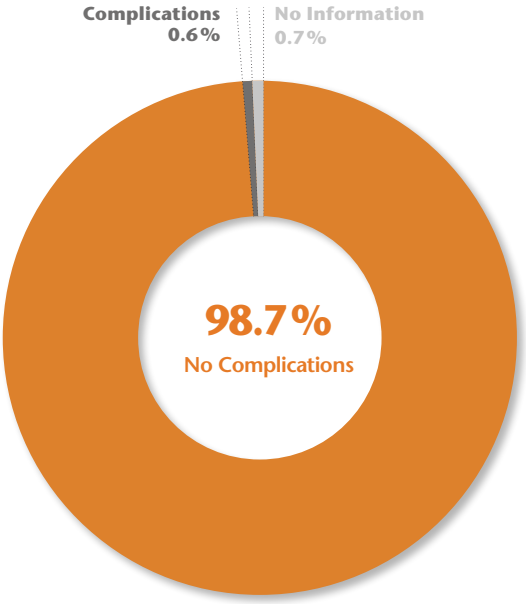
**) in 423 cycles, the protocol could not be reliably determinated*

Complications as a Function of Ovum Pick-up (OPU) 2024

IVF, ICSI, IVF/ICSI, Prospective Data

Total OPU´s		**69,556**	**100.0%**
No Information		470	0.7%
No Complications		68,653	98.7%
Complications		**433**	**0.6%**

Complications	n	%
Vaginal Bleeding	253	58.4
Intraabdom. Bleeding	77	17.8
Intestinal Tract Injury	2	0.5
Peritonitis	27	6.2
Other	74	17.1
Total	**433**	**100.0**

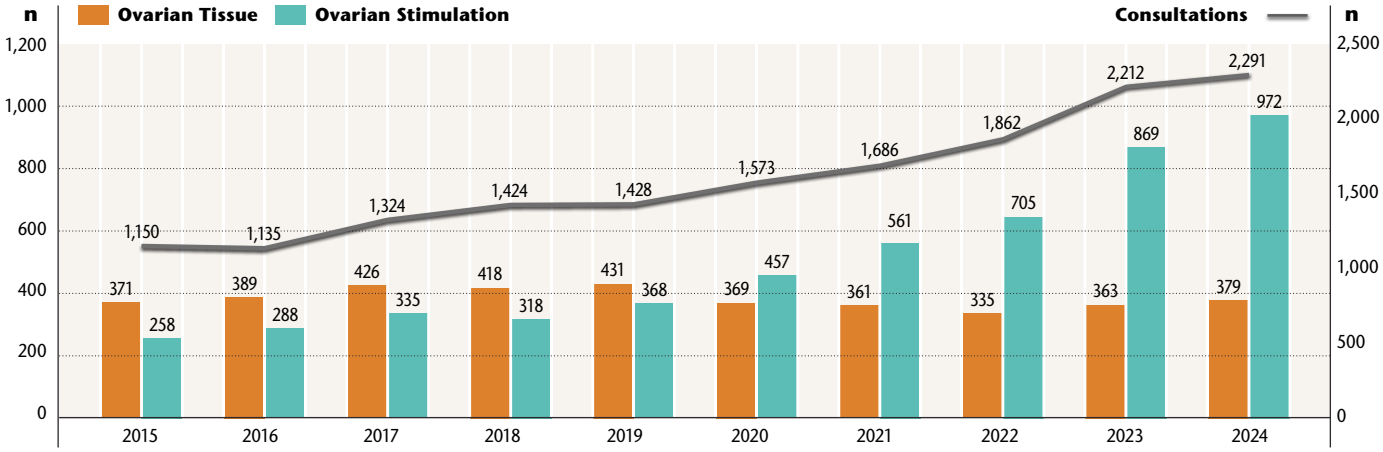


FertiPROTEKT
Netzwerk für fertilitätsprotektive Maßnahmen

*Ferti*PROTEKT Network e.V. – Fertility preservation in transition. The goal remains the same – the pathways are becoming more multifaceted.

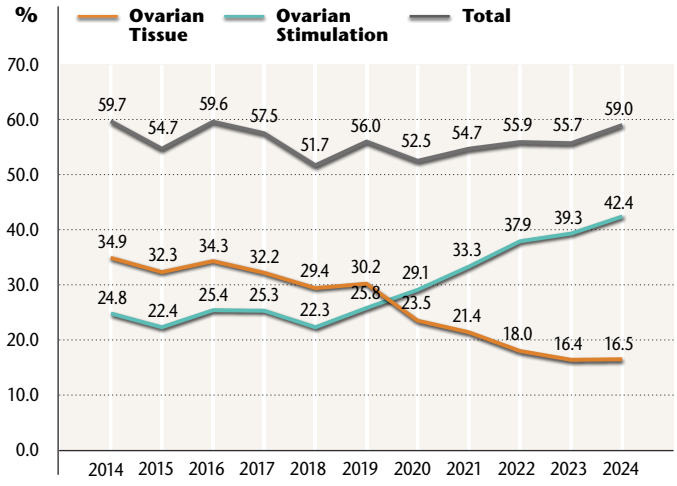
The work of the *Ferti*PROTEKT network e.V. has continued to evolve over the years. In the initial phase, the focus was primarily on raising awareness for the topic of fertility preservation, establishing comprehensive, evidence-based counseling, and implementing fertility-preserving treatments. With increasing knowledge regarding gonadotoxicity and treatment-related cure rates, the determination of indications for fertility-preserving interventions is becoming increasingly important. When should we intervene proactively, in which cases is primary fertility preservation prior to gonadotoxic therapy not required, and for whom secondary fertility preservation might be considered after gonadotoxic therapy. The presentation of the results in this year's annual report reflects the growing opportunities to tailor counseling and decision-making individually, taking into account the underlying disease.

