

# **Time-Lapse Analysis and Morphokinetic Evaluation of Fresh vs. Vitriified/Warmed Oocytes, Including Donor and Explorative Sibling Oocyte Cycles**

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## **DECLARATION**

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## SUMMARY

**BACKGROUND:** Infertility is defined as a disorder of the reproductive system whereby there is failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. The primary objective of Assisted Reproductive Technologies (ART) is to implement fertilization in instances where corrective therapy for male or female patients cannot yield fertilization. During the past three decades infertility has become more prevalent. In addition to this, the commercialized world has experienced a trend of women conceiving their first-born within their later reproductive years. This trend of delaying motherhood has thus led to the common use of oocyte vitrification protocols, which have become increasingly robust over the years. The validation of the oocyte vitrification protocol essentially came from the comparison of fresh versus vitrified/warmed oocytes and how they succeeded in *in vitro* fertilization (IVF)/intracytoplasmic sperm injection (ICSI) outcomes. It was reported that there were no differences in fertilization rates, implantation rate and pregnancy rates when comparing fresh vs. vitrified/warmed oocytes. Furthermore, there is a trend towards implementing morphokinetic analyses to examine the comparisons between fresh and vitrified/frozen oocytes. With the rapid progression in technology within the ART field of medicine, time lapse systems (TLS) presents an extremely unique and promising tool for improving embryo selection. Improvement of embryo selection will only advocate for the production of clinic-specific embryo kinetic models for prediction of success. The more models of embryo selection we create, the more we may understand whether an optimal morphokinetic profile exists.

**AIMS: Primary aim:** To investigate the comparison with fresh and vitrified/warmed oocytes, using TLS imaging, as well as creating a normative range to reference the classification of future embryo developments.

**Secondary aim:** To investigate the embryo development time lapse (TL) time points of sibling oocytes of patients having both fresh and vitrified oocytes used for treatment in the same insemination cycle.

**MATERIALS AND METHODS:** Retrospective study conducted from 2013 to 2017 at Wijnland Fertility Clinic on de-identified, aggregated TL patient oocyte and embryo development data. Data was filtered according to exclusion and inclusion criteria. Statistical analysis rendered descriptive statistics, quantile (median) regression tests, TOST tests, and matched design linear regression model tests.

**RESULTS:** Results indicated an overall delay in time points and durations between time-points for the vitrified/warmed oocyte population, when compared to their fresh counterparts. Using the quantile (median) regression model, it was found that almost all vitrified/warmed timings were slower than their fresh counterparts ( $p < 0.05$ ), whereby t5 ( $p = 0.068$ ; 95% CI) and t9 ( $p = 0.106$ ; 95% CI) were not. Using the TOST method, it was found that at the 5% level of equivalence, no time points showed equivalence ( $p < 0.05$ ; 90% CI; 5%). It was found at the 10% level that there was significant non-equivalence for time points tPB2, tPNa, t2, t4, t6, t8, tSC, tSB, tB and tHB ( $p < 0.05$ ; 90% CI; 10%). This indicated that for the times stated for non-equivalence there was a delay in timings within the vitrified/warmed oocyte population. Conversely, also at the 10% level, it was found that there was significant equivalence for time points tPNf, t3, t5, t7, t9+ and tEB ( $p < 0.05$ ; 90% CI; 10%). This indicated that for the time points stated there was no statistically significant difference in timings with regards to the fresh

and vitrified/warmed oocyte population. Lastly, for the sibling oocyte study, there were no consistent patterns found. This was due to the small population size (n=57).

**CONCLUSION:** In conclusion, this study showed that there was a statistically significant overall delay within the timings for vitrified/warmed oocytes when compared to their fresh counterparts. The most statistically significant findings within this study include the delayed vitrified/warmed oocyte time points for tPNa, t2, t4, t8, tSC, tSB and tHB ( $p < 0.05$ ). The most significant clinical finding of this study was the assumption that vitrified/warmed oocytes undergo mitochondrial stress post warming and requires 2-3 hours of culture in order to reboot the cellular machinery to full operating potential. As a result of this assumption it was suggested that vitrified/warmed oocytes exhibit a 1-hour insemination delay in order to give opportunity for mitochondrial recovery post warming. Another crucial finding was that there was a total delay in the vitrified/warmed oocyte population of 8,53 hours, which could lead to the assumption that even though there was a statistically significant lag exhibited within the vitrified/warmed oocyte population, this is most probably not of clinical significance.



## OPSOMMING

**AGTERGROND:** Infertiliteit word gedefinieer as ‘n afwyking van die voortplantingsstelsel, waar daar versuim word om ‘n kliniese swangerskap te behaal na ‘n periode van 12 maande of langer met gereelde onbeskermdede seksuele omgang. Die primêre doelwit van Geassisteerde Reproductiewe Tegnologie (ART) is om bevrugting te bewerkstellig in gevalle waar natuurlike bevrugting onsuksesvol is. In die afgelope drie dekades het die voorkoms van infertiliteit wêreldwyd betekenisvol toegeneem. Studies, in eerste-wêreld lande, toon dat al hoe meer vrouens uitstel om ‘n familie te begin tot later in hul voorplantingsjare. Hierdie tendens, in terme van vertraging van moederskap, het dus gelei tot die algemene gebruik van oösië preservingstegnieke. Die sukses en waarde van oösië preservingstegnieke en -metodes is bevestig deur die uitkoms van in vitro bevrugting/intrasitoplasmatische sperm inspuiting [IVB/ICSI] sukses tussen vars oösië en gevriesde/ontdooide oösië siklusse te vergelyk. Hierdie studies toon dat daar geen verskille in die bevrugtings-, implanterings- en swangerskapsyfer is, wanneer vars met gevriesde/ontdooide oösië te vergelyk word nie. Daar is huidige ook ‘n neiging om die implementering van morfokinetiese analise te gebruik om die vergelyking van vars en gevriesde/ontdooide oösië te ondersoek. Die toename in tegnologiese verwikkelinge binne die mediese ART veld, dui “time lapse systems” (TLS) aan as ‘n unieke en belowende hulpmiddel vir die verbetering van embrioseleksie. Die beskikbare TLS morfokinetiese data kan lei tot beter embrioseleksie. Kliniek spesifieke TLS morfokinetiese modelle kan moontlik gebruik word vir beter voorspelling van ART sukses. Die ontwikkeling van verskeie verskillende TLS modelle van embrio seleksie, sal toenemend beter insig gee in terme van ‘n optimale morfokinetiese profiel.

**DOELWITTE:** Primêre doelwit: Om die verskil tussen vars en gevriesde/ontdooide oösië ontwikkeling te ondersoek deur gebruik te maak van TLS morfokinetiese beelde; en ook om verwysingsdata wat normale waardes identifiseer as verwysing en klasifikasie vir toekomstige embriostudies uit te wys.

Sekondêre doelwit: Om TL morfokinetiese tydpunte van geneties verwante oösië van pasiënte wat beide vars en gevriesde/ontdooide oösië gebruik het vir behandeling in dieselfde inseminasie siklus, te ondersoek.

**MATERIALE EN METODES:** Retrospektiewe studie op anonieme, saamgevoegde TL pasiënt oösië en embrio ontwikkelingsdata vanaf 2013 tot 2017 by Wijnland Fertilitetskliniek. Die data is gefiltreer volgens die uitsluitings- en insluitingskriteria voor statistiese analise. Statistiese analise het beskrywende statistiek, kwantielverhouding (mediaan) toetse, TOST toetse, asook ooreenstemmende ontwerp lineêre regressie model toetse ingesluit.

**RESULTATE:** Die resultate van die studie het ‘n algemene vertraging in tydpunte en tydsverloop tussen verskeie tydperiodes vir die gevriesde/ontdooide oösië populasie in vergelyking met die vars oösië populasie aangedui.

Die statistiese kwantielverhouding (mediaan) regressie model het bevind dat amper alle gevriesde/ontdooide oösië tydpunte stadiger was as die vars oösië tydpunte ( $p < 0.05$ ), uitsluitend t5 ( $p = 0.068$ ; 95% CI) en t9 ( $p = 0.106$ ; 95% CI). Die TOST metode het bevind dat by ‘n 5% vlak van ekwivalensie, geen tydpunt ekwivalent ( $p < 0.05$ ; 90% CI; 5%) was nie. Daar was egter bevind dat by die 10% vlak van ekwivalensie, daar beduidende nie-ekwivalensie was vir die volgende tydpunte: tPB2, tPNa, t2, t4, t6, t8, tSC, tSB, tB en tHB ( $p < 0.05$ ; 90% CI;

10%). In gevalle van nie-ekwivalensie was daar dus 'n vertraging in die tydpunte van die gevriesde/ontdooide oösiet populasie. Daar was egter ook beduidende ekwivalensie by die 10% vlak vir sekere tydpunte: tPNf, t3, t5, t7, t9+ en tEB ( $p < 0.05$ ; 90% CI; 10%) wat aandui dat vir hierdie tydpunte daar geen beduidende verskil was tussen vars en gevriesde/ontdooide oösiet populasies nie. Ten slotte, vir die geneties verwante oösiet pasiënt groep was daar geen betroubare uitkomst nie omdat die groep te klein was vir betroubare statistiese ontleding ( $n=57$ ).

