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FOR IMMEDIATE RELEASE:

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Note to Editors: A press conference organized by the American Society for Reproductive Medicine is scheduled for 9:30 a.m. ET, Tuesday Oct. 19, at the Philadelphia Convention Center. To attend, call Sean Tipton at 215-418-2161.

**EXPERT PANEL OFFERS PRELIMINARY REPORT ON HEALTH EFFECTS OF
ASSISTED REPRODUCTIVE TECHNOLOGIES**

Twenty-five years after the birth of the first IVF baby, there remain many unanswered questions about the health and well-being of babies born following IVF. While research exploring health outcomes for IVF has increased substantially over the last decade, differences in study design and study conclusions have sometimes led to conflicting conclusions and to confusion among patients, providers and the public. To clarify what is known and what gaps remain, Kathy Hudson, Ph.D., director of the Genetics and Public Policy Center at The Johns Hopkins University, with funding from The Pew Charitable Trust, convened an expert panel to address whether IVF babies are at increased risk for adverse health outcomes.

The panel, co-sponsored by the American Academy of Pediatrics and the American Society for Reproductive Medicine, conducted a systematic review of studies published in the medical literature that reported on malformations and genetic anomalies, cancer, psychosocial and developmental outcomes, and health outcomes beyond one year. In addition, for neonatal outcomes, including premature birth, low birth weight and perinatal mortality, the panel considered a recent systematic review and metanalysis.

So far, their systematic review of relevant published data on the health of children born following in vitro fertilization (IVF) finds no evidence to support increased risk of most malformations, cancer or impaired psychosocial development. However, singleton IVF babies are at increased risk for low birth weight, prematurity and perinatal mortality.

There is a tenfold increase in multiple births following IVF compared to the overall population (32 percent and 3 percent respectively), and multiple births are at higher risk for adverse neonatal outcomes. However, multiple births following IVF are not at increased risk compared to naturally conceived multiple births.

The panel also identified a number of gaps in existing knowledge and is developing recommendations for well-designed research and surveillance efforts, recommendations for clinicians, including what information should be provided to patients, and recommendations for public policy.

The panel's preliminary findings will be presented at the American Society for Reproductive Medicine meeting in Philadelphia on Oct. 19 and at the American Society of Human Genetics meeting in Toronto on Oct. 27.

The Panel members are:

Steven Goodman, M.D., M.H.S., Ph.D., Chair

Associate Professor of Oncology, Pediatrics, Epidemiology, and Biostatistics
Department of Oncology, Division of Biostatistics
Johns Hopkins School of Medicine

Michael Bracken, Ph.D., M.P.H.

Susan Dwight Bliss Professor of Epidemiology and Obstetrics and Gynecology
Center for Perinatal, Pediatric and Environmental Epidemiology
Yale School of Public Health and Yale School of Medicine

Marcelle Cedars, M.D.

Director

Division of Reproductive Endocrinology and the Infertility and Embryology Laboratory,
University of California, San Francisco

Judith Hall, M.D.

Professor of Pediatrics and Medical Genetics
University of British Columbia & Children's and Women's Health Centre of BC
Department of Pediatrics
BC's Children's Hospital

James Mills, M.D., M.S.

Chief, Pediatric Epidemiology Section
DESPR

National Institute of Child Health and Human Development
National Institutes of Health

Joe Leigh Simpson, M.D.

Chairman and Professor, Department of Obstetrics and Gynecology
Professor, Department of Molecular and Human Genetics

Baylor College of Medicine

Arnold Strauss, M.D.
James C. Overall Professor and Chairman
Department of Pediatrics
Vanderbilt University Medical Center

Review Director

Karen Robinson, M.Sc.
Johns Hopkins University

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