Interventions and Consultations, 2015 – 2024



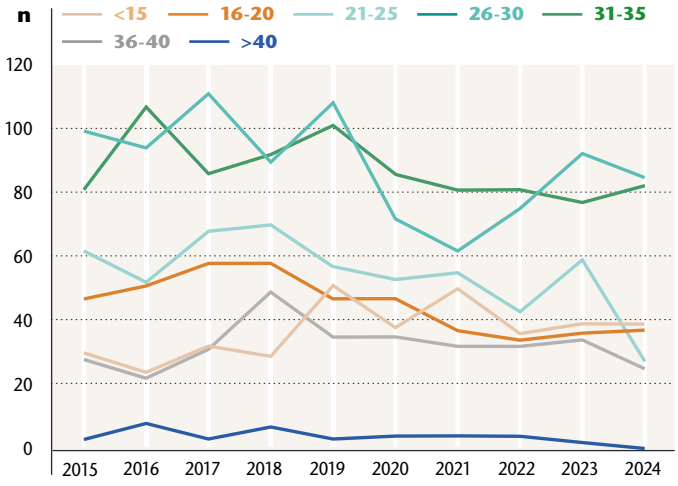
The expected upward trend in documented consultations within the *Ferti*PROTEKT Network continues. A corresponding increase is also observed in the overall number of interventions, a development that can be attributed primarily to the further rise in ovarian stimulation procedures.

Proportion of Interventions Relative to Consultations, 2014 – 2024



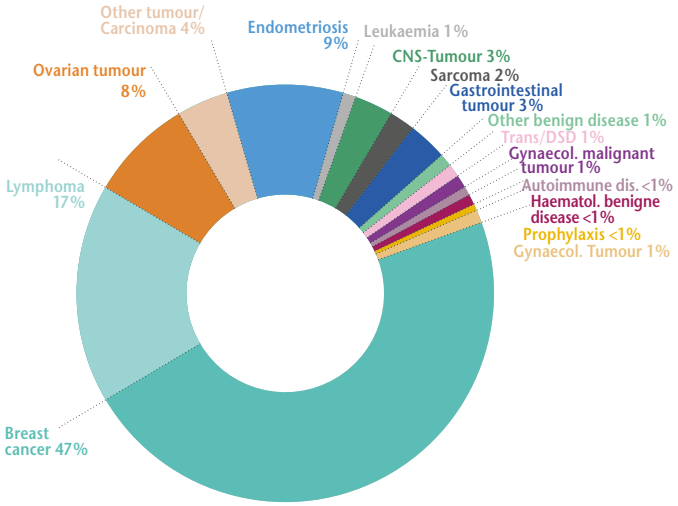
Approximately half of the individuals counselled decide to undergo ovarian stimulation and/or cryopreservation of ovarian tissue. Examination of the numerical development of these two interventions highlights the opposing trend already described in the previous figure.

Ovarian Tissue Cryopreservation – Age Groups, 2015 – 2024

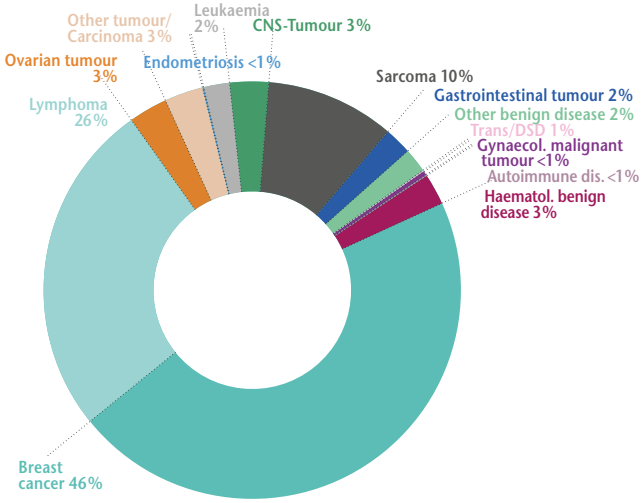


The figure represents a correction of the presentation in last year's annual report, extended to include the year 2024. It illustrates the preferred use of the method in the age group ≤ 35 years.

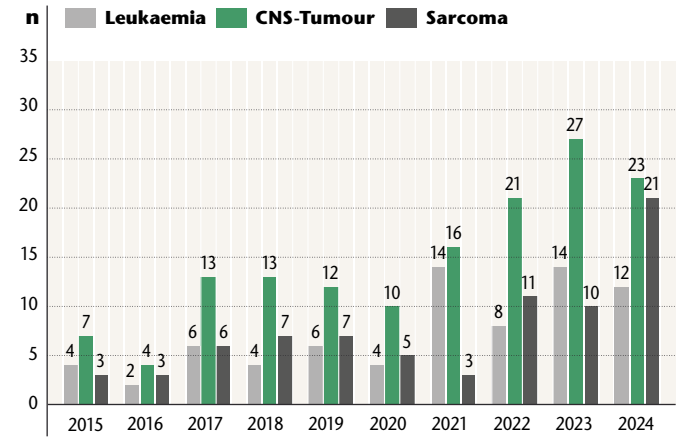
Underlying Conditions and Interventions: Ovarian Stimulation, 2024