**GEVOLGTREKKING:** Die navorsing dui daarop daar 'n algemene, statistiese beduidende vertraging van die morfokinetiese TL tydpunte vir gevriesde/ontdooide oösiete is wanneer dit vergelyk word met vars oösiet tydpunte. Veral beduidend was die vertraging van gevriesde/ontdooide tydpunte; tPNa, t2, t4, t8, tSC, tSB en tHB ( $p < 0.05$ ). Van kliniese waarde is die moontlikheid dat die vertraging in tydpunte van gevriesde/ontdooide oösiete daarop dui dat hierdie oösiete mitokondriale spanning na ontdooing ondervind en dus 2-3 uur langer in kultuur gehou moet word om sellulêre meganismes tot hul volle potensiaal te aktiveer en te laat herstel. As gevolg van dié aanname, word daar voorgestel dat gevriesde/ontdooide oösiete 'n 1-uur inseminasie vertraging vergun moet word; om die geleentheid te bied vir mitochondriale herstelling na ontdooing.

Die bevinding dat daar 'n algehele vertraging van 8,53 uur in embrioontwikkeling was in die gevriesde/ontdooide oösiet populasies was statisties beduidend, maar heel moontlik nie van kliniese belang nie.

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**LIST OF ABBREVIATIONS**

<b>Abbreviation</b>	<b>Meaning</b>
<b>1PN</b>	Presence of one pronucleus
<b>2PN</b>	Presence of two pronuclei
<b>3PN</b>	Presence of three pronuclei
<b>AI</b>	Artificial insemination
<b>AMA</b>	Advanced maternal age
<b>ART</b>	Assisted reproductive technologies
<b>CI</b>	Confidence interval
<b>CLBR</b>	Cumulative live birth rate
<b>CO<sub>2</sub></b>	Carbon dioxide
<b>COC</b>	Cumulus oocyte complex
<b>CPA</b>	Cryoprotective agents
<b>CPR</b>	Clinical pregnancy rate
<b>DC</b>	Direct cleavage
<b>DCM</b>	Distorted cytoplasmic movements
<b>DMSO</b>	Dimethyl sulfide oxide
<b>DNA</b>	Deoxyribonucleic acid
<b>DUC</b>	Direct uneven cleavage
<b>ECC1</b>	Duration of first cell cycle
<b>ECC2</b>	Duration of second embryo cell cycle
<b>ECC3</b>	Duration of third embryo cell cycle
<b>ET</b>	Embryo transfer
<b>FET</b>	Frozen embryo transfer
<b>HA</b>	Hyaluronic acid
<b>HREC</b>	Health Research Ethics Council
<b>ICSI</b>	Intracytoplasmic sperm injection
<b>IMSI</b>	Intracytoplasmic morphologically selected sperm injection
<b>IR</b>	Implantation rates
<b>IUI</b>	Intra-uterine sperm injection
<b>IVF</b>	<i>In vitro</i> fertilization
<b>KID-</b>	Known non-implantation data
<b>KID+</b>	Known implantation data
<b>LBR</b>	Live birth rate
<b>LN<sub>2</sub></b>	Liquid nitrogen
<b>MINC</b>	Brand-named microprocessor controlled, gassed, and humidified incubator
<b>N<sub>2</sub></b>	Nitrogen
<b>NaCl</b>	Sodium Chloride
<b>NS</b>	Not significant
<b>O<sub>2</sub></b>	Oxygen
<b>OHSS</b>	Ovarian hyperstimulation syndrome
<b>PGT-a</b>	Preimplantation genetic testing for aneuploidy
<b>PGT-m</b>	Preimplantation genetic testing
<b>PGT-sr</b>	Preimplantation genetic testing
<b>pH<sub>e</sub></b>	External pH
<b>pH<sub>i</sub></b>	Internal pH
<b>PICSI</b>	Physiological intracytoplasmic sperm injection



<b>PN</b>	Pronuclei
<b>PROH</b>	Propanediol
<b>RC</b>	Reverse cleavage
<b>RCT</b>	Randomized control trial
<b>RICSI</b>	Rescue intracytoplasmic sperm injection
<b>s2</b>	Synchronization of cell divisions
<b>s3</b>	Synchronization of cleavage pattern
<b>SF</b>	Slow-freezing
<b>SOP</b>	Standard operating procedure
<b>SR</b>	Survival rate
<b>t0 – 9+</b>	Time points from one cell to nine plus cells
<b>tB</b>	Time to blastulation
<b>tHB</b>	Time to blastocyst hatching
<b>TL</b>	Time-lapse
<b>TLS</b>	Time-lapse system
<b>tM</b>	Time to morula
<b>tPB2</b>	Time of second polar body appearance/extrusion
<b>tPNa</b>	Time to polar nuclei appearance
<b>tPNf</b>	Time to polar nuclei fading
<b>tSB</b>	Time to start of blastulation
<b>tSC</b>	Time to start of compaction
<b>VP</b>	PN Duration
<b>WHO</b>	World Health Organization
<b>ZP</b>	Zona pellucida

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## CHAPTER 1

### BACKGROUND

#### 1.1 Overview of Assisted Reproductive Technologies (ART)

Infertility is defined as a disorder of the reproductive system whereby there is failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (WHO, 2010). Furthermore, infertility is categorized into primary and secondary infertility; primary being when a woman is unable to conceive and has never been able to ever bear a child, either due to the failure to become pregnant or the failure to carry a pregnancy to a live birth. Secondary being when a woman is unable to conceive, either due to the failure to become pregnant or the failure to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth (WHO, 2010).

The primary objective of Assisted Reproductive Technologies (ART) is to implement fertilization in instances where corrective therapy for male or female patients cannot yield fertilization; this occurs by bringing the spermatozoa closer to the ova using advance technology and equipment via treatment options such as artificial insemination (AI), *in vitro* fertilization (IVF), intracytoplasmic sperm injection (ICSI) and physiological intracytoplasmic sperm injection (PICS), to name the most commonly used treatments (Jones & Lopez, 2006).

With regards to the different treatments available in ART, the vital process that differentiates each treatment option is the method of insemination. AI involves the injection of processed spermatozoa (<0.5ml) via a catheter into the uterus of the female (Do Amaral et al., 2001). This process aims to bypass the cervical mucus, which may pose as a major stressor to spermatozoa during natural conception.

IVF is commonly suggested for patients who exhibit a good/normal male diagnosis. IVF involves insemination of oocytes via the addition of processed spermatozoa to oocyte cumulus complexes. This method of insemination allows spermatozoa to penetrate and fertilize the oocyte in a more natural selecting *in vitro* fashion, which resembles *in vivo* circumstances as close as possible.

ICSI involves the process of injecting a singular immobilized spermatozoon into the cytoplasm of a single ovum (*in vitro*) via micromanipulation. This treatment is usually indicated for patients with poorer spermatozoa samples, poor fertilization via IVF and repeated IVF failure. Several studies have shown that ICSI yields a more superior fertilization rate, while not negatively affecting the development of the subsequent embryo(s) (Yoeli et al., 2008; Johnson et al., 2013). Due to ICSI presenting with less total or near-total fertilization failure than IVF, it has led to the popular use over its counterparts.

Since the establishment of ICSI, there have subsequently been two sub-methods with the main goal being to enhance and improve outcomes of the original ICSI method. These methods include PICS (as mentioned above) and intra cytoplasmic morphologically selected sperm injection (IMSI). The chief concepts for the basis of these alternative ICSI methods are based on specialized sperm selection. ICSI primarily uses sperm morphology, while enhanced morphology viewing and sperm maturity are the main selection tools used for IMSI and PICS, respectively. The ICSI alternatives are also used for patients with poor ICSI outcomes, such as fertilization failure, chromosomal irregularities and failed or poor blastocyst formation (Mokánszki et al., 2014; Luna et al., 2015; Erberelli et al., 2017).

PICS is based on indirectly selecting mature sperm. This concept is done via the use of hyaluronic acid (HA), which sperm with lower DNA fragmentation is more likely to bind to. Spermatozoa with less DNA fragmentation are said to be more likely mature, compared to immature spermatozoa which exhibit higher levels of DNA fragmentation (Beck-Fruchter et al., 2016). IMSI is based on enhancing the view of spermatozoa via high magnification (>6000 times) in order to observe morphological defects that would not have been observed on the ICSI magnification level. However, there is controversial literature around the effectiveness of PICS (Parmegiani et al., 2012; Majumdar and Majumdar, 2013; Beck-Fruchter et al., 2016) and IMSI (Tanaka et al., 2012; Delaroche et al., 2013; Boitrelle et al., 2014; Gatimel et al., 2016).

Infertility may be the result of one or many factors, both from the male, female, both male and female, and unknown reasons (Jones and Lopez, 2006). On the female's behalf, the cause ranges from failure to ovulate, tubal blockage, advanced maternal age, gonadotropin deficiency, endometriosis, and excessive exercising or excessive malnutrition in the case of anorexic patients (Sherwood and Ward, 2013).

Furthermore, male factors that contribute to infertility may range from previous trauma to the testes, low sperm count, poor sperm transport, spinal cord injury (Kafetsoulis et al., 2006) to environmental factors such as smoking or carcinogenic factors such as radiation (Jones and Lopez, 2006; Sherwood and Ward, 2013). The combination of male and female infertility factors may range from idiopathic to multifactorial; often not clearly defined or known.