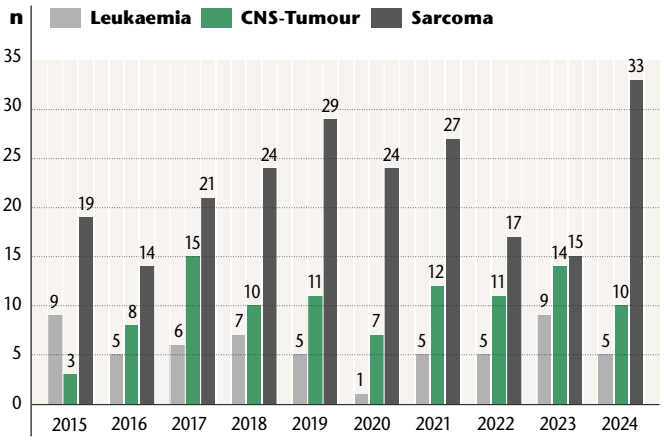
Underlying Conditions and Interventions: Ovarian Tissue Cryopreservation, 2024



Leukaemia, CNS-Tumour, Sarcoma – Intervention: Ovarian Stimulation, 2015–2024

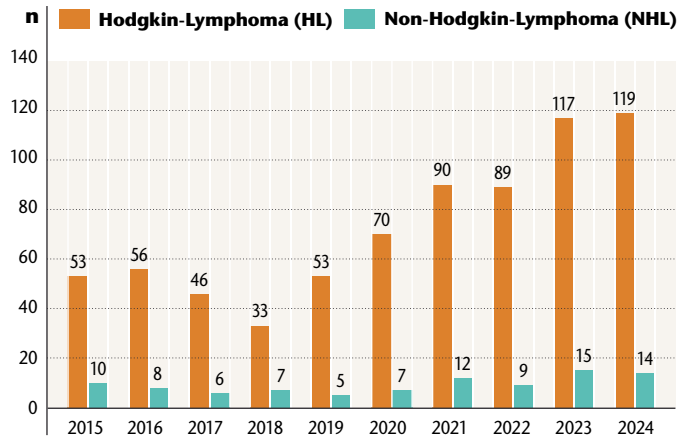


Leukaemia, CNS-Tumour, Sarcoma – Intervention: Ovarian Tissue Cryopreservation, 2015–2024

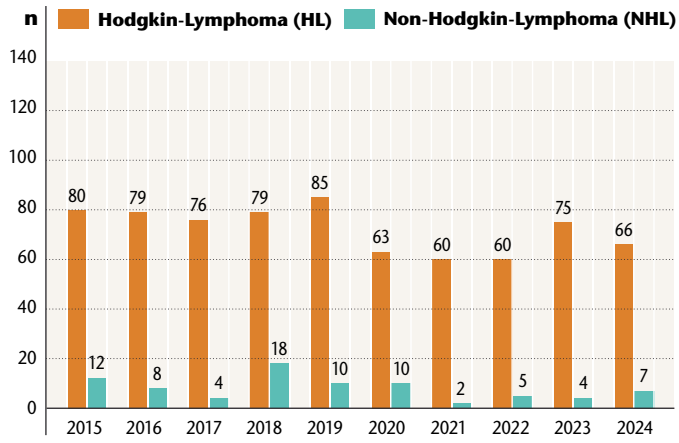


Both figures demonstrate, using the indications of leukaemia, CNS tumour, and sarcoma, in which even with comparatively low case numbers - relative to breast cancer - stimulation is still generally preferred. However, sarcoma, among these conditions, is a particularly frequent indication for ovarian tissue cryopreservation.

HL and NHL – Intervention: Ovarian stimulation, 2015–2024



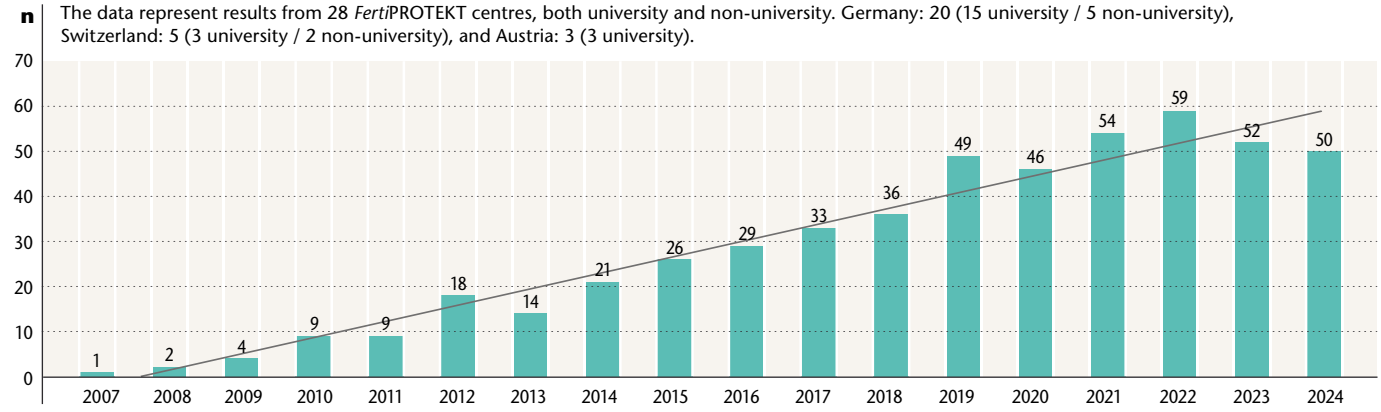
HL and NHL – Intervention: Ovarian Tissue Cryopreservation, 2015–2024



Consistent with these two conditions (reflecting differences in age distribution of incidence, etc.), the number of fertility-preserving interventions is higher in Hodgkin lymphoma (HL).