In the last decade, infertility has become increasingly prevalent. In relation to this increase in prevalence, parenthood is unquestionably one of the most globally anticipated ambitions in adulthood (Boivin et al., 2007). However, not all couples who desire a pregnancy will achieve one spontaneously. A failure to conceive, then, is often taken on by individuals or couples as a major life stressor, which can inflict havoc on otherwise well-adjusted couples and/or individuals. Based on a study conducted in 2007 based on the world population of 6,6 billion (Prb.org, 2019), 72.4 million people were identified as infertile and of those, 40.5 million were seeking infertility medical care (Boivin et al., 2007). In addition to this, a subsequent study matched with a similar infertility prevalence of up to 20% of all couples that are in their reproductive years (Kruger et al., 2016), with this number increasing per decade.

### 1.1.1 Embryo environment

With regards to ART, it is commonly known that human gametes are highly sensitive to the culture environment and its variations, thus it is very important to have reliable culture media; and even more vital to have a reliable incubator (Swain, 2010; Swain, 2011). As with many notions in the field of ART, the goal is to imitate the physiological or *in vivo* conditions in order to achieve optimum embryo development. Optimization and selection of the most efficient incubator for the laboratory is essential to the development of embryos *in vitro* as well as for clinical outcomes of the ART clinic.

It is well accepted that the improvement of the quality of gametes and developing embryos is directed by the management of stress inflicted within the IVF laboratory (Swain, 2010). It has been established that these potential stressors may include an assortment of environmental parameters that can be controlled in the laboratory. Such stress may be attributed to unsuitable media energy substrate composition, gas composition, temperature, osmolality and/or pH fluctuations.

Reference values for each environmental component exist and are conscientiously monitored along with the preferred medium and incubator in order to achieve a superior culture environment (Swain, 2011). The optimal values for temperature, oxygen and pH are 37.0°C, 5% and 7.20 to 7.35 respectively (Quinn, 2014; WHO, 2010). Notably, additional literature to the World Health Organization (WHO) manual have suggested embryo temperatures should remain safely below 37.0°C at 36.7°C (Higdon et al., 2008). The internal pH (pH<sub>i</sub>) of embryo is predominantly responsible for the maintenance of intracellular homeostasis (Will and Swain, 2012). pH<sub>i</sub> is responsible for the regulation of several cellular processes including enzymatic activity, cell division, differentiation, membrane transport, protein synthesis, cell communication, cytoskeleton elements and microtubule dynamics (Swain, 2011; Quinn, 2014). The optimization of carbon dioxide (CO<sub>2</sub>) within the embryo's microenvironment is also essential. The gas phase of CO<sub>2</sub> is used to control the pH; this is achieved by controlling the pressure of CO<sub>2</sub>. CO<sub>2</sub> is affected by the atmospheric pressure (i.e. the level above sea level) and thus a definite value for CO<sub>2</sub> are not recommended because different laboratories at different above sea levels will need varying CO<sub>2</sub> concentrations to obtain their desired pH. Carbon dioxide dissolves in the culture media which results in concentrations of carbonic acid. This compound is what is responsible for the changes in pH. Therefore, if the pressure of CO<sub>2</sub> is decreased, an increase in pH is observed, and this is the manner in which the pH is achieved via CO<sub>2</sub> pressure manipulation (WHO, 2010).

### 1.1.2 Culture media

Notably, with regards to embryo culture media, there are two competing notions that have been widely implemented by commercial media brands. These include sequential- and one-step mediums. Both mediums aim to culture embryos to blastocyst stage (5 to 7 days of culture) (Salvaing et al., 2016). Sequential media aims to culture embryos until day 3 of development in one medium. The rationale behind this theory is that the cleaving embryo (day 1 to 3) requires different concentrations of components when compared to what that same embryos

need during the blastulation phase of development (day 3 to day 5/6/7). Thus, the ‘cleavage’ medium is changed on day 3 of embryo development and replaced with the ‘blastocyst’ culture medium for culture until full blastocyst stage (Morbeck et al., 2014).

One-step media, or otherwise known as ‘monoculture media’, was designed with the concept of ‘letting the embryo choose’. This concept operates by culturing the embryo in the same media for its full development from cleavage- to blastocyst stage. The implementation of this media is based on the rationale that all the possible ‘nutrients’ that an embryo needs for successful *in vitro* development is present; the embryo then chooses what it needs at what time it needs it (Morbeck et al., 2017). One-step media is also considered the most convenient method for embryo culture when using a time-lapse incubator, which necessitated the development of monoculture systems (Basile et al., 2013).

It can be said that human embryos can develop *in vitro* in rather different types of media from basic systems to sequential complex culture media. There are various commercially available culture media today, making this market highly competitive placing the responsibility in choosing the ‘best’ culture media in the hands of the embryologist. It is furthermore important to remember that commercial culture media is almost always constant, therefore special care must be administered by embryologist to maintain the external confounding factors that exist in the laboratory, in order to keep the environment beneficial for embryos to develop healthily and ultimately result in healthy pregnancies.

## **1.2 Cryopreservation**

### **1.2.1 History**

Reproductive biology has made use of the freezing of human gametes for several decades. The first successful freezing method was in fact discovered by accident, by C. Polge, A.U. Smith, and A.S. Parkes in 1948 (Pegg, 2002; Clarke, 2004). The discovery that glycerol can protect cells from freezing damage initiated a period of rapid development in the techniques we now know as ‘cryopreservation’. Compounds that aid in preventing the damaging effects of freezing, such as glycerol, have since been defined as ‘cryoprotectants’ or cyroprotective agents (CPA) (Gook, 2011).

Trailing that early (accidental) discovery, almost all the subsequent developments of the classical freezing methods have relied upon the addition of a cryoprotective compound until shown experimentally to affect survival. During the development of these freezing methods, various observations were found to be essential to survival. These include the nature and concentration of the CPA and the temperature at which it is added, the rates of cooling and warming, the storage temperature, and the temperature and rate at which the CPA is removed (Pegg, 2002; Gook 2011). Optimizing these factors subsequently resulted in the success of freezing spermatozoa, and other relatively basic cell structures such as various endocrine cells and strains of tissue culture cells (Pegg, 2002). The practical successes stimulated an even further drive to improve the then novel freezing protocol. Fundamental research that was done in the 1960s disclosed a number of the key concepts that are involved: the central importance of the total quantity of ice that is formed, the position of the ice crystals relative to the cells,

the toxicity of CPAs and the temperature dependence of that toxicity, and the magnitude of osmotically induced changes in volume.

In summary, the primary concepts of cryobiology which yielded the most superior survival rates included: CPA to toxicity ratio, rates of freezing and warming, ice crystal formation, rate of CPA addition and removal. Slow freezing was the initial established freezing protocol, which was then enhanced to the superior method of vitrification, which is commonly used today. Both well-established protocols were developed on the premise of the key principles of cryopreservation, as mentioned.

Glycerol has been the most common CPA used to freeze spermatozoa within the early freezing protocols along with propylene glycol and ethylene glycol, which were primarily used for variant species slow-freezing (SF). Ethylene glycol and dimethyl sulfoxide (DMSO), along with sucrose are more commonly used during vitrification protocols today, however DMSO along with propanediol (PROH) was also commonly used during the initial SF protocols (Gook, 2011). Notably, recent vitrification protocols consist of varied equilibration times for oocytes and blastocysts to allow for different CPA infiltration rates for the varied cell structures, instead of experimenting with various concentrations of different CPAs, as done in the past.

### 1.2.2 Damage of ice crystal formation

During the freezing of cellular structures, it was found that the formation of ice crystals was detrimental to the survival of the cell as observed in the poor success rates upon rapid warming post SF. This concept was subsequently researched, and it was found that the ice formed from freezing has a very low ability to dissolve solutes. The undissolved solutes thus concentrate in the diminishing volume of unfrozen liquid (Pegg, 2002). This concept clarified why freezing of cells caused an increase in concentration salt/sodium chloride (NaCl). During the early developments of cryopreservation, it was not yet clear whether ice crystal formation or the concentration of salt as a result thereof, was the main stressor to the cell damage during freezing. It was then established that ice crystal formation was the primary obstacle to overcome, however the ‘salt-damage’ was not disregarded as being troublesome to the cell survival (Pegg, 2002). Thus, the introduction of CPAs (permeable and non-permeable) were developed to aid in decreasing the temperature at which ice crystal formation occurred, as well as decreasing the salt concentration within the dehydrated cell (Figure 1) (permeable CPAs specifically) (Pegg, 2002; Gook, 2011; Gosden, 2011).

### 1.2.3 The toxicity of cryoprotectants

CPAs, as most compounds, are toxic when used in excess. However, when compared to compounds such as NaCl which is abundant within a cell being frozen without a CPA, the NaCl is more toxic than the CPAs in the same concentration (Pegg, 2002). It is known that CPAs are toxic for cells, however they have the advantages of reducing the concentration of salt as well as decreasing the temperature at which ice crystal formation occurs. Therefore, a delicate relationship exists between the correct concentration of CPA needed to aid successful cryopreservation and the concentration at which the CPA itself becomes toxic to the cell. Different types of CPAs



also have different ways in which it permeates the cell (Figure 1); DMSO being one of the most effective (Medicine, 2012). The size of the cell also influences the rate at which the CPA permeates and dehydrates the cell, as well as the method of diffusion (Figure 1A,C) (Medicine, 2012).

Essentially, two consequences of CPA toxicity exist: the highest concentration that the cell will tolerate prior to cryopreservation is restricted, and, during freezing, the concentration will rise as ice crystal formation takes place. In vitrification, as opposed to freezing, a much higher initial concentration is necessary, but no additional concentration occurs during cooling because the cell goes from a solid to a glass state, bypassing the freezing process. In both protocols (freezing and vitrification), one seeks the highest tolerable CPA concentration to lessen the salt concentration and in vitrification to achieve the vitreous state without freezing (Pegg, 2002).