Number of Ovarian Tissue Transplantations, 2007–2024

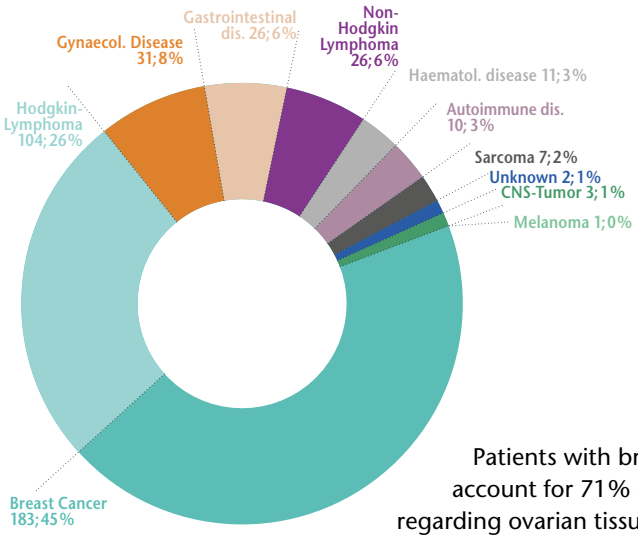
FertiPROTEKT Netzwerk für fertilitätsprotektive Maßnahmen



Since approximately 2019, the number of documented ovarian tissue transplantations per year has plateaued.

Underlying Conditions of Patients Undergoing Transplantation

FertiPROTEKT Netzwerk für fertilitätsprotektive Maßnahmen



Patients with breast cancer or Hodgkin lymphoma account for 71% of all documented indications regarding ovarian tissue transplantation.

Patient Baseline Data

FertiPROTEKT Netzwerk für fertilitätsprotektive Maßnahmen

	TX (n)	Pat (n)	Ø age at cryo (years)	Ø age TX (years)	Ø storage time	Ø AMH (ng/ml)
Total	512	403	30.7 14-44	36.3 23-47	5.6 0-21	2.3 0.2-15.0
ONT	261*	205	31 15-44	36.5 23-47	5.5 0-20	2.6 0.2-15.0
no ONT	244*	192	30.4 14-42	36.3 23-46	5.8 0-21	2 0.2-8.3

1TX, n=300 (74,4%)
2TX, n=97 (24,1%)
3TX, n=6 (1,5%)

	TX peritoneum	TX ovary	TX combined	TX heterotopic
n	476	15	19	2
%	93.0%	2.9%	3.7%	0.4%

**) 7 information not provided*
TX = Transplantation
Pat = Patient
ONT = Overnight transport of tissue before cryopreservation
n = number

Success Rates Following Ovarian Tissue Transplantation

FertiPROTEKT Netzwerk für fertilitätsprotektive Maßnahmen

		endocrine activity (n/%)		POI before TX (n/%)		no POI before TX (n/%)		not provided (n/%)	
Total	**TX**	372	72.7%	225	60.6%	116	31.2%	31	
	Pat	307	76.2%	**		**		**	
ONT	**TX**	202	77.4%	117	58.2%	69	34.2%	16	
	Pat	167	81.5%	**		**		**	
no ONT	**TX**	166	68.0%	107	64.5%	45	27.1%	14	
	Pat	137	71.4%	**		**		**	

		pregnancies (n/%)		spontaneous conception (n/%)		Following IVF or ICSI (n/%)		not provided (n/%)	
Total	**TX**	155	30.3%	75	48.4%	52	33.5%	28	18.1%
	Pat	125	31.0%	***		***		***	
ONT	**TX**	82	31.4%	35	42.7%	36	43.9%	11	13.4%
	Pat	65	31.7%	***		***		***	
no ONT	**TX**	72	29.5%	40	55.6%	16	22.2%	16	22.2%
	Pat	59	30.7%	***		***		***	

		births (n/%)		ongoing pregnancy (n/%)		Recurrences after TX (n/%)	
Total	**TX**	94	18.4%	14	2.7%		
	Pat	83	20.6%	13	3.2%	12	3.0%
ONT	**TX**	52	19.9%	9	3.4%		
	Pat	46	22.4%	8	3.9%	10	4.9%
no ONT	**TX**	41	16.8%	5	2.1%		
	Pat	36	18.7%	5	2.6%	2	1.1%

The recurrence rate among all transplanted patients is 2.3% (n = 12).

***) Cannot be determined, as the onset of endocrine activity varies in patients with multiple transplantations.*
****) Cannot be determined, as the onset of pregnancy varies in patients with multiple pregnancies.*

Success Rates Following Ovarian Tissue Transplantation Across Different Age Groups

FertiPROTEKT Netzwerk für fertilitätsprotektive Maßnahmen

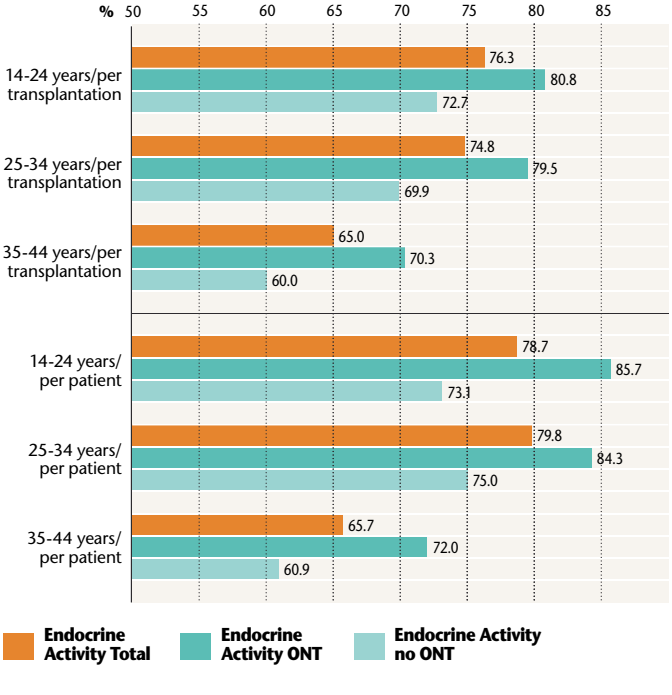
age groups in years				endocrine activity (n/%)		pregnancies (n/%)		births (n/%)		ongoing pregnancies (n/%)	
14-24	Total	TX	**59**	45	76.3%	20	33.9%	13	22.0%	3	5.1%
		Pat	47	37	78.7%	18	38.3%	12	25.5%	3	6.4%
	ONT	TX	26	21	80.8%	11	42.3%	7	26.9%	2	7.7%
		Pat	21	18	85.7%	9	42.9%	6	28.6%	2	9.5%
	no ONT	TX	**33**	24	72.7%	9	27.3%	6	18.2%	1	3.0%
		Pat	26	19	73.1%	9	34.6%	6	23.1%	1	3.8%
25-34	Total	TX	330	247	74.8%	111	33.6%	68	20.6%	9	2.7%
		Pat*	257	205	79.8%	84	32.7%	58	22.6%	8	3.1%
	ONT	TX	171	136	79.5%	60	35.1%	37	21.6%	6	3.5%
		Pat	134	113	84.3%	45	33.6%	32	23.9%	5	3.7%
	no ONT	TX	156	109	69.9%	51	32.7%	31	19.9%	3	1.9%
		Pat	120	90	75.0%	39	32.5%	26	21.7%	3	2.5%
35-44	Total	TX	123	80	65.0%	24	19.5%	13	10.6%	2	1.6%
		Pat**	99	65	65.7%	23	23.2%	13	13.1%	2	2.0%
	ONT	TX	64	45	70.3%	11	17.2%	8	12.5%	1	1.6%
		Pat	50	36	72.0%	11	22.0%	8	16.0%	1	2.0%
	no ONT	TX	55	33	60.0%	12	21.8%	4	7.3%	1	1.8%
		Pat	46	28	60.9%	11	23.9%	4	8.7%	1	2.2%

**) 4 information not provided **) 3 information not provided*

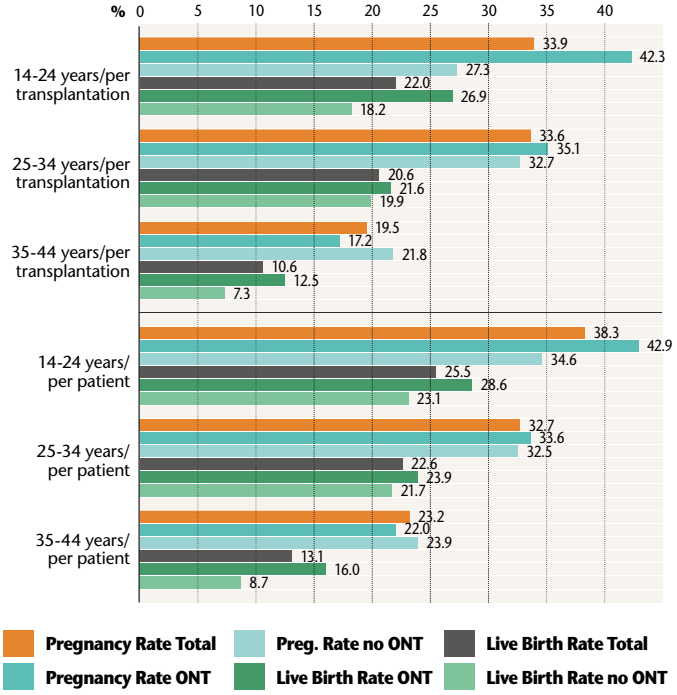
Graphical Representation of Success Rates Following Ovarian Tissue Transplantation Across Different Age Groups

FertiPROTEKT Netzwerk für fertilitätsprotektive Maßnahmen

Endocrine Activity



Pregnancy And Live Birth Rates



ONT = Overnight transport of tissue before cryopreservation, TX = Transplantation, Pat = Patient, n = Number

As in previous statistics, the age group <35 years benefits most from transplantation (at the time of cryopreservation).

No relevant differences were observed in pregnancy and live birth rates after transplantation between overnight-transported (ONT) and non-overnight-transported tissue. When summarised across all age groups at the time of cryopreservation (note: no births occurred in patients >38 years!), both outcome parameters per transplantation are 29.5 % and 18.4 %, respectively, and per patient 31.0 % and 20.6 %, respectively.