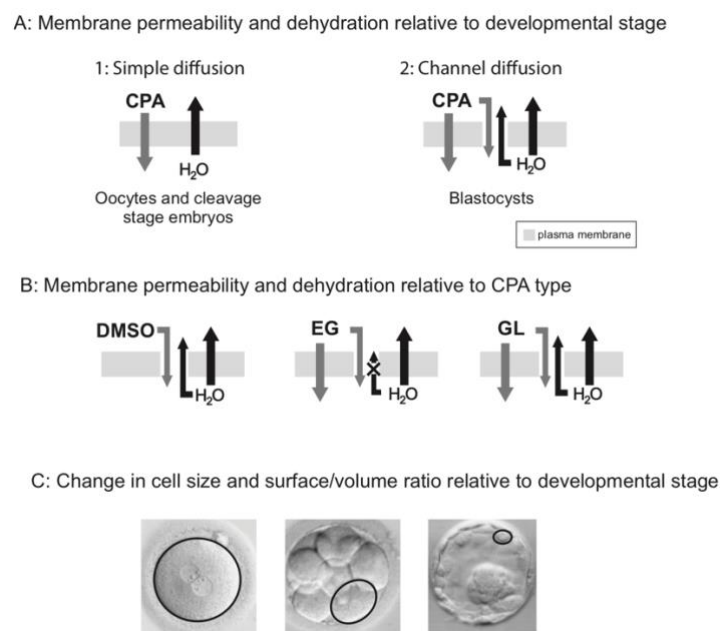


Figure 1: Movement of water and CPAs across the plasma membrane, movement of water relative to type of CPAs (B) and efficiency of dehydration and CPA uptake relative to cell size (C) (Medicine, 2012)

#### 1.2.4 Osmotic shock and cryoprotectants

As mentioned before, effective CPAs infiltrate the cell membranes, but they do so at a slower pace than water. It is not surprising that due to this difference in pace of penetration of water and CPA into the cell, an osmotic imbalance is unavoidable throughout the addition or removal of these compounds. Major osmotic shock results in cell damage and therefore cell lysis (in most cases) (Pegg, 2002). In order to avoid this effect, it is essential to observe and control the alterations in cell volume, so that satisfactory limits are maintained. This maintenance will subsequently ensure the avoidance of structural and functional damage.

### 1.2.5 Slow-freezing

The first pregnancy from SF and rapid thawing oocytes using DMSO was reported in 1986 (Gook, 2002). This success within the ART community proved that human gametes and embryos can be successfully preserved and stored by specially developed cryopreservation methods. The process of vitrification, more recently developed, is one of these methods and has been well accepted and adapted in IVF laboratories today and show robust results regarding survival rates of embryos, oocytes and spermatozoa (Cobo et al., 2017).

The SF method was a predecessor of vitrification, which consisted of numerous steps of controlled rates of cooling through different temperature phases using liquid nitrogen (LN) (Cobo & Diaz, 2011). SF is a lengthy process that requires specific equipment, which increases costs unnecessarily. SF has also been shown to cause osmotic shock due to solution effects and intracellular ice crystallization leading to cell damage.

Many variants of SF were developed and experimented with when the protocol was relatively new to the ART field. However, none successfully enhanced the protocol with regards to increasing the pregnancy rates and clinical efficacy. These alterations of the protocol included: changing the concentration of sucrose from 0.1 mol/L to 0.2- to 0.3- and then back to 0.1-mol/L. The increases from 0.1 to 0.2 mol/L and from 0.2 to 0.3 mol/L were both recorded as detrimental to the cell. The change to 0.2 mol/L resulted in an increase in spindle damage and at 0.3 mol/L decreased implantation rates and underdeveloped cleavage development were observed (Gook, 2001).

Research has also shown that chill-sensitive oocytes may survive cryopreservation if the temperature is very rapidly lowered from a safe temperature (e.g. body temperature) to one which is so low that chemical and biological processes cease (Sansinena et al., 2011). This concept (along with the failed attempts to improve the protocol) led the movement from SF to the development of rapid cooling of oocytes via a process called vitrification.

Since the development of vitrification, a study done in 2010 reported that their results suggest that vitrification/warming is currently the most efficient means of oocyte cryopreservation in relation to subsequent success in establishing pregnancy (Smith et al., 2010). However, in terms of the fundamental principles of cryobiology the survival rates between SF and vitrification are similar (Medicine, 2012).

### 1.2.6 Vitrification

The principle of vitrification involves the solidification of a sample into an amorphous, glassy state while upholding the nonexistence of both intracellular and extracellular ice crystals. Essentially, the combination of high cooling rates and high CPA concentration is what is responsible for the successful outcome of avoiding ice crystal formation during vitrification (Sansinena et al., 2011).

Since the development of vitrification of oocytes, SF has become obsolete (Cobo & Diaz, 2011). One of the original concerns when vitrification of oocytes was introduced and implemented, was that of fears of high risks

of toxicity caused by the high concentration of CPAs. Since the development of more recent vitrification protocols such risks have been avoided. This is mainly due to the extreme high cooling rates, which eliminates the concerns of toxicity damage (Sansinena et al., 2011) and this was mainly achieved via “open system” vitrification methods whereby the oocyte comes into direct contact with the LN.

There have been concerns regarding cross-contamination via this open system, however, no cases of cross-contamination have been recorded to date (Cobo & Diaz, 2011). Albeit this fact, it has been suggested that methods should be adapted in order to, in all cases, consider safety and attempt to avoid contamination.

Upon warming of vitrified oocytes, cells rehydrate, and CPAs are removed. Whether all physicochemical changes cause any alteration in embryo morphokinetics is still not well known, however no differences in clinical outcomes and embryo morphology have been observed or reported in several previous studies comparing fresh and vitrified oocytes. Therefore, the time-lapse imaging of embryos from vitrified oocytes can help to clarify whether vitrification can cause subcellular effects that are able to alter cell division dynamics (Cobo et al., 2017).

### 1.2.7 Vitrification of oocytes

Cryopreservation of oocytes has been a controversial topic since its conception about a decade ago. During the early stages of developing the oocyte SF protocol, a low survival rate of 30% was obtained (Gosden, 2011). Development of the oocyte SF protocol was also put to a halt shortly after it was developed due to the discovery of the concept of zona pellucida hardening post warming. However, this issue was subsequently bypassed by the introduction of ICSI (Gosden, 2011). The freezing protocol was then modified by attempts to alter the CPA compositions and initial seeding temperature; however, the protocol was still not widely accepted. Studies speculated that the reason for the failure of proposed oocyte freezing protocols while the embryo protocols were succeeding, was mainly due to the fact that oocytes require more exposure to CPAs to allow more penetration due to the larger cell mass than blastocysts exhibit (Pegg, 2002).

Since the development of the oocyte vitrification protocol, studies suggest that vitrification for oocyte cryopreservation significantly improves oocyte survival and pregnancy rates. In humans, most studies suggest that post thaw survival rates of vitrified oocytes are superior to those that have undergone SF protocols (Oktay et al., 2006). Several randomized control trials (RCT) exist that compared pregnancy rates of slow freeze vs. vitrified oocytes (Cao et al., 2009; Smith et al., 2010; Boldt, 2011; Glujovsky et al., 2014). One such paper proved that vitrification resulted in better oocyte survival (81% vs. 67%;  $P < 0.001$ ), fertilization (77% vs. 67%,  $P = 1/4.03$ ), and clinical pregnancy rate (CPR) per thawed oocyte (5.2% vs. 1.7%,  $P = 1/4.03$ ) compared to slow freezing (Smith et al., 2010). Another study included the review of 2 RCTs which both supported the notion of oocyte vitrification yielding superior results to oocyte SF. Both RCTs did not evaluate LBR, however observations regarding CPR were found to be in favor of vitrification of oocytes (Glujovsky et al., 2014).

The validation of the oocyte vitrification protocol essentially came from the comparison of fresh versus vitrified oocytes and how they succeed in IVF/ICSI outcomes. There were 4 RTCs that were focused on by the *The Practice*

*Committees of the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology* in 2013 in Birmingham (ASRM: a guideline 2013). Two of these studies were conducted by Cobo et al. in 2008 and in 2010. The first study observed a survival rate of 96.7% for the vitrified/warmed oocytes and that there was no difference in fertilization rates (76.3% and 82.2%), day 2 cleavage (94.2% and 97.8%), day 3 cleavage (80.8% and 80.5%), and blastocyst formation (48.7% and 47.5%) for vitrified and fresh oocytes, respectively (Cobo et al., 2008). The follow-up study further validated that vitrified oocytes compare equally to their fresh counter parts by reporting that the proportion of top-quality embryos obtained either by inseminated oocyte (30.8 versus 30.8% for Day-2; and 36.1 versus 37.7% for Day-3, respectively) or by cleaved embryos (43.6 versus 43.8% for Day-2 and 58.4 versus 60.7% for Day-3, respectively) was similar between groups of fresh versus vitrified donor sibling oocytes (Cobo et al., 2010).

Further studies showed that the survival rate of vitrified/warmed oocytes was 98.7%. There was no statistical difference between the fertilization rate and good-quality embryo rate between fresh and vitrified oocytes (83.3% vs 79.2% and 52.0% vs 51.6%, respectively) (Rienzi et al., 2010); and no significant difference in fertilization rate for fresh (72.6 %) versus vitrified (71.0%) oocytes (Parmegiani et al., 2011)

In summary, the RCT studies found that 92.5% of vitrified oocytes survived warming, and that there were no significant differences in fertilization rates (74.2% vitrified vs. 73.3% fresh), implantation rates (39.9% vs. 40.9%) and pregnancy rates per transfer (55.4% vs. 55.6%) between groups, with a mean of 1.7 embryos transferred (ASRM, 2013).