DERI | Deutsches Register für Insemination

Since 2023, the German Insemination Registry (DERI), which is part of the Donor Insemination Working Group, has been collecting and publishing data on homologous (IUI-H) and heterologous insemination (IUI-D) from the centers that have joined DERI for the third year. In addition to the standard analyses and pregnancy rates relative to age, which are also used in daily practice for patient counseling, we are also presenting exciting special analyses this year. We thank Merck Healthcare Germany for its financial support and the 48 currently actively participating centers. We encourage all other German centers that are not yet participating to also participate!

With best regards,
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Dr. phil. Petra Thorn, Mörfelden,
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Overview IUI-H Cycles 2019–2024 – CoD April 16th, 2025

DERI | Deutsches Register für Insemination

Year	2019	2020	2021	2022	2023	2024
Registry Participants IUI-H	39	43	44	44	47	48
Recorded Cycles IUI-H	12,242	13,484	14,411	15,241	15,563	16,718
Number of Patients IUI-H	5,623	5,825	6,163	6,646	7,146	7,563
Avg. Patient Age IUI-H	34.2	34.1	34.2	34.0	34.0	34.1
Inseminations IUI-H	10,647	10,859	11,901	12,998	13,971	14,656
Clinical Pregnancies IUI-H	983	1,062	1,135	1,251	1,441	1,507
Clin. Pregn. / Inseminations % IUI-H	9.3	9.8	9.6	9.7	10.3	10.3
Miscarriages IUI-H	184	215	207	271	264	
Miscarriages / Clin. Pregn. % IUI-H	18.7	20.2	18.2	21.7	18.3	
Births IUI-H	637	625	689	729	871	
Births / Inseminations % IUI-H	6.0	5.8	5.8	5.6	6.3	
Singletons / Births % IUI-H	93.6	94.2	95.2	95.6	96.0	
Twins / Births % IUI-H	6.0	5.6	4.6	4.3	3.9	
Number of Children IUI-H	681	663	723	762	908	

Overview IUI-D/AID-Cycles 2019–2024 – CoD April 16th, 2025

DERI | Deutsches Register für Insemination

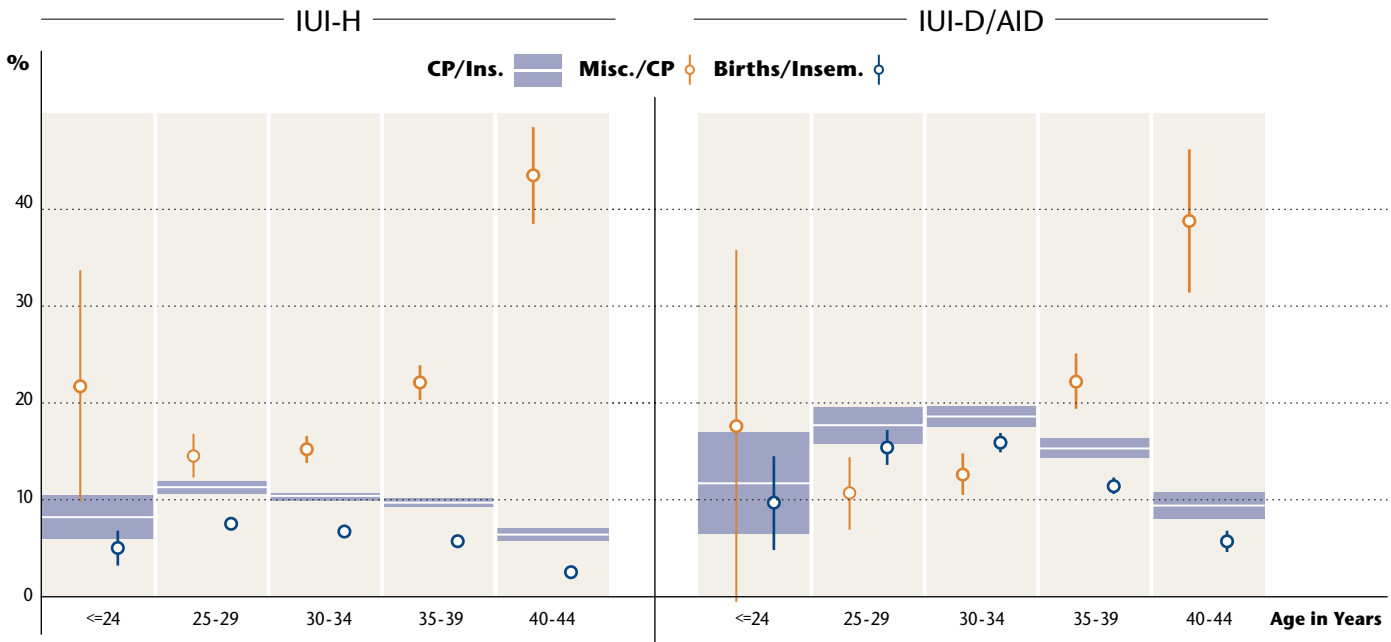
Year	2019	2020	2021	2022	2023	2024
Registry Participants IUI-D/AID	34	43	44	45	47	47
Recorded Cycles IUI-D/AID	2,591	3,135	3,567	4,032	3,800	3,900
Number of Patients IUI-D/AID	1,033	1,233	1,445	1,728	1,741	1,872
Avg. Patient Age IUI-D/AID	34.6	34.7	34.8	34.6	34.7	35.0
Inseminations IUI-D/AID	2,242	2,517	2,750	3,147	3,137	3,173
Clinical Pregnancies IUI-D/AID	311	386	419	521	553	505
Clin. Pregn. / Inseminations % IUI-D/AID*	13.9	15.4	15.3	16.6	17.7	16.0
Miscarriages IUI-D/AID	62	69	74	102	89	
Miscarriages / Clin. Pregn. % IUI-D/AID	19.9	17.9	17.7	19.6	16.1	
Births IUI-D/AID	245	308	333	409	446	
Births / Inseminations % IUI-D/AID*	11.0	12.3	12.1	13.0	14.2	
Singletons / Births % IUI-D/AID	94.7	95.8	96.7	95.6	98.2	
Twins / Births % IUI-D/AID	5.3	4.2	2.7	4.4	1.8	
Number of Children IUI-D/AID	258	321	346	427	454	