#### 1.2.8 Maternal age and oocyte vitrification success

It is well known that the efficacy of oocytes declines with the increase in female age (Cimadomo et al., 2018), and this concept is no different for vitrified oocytes. There are no comparative trials evaluating success with cryopreserved versus fresh oocytes by female age, however, several studies using slow-freeze protocols suggest that success rates are lower with advanced maternal age (ASRM; a guideline 2013).

It was shown by a study conducted in Italy, using vitrified/warmed oocytes, that with woman over the age of 38 faced lower implantation rates (6.5% vs. 10.9%) and pregnancy rates (10.1% vs. 18.7%) compared to younger women. However, the survival rate of vitrified/warmed oocytes did not differ among the different ages (Borini et al., 2010). A similar study also reported lower implantation rates (16.7%, 11.6%, and 10.8%); pregnancy rates per thaw cycle (24.3%, 18.9%, and 16.1%); and pregnancy rates per embryo transfer (27.7%, 21.4%, and 17.6%) in women 34 years, 35–38 years, and over 38 years, respectively (Bianchi et al., 2012).

Lastly, with regards to the success of the vitrification process, it was reported that women who wish to vitrify their oocytes past the age of 40 will face significantly lower survival rates as well as a CPR of 22.2% (Ubaldi et al., 2010). However, in summary one can deduct that vitrified oocytes behave much the same as their fresh counterparts when impeded by the negative outcomes of age (Cimadomo et al., 2018).

### 1.2.9 Clinical application for oocyte vitrification

The clinical applications for oocyte vitrification include fertility preservation, especially for patients who struggle with cancer, social reasons for women who find relationships later on within their reproductive years, donor programs, patients at high risk of ovarian hyper-stimulation syndrome (OHSS), oocyte accumulation for poor responders and lastly, storage of surplus oocyte storage for patients who cannot afford embryo vitrification (Cobo & Diaz, 2011).

The primary clinical application of the use of donor oocyte cycles are for patients with premature ovarian failure. However, since the rise in popularity and use of donor oocytes, many women opt for donor cycles when faced with age-related fertility issues, such as the diagnosis of AMA, (Argyle et al., 2016). Vitrification of oocytes, opposed to slow freezing, still remains the gold standard (Cobo et al., 2015), and more recent studies have shown that vitrified donor cycles compare very well when compared to fresh donor cycles. There is still a need for fresh donor cycles, since there is still insufficient knowledge with regards to running an oocyte bank successfully and efficiently.

In other words, oocyte banks are still in their ‘teething phase’ with regards to their efficiency; this could be due to their only recent proliferation and existence. Another reason could be due to premature reliability on vitrification protocols. A successful oocyte vitrification/warming protocol and process is dependent on the skill of the embryologist and can have a significant effect on the survival rates and other outcomes of the oocyte vitrification program success (Cobo et al., 2015). Conversely, vitrification cycles are often very successful and present few or no clinical disadvantages when compared to fresh cycles (Doyle et al., 2017).

### 1.2.10 The drive for oocyte freezing

During the past three decades, the commercialized world has experienced a trend of women conceiving their first-born within their later reproductive years. Put simply: women are delaying childbearing (Devine et al., 2015). A study reported some staggering results of a 150% increase of women giving birth to their first-born between the ages of 35 and 39. The first-birth rate for women aged 40–44 years increased 5%, while the average overall first-birth age climbed from 21.4 years in 1970 to 25.4 years in 2013, across all races (Hodes-Wertz et al., 2013), further elaborating this shift delaying childbearing.

This trend of delaying motherhood has reportedly been caused by various educational, professional, personal, financial pursuits, and/or circumstances. The most popular reason for delaying childbearing was from women who said they did not have a partner (88%), which was then followed by women who did not conceive earlier due to career related reasons (24%) (Bretherick et al., 2010).

This trend of delayed childbearing does not, however, exclude the eminent fact that there is an unavoidable age-related decline in fertility, where advanced maternal age (AMA) is associated with chromosomal abnormalities and increased chances of down-syndrome and abortion (Cimadomo et al., 2018). Another dilemma, however,

arises; financial strain of the vitrification program versus the chances of success. There is still little known of the adverse effects of using vitrified oocytes within the offspring born however, it has been shown that the success of vitrified oocytes compares well against their fresh counterparts (Hodes-Wertz et al., 2013).

The conundrum of opposing ideals has left women with a troublesome social-financial-reproductive-dilemma, subsequently resulting in the increased demand for oocyte vitrification.

### **1.2.11 Ova donation**

Vitrified donor oocytes cycles serve as an advantage to the patient in various ways. This includes the vast improvement with regards to the logistical task of synchronizing cycles of the donor and recipient, which can often prove to be difficult (Cobo et al., 2015). It also shortens waiting lists for recipients needing donors; it reduces the cost in terms of travelling as recipients need only to be concerned of their financial budget for an embryo transfer (ET).

Furthermore, with regards to the success of donor oocyte cycles, a recent study showed that there was almost a 100% chance of pregnancy after 3 or 4 cycles using donor oocytes (Cobo et al., 2015). This study elaborated on how the chances of pregnancy increase rapidly within cycles where there were one to 25 oocytes, while slightly decreasing from 25 to 40 oocytes, then plateauing when reaching number of oocytes succeeding 40; all while maintaining a cumulative live birth rate (CLBR) of 97.3% (Cobo et al., 2015). This validates the effectiveness of a donor oocyte program by highlighting the superior quality of donor oocytes.

## **1.3 ART incubators**

It has been said that: “Embryo incubators can be considered the heart of any in IVF laboratory” and understanding the advantages and disadvantages of these incubators is absolutely crucial in obtaining optimal results in any IVF laboratory (Meintjies, 2012). Incubation equipment has advanced substantially since the onset of ART treatments in the past. There are essentially three categories of incubators available: large water-jacketed and direct heat incubators, smaller benchtop incubators, and time lapse incubators; the latter two are more commonly used in laboratories today.

### **1.3.1 CO<sub>2</sub> incubators (large and benchtop incubators)**

Large incubators are considered to be inefficient incubators that were replaced by smaller, and more convenient, bench-top incubators since their introduction into the ART field. The concept behind the introduction of these bench-top incubators was based upon the rational that uninterrupted culture should be executed as best as possible. Smaller incubators with separated incubation chambers meant that taking one patient’s embryos out of the incubation chamber did not interrupt culture conditions in others; whereas with the larger incubators, one door was used to access all embryos in culture and thus causing unwanted fluctuations within the embryo incubation environment. The concept of passive heat reservoirs allows for faster temperature recovery. The turnaround time

for equilibration of embryo culture environment parameters within benchtop incubators have also been reported to be quicker than their larger counterparts (Cattt & Henman, 2000). It was reported that the implantation rate (IR) was increased from 10% to 14% and the pregnancy rate from 19% to 32% when culturing human embryos in a benchtop incubator (Meintjies, 2012). This study's results were concluded to be advantageous due to the more rapid recovery rate exhibited in benchtop incubators, compared to their larger counterparts. Furthermore, another practical example of the advantage of benchtop incubators was reported whereby the temperature recovery was approximately 5 min in an MINC incubator (benchtop incubator) compared with roughly 30 min for a standard, water-jacketed incubator after a single door opening (Fujiwara et al., 2006).

When one applies the logic to the concept of 'the smaller the incubator, the faster the gas-phase recovery' with the fastest recovery to be expected from the top-load, bench-top incubators, it makes sense that this concept has been validated. However, this is not always the case, as a larger incubator with an infrared CO<sub>2</sub> sensor can have a faster CO<sub>2</sub> recovery time than a smaller incubator with a thermo-conductivity CO<sub>2</sub> sensor (Zhang et al., 2010). Therefore, no matter the set up or type of incubator present within human IVF applications, the number of patients per incubator should be limited to reduce risk in the case of incubator malfunction, to decrease the likelihood of sample confusion, and to maintain the most optimum culture conditions by reducing the number of door openings per day (Zhang et al., 2010).

Since the development of benchtop incubators and their favor over their predecessors, new technology has subsequently been developed. Time-lapse incubators were officially commercially available first in Sweden in 2008, then shortly after being introduced by the European Society of Human Reproduction (Leung et al., 2016). Multiple integrated Time-lapse systems (TLS) are available on the market today, however, the dispute regarding the functionality, necessity and role of such systems are still under heavy debate (Kovacs, 2014).

## **1.4 Time-lapse systems**

### **1.4.1 Introduction of TLS**

The debate regarding the functionality of time-lapse (TL) incubators within an IVF laboratory originated from the cost and lack of clinical data to support claims of effective embryo selection via morphokinetic evaluation and analysis (Armstrong et al., 2015; Chen et al., 2017). Today TL incubators boast an array of benefits, solidifying its functionality within the lab. However, with the rising costs due to upgrades and advances in technology, the use of these complex machines is yet to be commonly integrated within the IVF community.

The most obvious advantage of TLS over conventional benchtop incubators (as well as larger incubators) is that there is no need to open the incubator to evaluate a static morphology grading of the embryo. This is beneficial since there is no disturbance within the highly sensitive embryo microenvironment. Secondly, static morphology grading/analysis may also be misleading. This is due to the fact that the development of embryos can be rapid and ever-changing. A static evaluation of an embryo on day 2 might yield a 'good quality embryo', however the grading on day 3 may be vastly different. This, to some extent, can be avoided using a morphokinetic evaluation



as more trends can be seen and a more accurate prediction can be made (Wong et al., 2010; Basile et al., 2015). Lastly, when evaluating embryos statically, it is more challenging to ensure that evaluation of each embryo occurs around the same time. It is crucial for time to be standardized as the timing of the development is relevant for analysis. TLS eliminate this issue and are thus superior to static evaluation with regards to the above mentioned.

The single most valuable asset of TL imaging is the access to large amounts of data from the non-invasive observation of embryogenesis (Milewski et al., 2015). This technology allows observation of embryo development through repeated multiple image acquisitions. Furthermore, this allows various observations of events occurring between conventional static morphological evaluations which are used without TL image viewing (Ciray et al., 2015). This concept of having multiple viewing points of the embryo development is defined as ‘morphokinetic’ evaluation (Ciray et al., 2015; Milewski et al., 2015). These observations of embryo development include absolute and comparable time-points (as seen in Table 1) for important embryo growth ‘check-points’. The time-points are comparable and can be used to design laboratory specific algorithms or development models, which in turn can be used to predict future trends within embryo development. This insight is essential to aid the selection of embryos that will most likely result in a pregnancy (Ciray et al., 2015). Notably, these models are based on the population of the practicing laboratory and therefore should yield patient population accurate outcomes.

#### 1.4.2 Annotation considerations

The annotation of embryo development, automatic or manual (done by an embryologist), requires standardization (Ciray et al., 2015). There are various guidelines available with most only differing slightly with abbreviation variants. Furthermore, with regards to annotation, automatic systems are also available but are not commonly used. This is due to the fact that embryo development presents with extremely diverse and complex anomalies, which make it difficult for an algorithm alone to follow and annotate. Various morphokinetic evaluation models exist (Meseguer et al., 2011; Basile et al., 2014; Desai et al., 2014; Rubio et al., 2014; Petersen et al., 2016), however, laboratory models must be followed with caution. Laboratories showcase prominent individuality; therefore, a one-model-fits-all approach will not be sufficient. Notably, since it was recommended that further research needed to be done regarding time-lapse implementation due to the limitations of only retrospective studies available around 2015 (Ciray et al., 2015), the call for a randomized control trial was sparked by the publications which reported that ‘deviant’ morphokinetic profiled blastocysts still yielded live births (LR) (Stetcher et al., 2014). Regarding this matter, in conclusion, the superior option for accuracy when using an annotation model is to design one’s own according to the individual patient population.

#### 1.4.3 The role of TLS in ART

The role of TLS within an IVF laboratory is vast. The study of embryo morphokinetics has resulted in the identification of different kinetic markers (Basile et al., 2015). These markers have predominantly been associated with embryo viability (Wong et al., 2010; Yang et al., 2015), blastulation (Dal Canto et al., 2012), implantation (Meseguer et al., 2011; Dal Canto et al., 2012; Basile et al., 2014), pregnancy (Scott et al., 2007) and live birth



rates (Vernon et al., 2011). Further possible benefits include being an alternative to pre-implantation genetic testing for aneuploidy (PGT-a), reducing the time to pregnancy and reducing/lowering the occurrence or chance of miscarriage (Pribenszky et al., 2017). The notion of TLS aiding in reducing the use of PGT-a testing is based on the theory that morphokinetic evaluation assists in de-selecting chromosomally abnormal embryos, which therefor may render the need for PGT-a redundant (Campbell et al., 2013; Zhan et al., 2016; Desai et al., 2018). Regarding the time to pregnancy, TLS may aid in reducing this time owing to the benefits of selecting an embryo that may have an increased potential for implantation, pregnancy and live birth; all while having the largest chance of being chromosomally normal and reducing the chances of miscarriage (Desai et al., 2018).

Conclusively, benefits are copious when considering the integration of a TLS within an IVF laboratory, however there is still debate questioning the necessity of TLS when compared to their cheaper conventional benchtop counterparts (Armstrong et al., 2015; Chen et al., 2017). Notably, TLS are also excellent training tools for training embryologists as well as for practitioners in the field of IVF, when compared to conventional benchtops. Although few studies have suggested a call for more RCTs validating TLS, a decision surrounding the need for a TLS is one to be made based on individualized evaluation of the laboratory, staff and cost versus benefit analysis.

## 1.5 Morphokinetics

### 1.5.1 Introduction to annotation

As mentioned before, TLS generate vast amounts of data. This data is collected and interpreted as absolute time points, which represent a dynamic morphokinetic evaluation of the development of human embryos. The time points or ‘check points’ (as seen in Table 1) represent different uses and may vary among laboratories (Montag et al., 2011).

Table 1: Morphokinetic nomenclature (Basile et al., 2015; Ciray et al., 2015; Vitrolife: A guide on definitions for morphokinetics, 2019)

Timing	Meaning
<b>t0</b>	Time to IVF or mid-time of micro-injection (ICSI/PICSI/IMSI)
<b>tPB2</b>	The second polar body (PB2) detachment or extrusion
<b>tPN</b>	Fertilization status confirmed via visibility of pronuclei (PN)
<b>tPNa</b>	Appearance of individual PN
<b>tPNf</b>	Time of PN fading/disappearance
<b>tZ</b>	Time of PN scoring (not examined within this study)
<b>t2 to t9</b>	Timings for two to nine discrete cells/blastomeres
<b>t9+</b>	Nine or more discrete blastomeres
<b>tSC</b>	First evidence of compaction
<b>tMf/p</b>	End of compaction process, ‘f’ corresponds to fully compacted and ‘p’ corresponds to partial compaction (not examined within this study)
<b>tSB</b>	Initiation of blastulation
<b>tB</b>	Time to full blastocyst
<b>tEB</b>	Time to expanded blastocyst
<b>tHB</b>	Time at blastocyst hatching
<b>tDead</b>	Time of degeneration
<b>ECC1 (t2 – tPB2)</b>	Embryo cell cycle 1
<b>ECC2 (t4 – 2)</b>	Embryo cell cycle 2
<b>ECC3 (t8 – t4)</b>	Embryo cell cycle 3
<b>s2 (t4 – t3)</b>	Synchronization of cell divisions
<b>s3 (t8 – t5)</b>	Synchronization of cleavage pattern
<b>dcom (tM – tSC)</b>	Compaction
<b>dB (tB – tSB)</b>	Blastulation
<b>dexp (tHB – tEB)</b>	Blastocyst expansion

It is absolutely essential to ensure that annotation of these time-points is standardized within embryologists’ annotating as well as compared to external clinics. This vast amount of data should be collected in the same manner, otherwise it will not be possible to be compared to, and validated, by outside sources. Thus, the time-points mentioned in Table 1, their definitions and a guide on how to grade/annotate them exists (Figure 2).

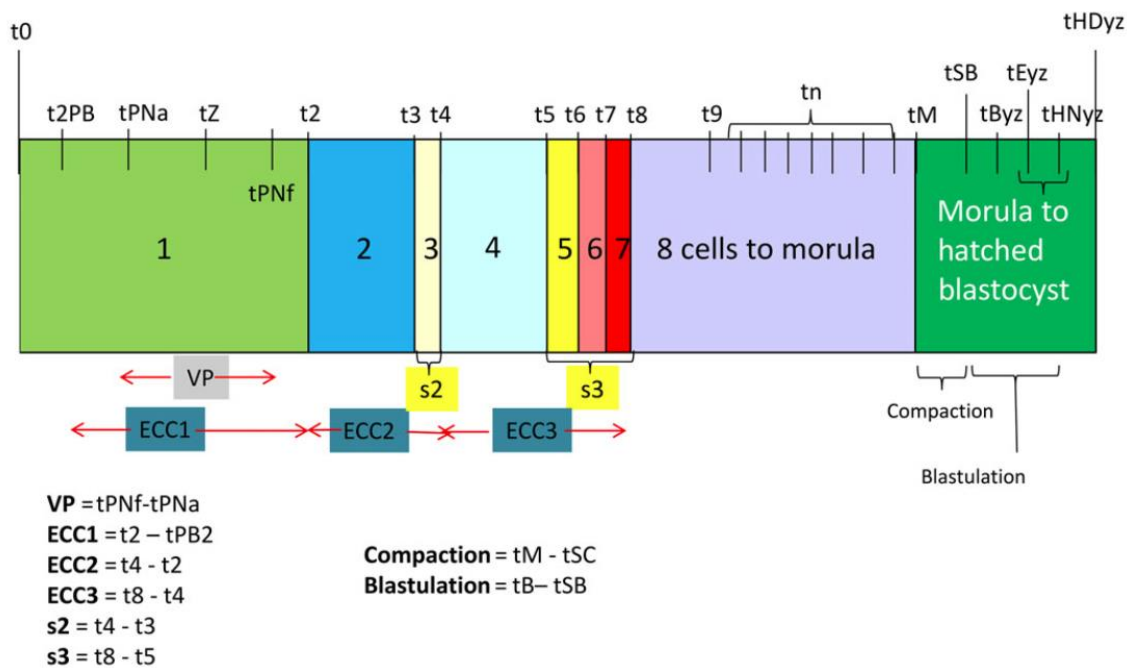


Figure 2: Graphic representation of a 'normal' morphokinetic monitoring of human embryogenesis (Ciray et al., 2015)

Time, appearance, fading/disappearance and cell/episode or number are represented by a 't', 'a', 'f' and a 'n' respectively (Basile et al., 2015; Ciray et al., 2015; Vitrolife: A guide on definitions for morphokinetics, 2019;). The process of annotation may become a time-consuming process, especially if done manually. However, as mentioned, it is essential to ensure proper and accurate annotation of morphokinetic time-points. It has therefore been suggested that during the process of annotating each separate episode or event, one should rewind and forward time-lapse images to before and after the event under speculation. This will aid in making sure the event is annotated correctly (Ciray et al., 2015).