**) Adjusted by unknown outcomes.*

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2019–2023

Plausible Cycles – CoD April 16th, 2025

DERI Deutsches Register für Insemination



	<=24	25-29	30-34	35-39	40-44	<=24	25-29	30-34	35-39	40-44	
n	570	8,289	24,036	21,152	5,940	146	1,481	4,980	5,333	1,752	Insem.
%	8.2	11.3	10.3	9.7	6.4	11.7	17.7	18.6	15.3	9.4	CP/Insem.
%	21.7	14.5	15.2	22.1	43.5	17.6	10.7	12.6	22.2	38.8	Misc./CP
n	28	622	1,560	1,195	146	14	228	790	609	100	Births
%	5.0	7.5	6.5	5.7	2.5	9.7	15.4	15.9	11.4	5.7	Births/Ins.

In women aged 45 and older, 388 inseminations resulted in three pregnancies, three miscarriages, and thus no birth.

In women aged 45 and older, 101 inseminations took place, resulting in four pregnancies, three miscarriages and one unknown pregnancy outcome.

IUI-D/AID: Development and Distribution of the Main Indications – Lesbian Couple, Single Woman, and All Others 2018–2024

Plausible Cycles – CoD April 16th, 2025

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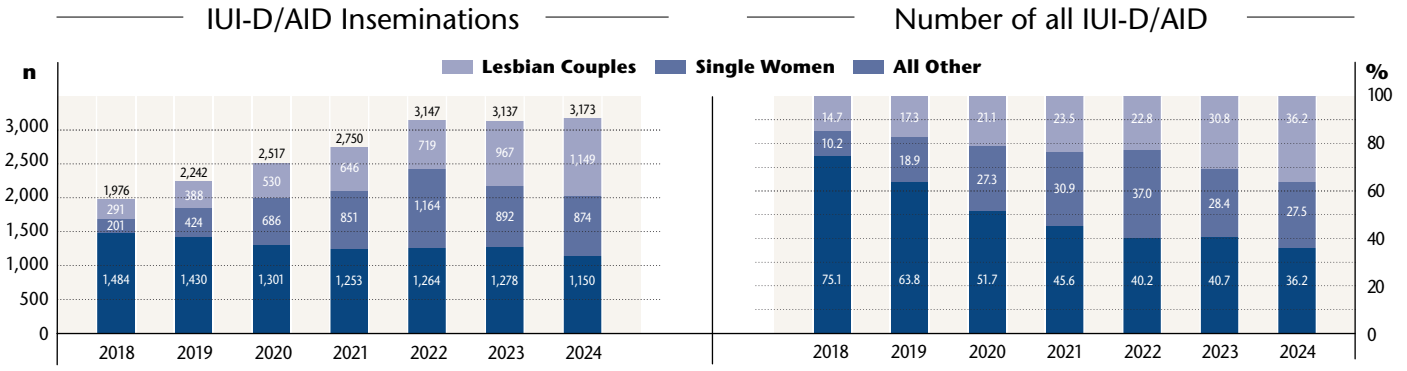


Years, values presented as n and %	2018	2019	2020	2021	2022	2023	2024
Number of IUI-D/AID Insem.for Lesbian Couples	291/14.7%	388/17.3%	530/21.1%	646/23.5%	719/22.8%	967/30.8%	1,149/36.2%
Number of IUI-D/AID Insem. for Single Women	201/10.2%	424/18.9%	686/27.3%	851/30.9%	1,164/37.0%	892/28.4%	874/27.5%
Number of all other IUI-D/AID Inseminations	1,484/75.1%	1,430/63.8%	1,301/51.7%	1,253/45.6%	1,264/40.2%	1,278/40.7%	1,150/36.2%

Clinical Pregnancy Rates depending on Stimulation 2020–2024

DERI Deutsches Register für Insemination

Plausible Cycles – CoD April 16th, 2025

Planned Treatment IUI-H

	Only recFSH	Only hMG	Only recFSH and recLH	Only Clomiphene	Only Letrozole	Antiestrogen + Gonadotropin	Total*	IUI-H purely natural cycle
Stimulations (n)	10,662	788	1,563	13,270	6,904	2,110	37,983	
Inseminations (n)	9,529	678	1,388	11,452	6,044	1,879	33,739	30,646
Inseminations (%)	89.4	86.0	88.8	86.3	87.5	89.1	88.8	
CP (n)	1,376	58	221	917	705	232	3,770	2,626
CP/Insem. (%)	14.5	8.6	16.0	8.0	11.7	12.3	11.2	8.6
CP/Stim. (%)	12.9	7.4	14.1	6.9	10.2	11.0	9.9	
Ø-Age of the Patient	33.6	36.5	34.6	33.7	33.3	33.5	33.7	34.4
Multiple Birth Rate (2020-2023)	9.4	0.0	8.2	6.3	3.4	1.8	6.8	1.3

Planned Treatment IUI-D/AID

	Only recFSH	Only hMG	Only recFSH and recLH	Only Clomiphene	Only Letrozole	Antiestrogen + Gonadotropin	Total*	IUI-D/AID purely natural cycle
Stimulations (n)	2,323	327	171	2,394	928	433	7,054	
Inseminations (n)	1,961	290	160	2,063	792	293	5,634	9,090
Inseminations (%)	89.3	89.3	93.0	87.2	88.9	67.7	88.4	
CP (n)	390	43	31	263	124	49	912	1,472
CP/Insem. (%)	19.9	14.8	19.4	12.8	15.8	16.7	16.2	16.3
CP/Stim. (%)	16.8	13.1	18.1	11.0	13.4	11.3	12.9	
Ø-Age of the Patient	34.7	38.4	36.3	34.4	33.7	34.2	34.6	34.8
Multiple Birth Rate (2020-2023)	9.8	0.0	0.0	6.0	1.3	9.4	6.7	1.2

**) Total includes only cycles with documented stimulation start dates, this also includes "not specified" and "other" cycles such as only recFSH and hMG, only long-acting recFSH, only hrFSH, uFSH, uFSH and hMG, etc.*

Clinical Pregnancy Rates at the Top Ten Centers 2022–2024

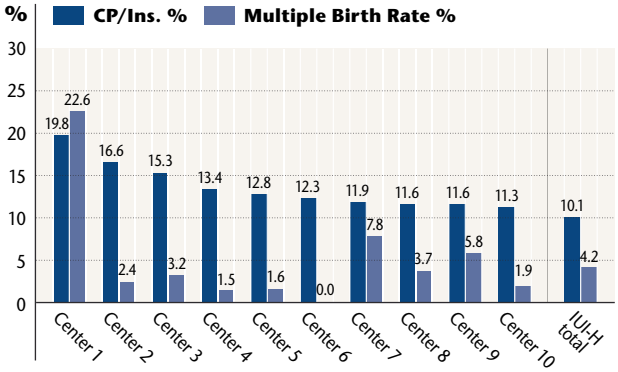
DERI Deutsches Register für Insemination

Plausible Data, Inseminations per Center > 100 – CoD April 16th, 2025

Treatment Performed IUI-H

Total	ø Age	Ins. (n)	CP (n)	CP(%)	Stimulation Cycles (%)	MBR (%) 2022-2023
Center 1	34.7	1,192	236	19.8	77.4	22.6
Center 2	33.2	531	88	16.6	53.9	2.4
Center 3	33.3	892	135	15.3	90.0	3.2
Center 4	34.6	1,307	175	13.4	77.1	1.5
Center 5	33.2	857	110	12.8	30.1	1.6
Center 6	32.6	513	63	12.3	74.3	0.0
Center 7	35.2	933	111	11.9	80.4	7.8
Center 8	32.4	430	50	11.6	74.0	3.7
Center 9	35.5	1,212	140	11.6	46.0	5.8
Center 10	33.1	847	96	11.3	98.5	1.9
IUI-H total	**34.0**	**41,626**	**4,199**	**10.1**	**52.8**	**4.2**

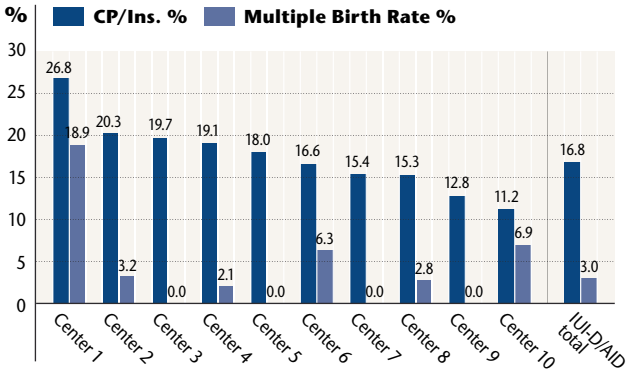
IUI-H: Top-Ten CP/Insemination 2022–2024, supplemented by Multiple Birth Rate 2022–2023



Treatment Performed IUI-D/AID

Gesamt	ø Age	Ins. (n)	CP (n)	CP(%)	Stimulation Cycles (%)	MBR (%) 2022-2023
Center 1	34.9	332	89	26.8	55.7	18.9
Center 2	36.0	338	66	20.3	40.5	3.2
Center 3	34.3	381	75	19.7	8.7	0.0
Center 4	35.6	393	75	19.1	71.0	2.1
Center 5	34.9	457	82	18.0	30.0	0.0
Center 6	32.9	385	64	16.6	67.8	6.3
Center 7	34.2	540	83	15.4	12.0	0.0
Center 8	36.1	1,269	194	15.3	25.7	2.8
Center 9	34.9	314	40	12.8	10.2	0.0
Center 10	33.9	440	49	11.2	55.7	6.9
IUI-D/AID total	**34.8**	**9,459**	**1,581**	**16.8**	**36.2**	**3.0**

IUI-D/AID: Top-Ten CP/Insemination 2022–2024, supplemented by Multiple Birth Rate 2022–2023



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