### 1.5.2 Time points

*t0*: This is the time at which insemination occurs in conventional IVF. For ICSI/IMSI/PICSI, where the time of the sperm injection is recorded, per oocyte but otherwise, it is the mid-time point from when injection begins and ends for that patient's cohort of oocytes (Ciray et al., 2015). In order to standardize *t0* for IVF when compared to ICSI it is suggested that tPNf is used as *t0* for both insemination methods (Vitrolife: A guide on definitions for morphokinetics). All times from the start point are recorded in hours post insemination/*t0*.

*tPB2*: This is the time when the second polar body (PB2) is extruded. This is annotated at the first frame in which PB2 appears completely detached from the oolemma (Ciray et al., 2015). The extrusion of the PB2 is not always observable, and this may be due to the orientation of the oocyte within the well of the time-lapse slide. It may also be influenced by how well the oocyte was cleaned (denuded), which could cause visual obstructions.

*tPNa*: This is the time whereby pronuclei (PN) are visualized and thereby fertilization status is confirmed (Vitrolife: A guide on definitions for morphokinetics). It is suggested to annotate fertilization (2PN) directly before fading of pronuclei (*tPNf*) as no additional observational dynamic changes are predicted to occur. This will aid in grading the fertilization status accurately and ensuring if the fertilization was normal (2PN) or abnormal (1PN, 3PN) (Ciray et al., 2015).

*tPNf*: This is the time when both (or the last) PN disappear (Ciray et al., 2015).

*t2*: This is the time of the first cell cleavage, or mitosis. *t2* is the first frame at which the two blastomeres are completely separated by individual cell membranes, as seen in Figure 3 and Figure 4 (Basile et al., 2015; Ciray et al., 2015).

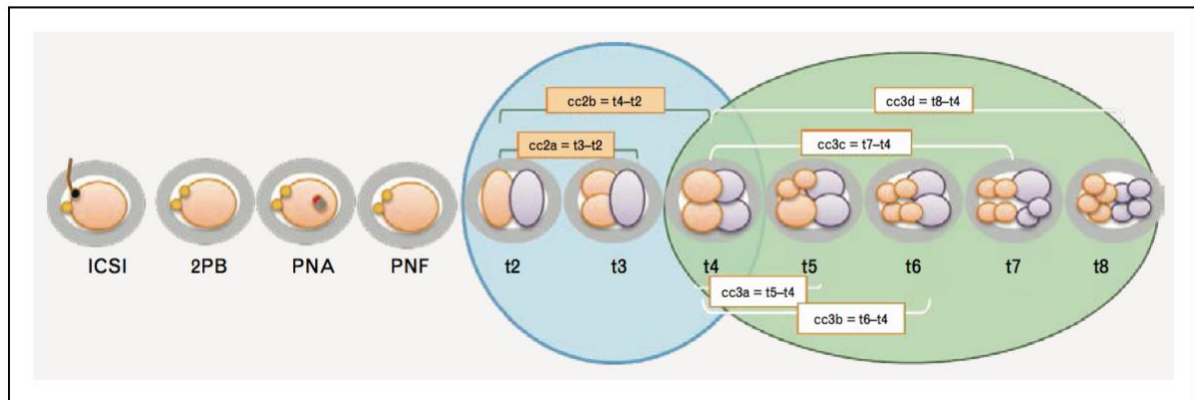


Figure 3: Graphic representation of kinetic variables till eight cell-stage (Basile et al., 2015)

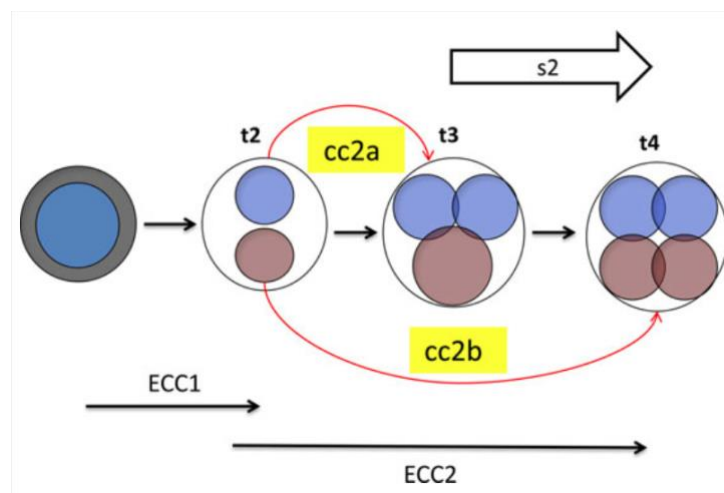


Figure 4: Schematic representation of the second cell cycle (ECC2) and *s2* (Ciray et al., 2015)

It has been suggested that grading of this event should be done with precision since there are various manners in which a cell may cleave. Cleaving cells may appear to be divided, however may in fact be in a distorted cytoplasm movement (DCM) episode, as seen in Figure 5(6) (Yang et al., 2015).

### 1.Normal cleavage (NC)



### 6.Distorted cytoplasm movement during cleavage (DCM)



Figure 5: Schematic representation of (1) normal cleavage and (6) distorted cytoplasm movement (DCM)  
(adapted from: Yang et al., 2015)

$t_3$ : This is the first observation of three discrete cells. Notably,  $t_3$  marks the commencement of the second episode of cleavage and second cell cycle, as seen in Figure 4 (Ciray et al., 2015).

$t_4 - t_8$ : This is identified as the third cell cycle (ECC3) (Figure6).

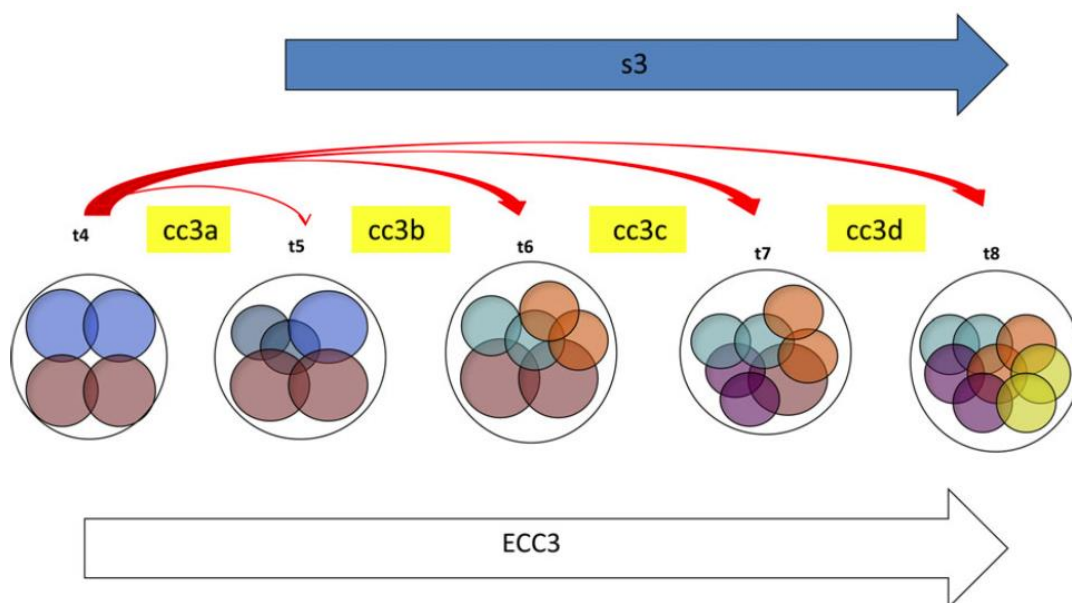


Figure 6: Schematic representation of the third cell cycle (ECC3) Ciray et al., 2015)

*tSC*: This is the first frame in which indication of compaction is apparent; the initial frame where any (two) cells begin to compact, is witnessed (Ciray et al., 2015). The exact timing of commencement of compaction may be challenging to observe due to the increased number of cells and the type of compaction (partial or complete).

*tM*: This denotes the completion of the compaction process and thus observable compaction is complete and a morula forms. Notably, the morula can be completely or partially compacted. During partial compaction, there may be excluded matter or fragments within the embryo which do not form part of the compaction (Ciray et al., 2015). The level and time of compaction has been described to be related with blastulation and quality (Ivec et al., 2011).

*tSB*: This is the initiation/start of blastulation. The first frame when initiation of a cavity formation is observed (Vitrolife: A guide on definitions for morphokinetics, 2019).

*tB*: This is the full blastocyst. The last frame before the zona pellucida starts to thin (Ciray et al., 2015).

*tEB*: This is the initiation of expansion. The first frame when the zona pellucida is half of its original thickness (Vitrolife: A guide on definitions for morphokinetics, 2019).

*tHB*: This is the first witness of signs of hatching within the blastocyst (Vitrolife: A guide on definitions for morphokinetics, 2019). Hatching blastocysts is a process whereby the blastocyst 'breaks free' from it's zona pellucida casing. This process usually takes place within the uterus, *in vivo*, before i3mplantation.

### 1.5.3 Irregular cleavage events

#### *Rapid cleavage*

Rapid cleavage was first reported in 2011 whereby a study stated that embryos dividing from one cell directly to three cells had a negative impact on implantation rate (Ciray et al., 2015). Rapid cleavage is also known as direct cleavage (DC) and direct uneven cleavage (DUC) and can occur at different stages of embryogenesis during different cell cycles (Rubio et al., 2012; Basile et al., 2015). Rapid cleavage is defined as a division from one cell to three or more blastomeres, as seen in Figure 7 (Yang et al., 2015). DUCs have been reported to appear in approximately 14% of all embryos and they were noted to be one of the highest embryo de-selection parameters, since they compromise implantation competence (Rubio et al., 2012).

#### Direct cleavage to more than 3 blastomeres (DC)



Figure 7: Schematic representation of a DC or also known as a DUC (Yang et al., 2015)

The occurrence of rapid cleavages within embryogenesis may be associated with faults in cell cycle mechanisms, which results in early cytokinesis (Ciray et al., 2015). Irregular cleavage patterns can occur at any cell stage as mentioned before, however are predominantly classified throughout early cleavage embryo stage of development (Rubio et al., 2012).

It has been reported that the stage at which a DUC occurs, as well as if it occurs singularly or in multiples can affect the normality of the embryo differently. If a single DUC occurs during the ECC1 (known as DUC1), it is unlikely to retain any chromosomally normal blastomeres, as seen in Figure 8. However, if the DUC occurs during the ECC2 (DUC2), the embryo may have the potential to correct the abnormal blastomeres (Scudellari, 2014). In other words, the sooner on in the cell cycle the DUC occurs, the more detrimental to the embryo the abnormality will be (Yang, 2015).

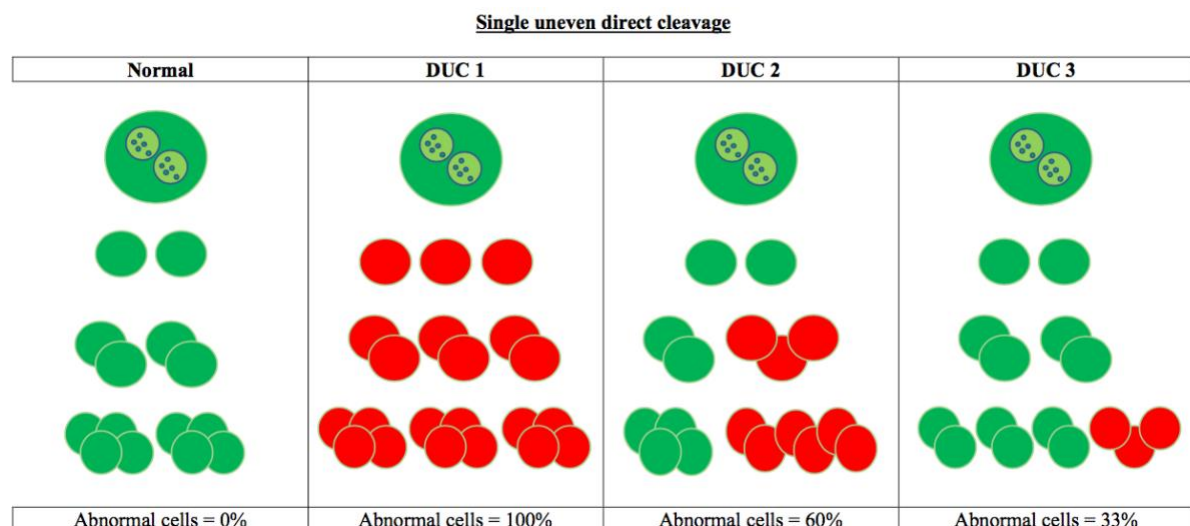


Figure 8: Schematic representation of single DUC anomalies (Adaped from: Scudellari, 2014; Yang, 2014)

Furthermore, similar conclusions may be drawn for multiple DUC divisions. The least chromosomal damage via DUC divisions occurs later on in the embryo development, during ECC3, as seen in Figure 9.

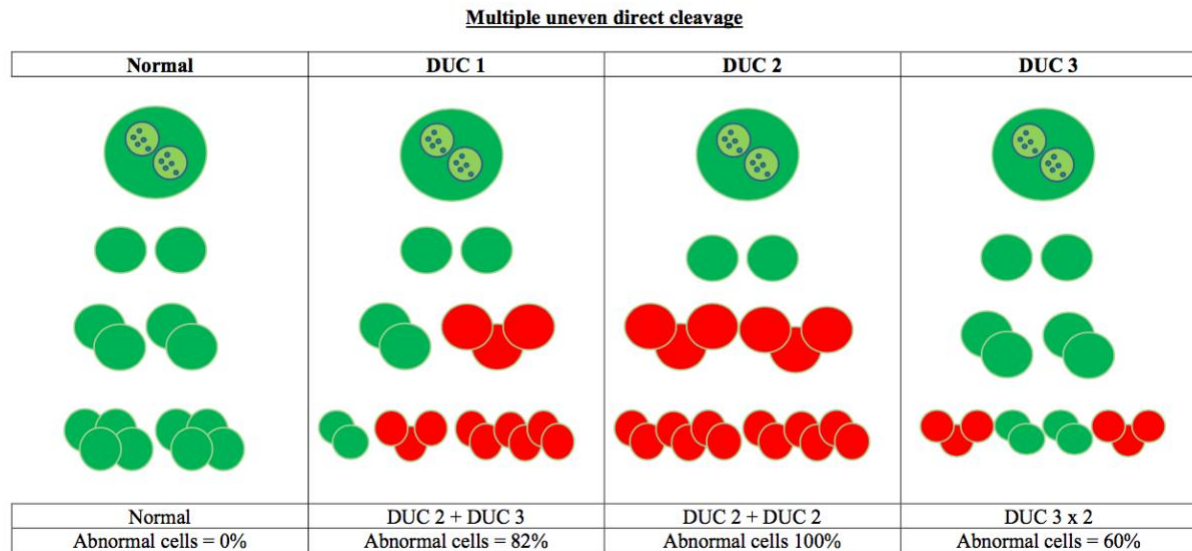


Figure 9: Schematic representation of multiple DUC anomalies (Adapted from: Scudellari, 2014; Yang, 2014)

#### *Cell fusion*

Cell fusion occurs independently of compaction (Ciray et al., 2015). It is described as a reduction in the number of cells of an embryo during its development due to the merging, or fusion, of cells giving the appearance of a reversed cleavage event (Yang et al., 2015). This event is identified as a cell fusion and not a reverse cleavage or fragmentation by the witnessing of a nucleus within the cells involved, before manifestation of this event. It is also noticeable from the fusion of cells throughout compaction forgoing morula establishment. In an observational study of 1698 zygotes, cell fusion was observed in 10% of all embryos (Ciray et al., 2015).

#### *Embryo rolling*

Embryo rolling, also observed as DCM (Figure 5), permits the imaging of blastomeres moving on or around themselves without dividing (Yang et al., 2015). DCM events may be an indication of poor embryo development and implantation potential, however, are not recorded commonly within laboratories (Ciray et al., 2015).



## 1.6 TL time-point comparisons in the literature

A one of the most promising tools that TLSs offer is that of patient population specific prediction models. These models are derived from exact time points using TL imagery, plotted and summarized into a concise manner in which one can reference future embryo developments. Table 2 illustrates a summary of various studies with exact TL time points for various embryo development stages; the most common ranging from tPNf to t5 or t2 to tEB.

Many studies emphasize the importance of kinetic embryo grading using TL imaging, most making note of the significance of early cleavage development (Wong et al., 2010; Meseguer et al., 2011; Chalwa et al., 2014; Chamayou et al., 2015; Milewski et al., 2015). Two studies further emphasized the need for scoring of early cleavage events using morphokinetics over static evaluation, stating that such events were connected with embryo quality and implantation rate (Lemmen et al., 2008; Montag et al., 2011). Another study in support of TLS recorded that TL imaging could be used to exclude embryos that would have been recorded as viable using static grading, however, also stating that this is due to erratic or abnormal divisions which need more research regarding their exact effect on clinical outcomes (Kirkegaard et al., 2013).

Time lapse and morphokinetic evaluation offer a unique opportunity to compare patients' groups, treatments and interventions in ART.

### *Fresh vs vitrified/warmed oocytes*

De Gheselle et al. (2019) examined an overall delay (Table 2) in timings with regards to fresh versus vitrified/warmed oocytes, whereby the delay of 1.27h overall was exhibited within the vitrified/warmed oocyte population. It was further reported by the same study that a decrease in fertilization within the delayed vitrified/warmed oocyte population also existed. Cobo et al. (2017) reported a similar trend of delay within the vitrified/warmed oocyte population. (Table 2), however, less statistically significant differences were observed; although population sizes were larger. Chamayou et al. (2015) examined the difference between fresh versus vitrified/thawed oocytes and found a significant overall delay within the vitrified/warmed population.

### *Blastulation vs non blastulation*

Milewski et al. (2015) recorded a delayed time within embryos that did blastulate, compared to embryos that did not.

### *Transferred vs not transferred*

Desai et al. (2014) also found a trend of delayed times for embryos that were not transferred compared to embryos that were.

### *Implanted and KID+ vs not implanted and KID-*

Meseguer et al. (2011) recorded a delay in timings within the population of embryos that did not achieve implantation, when compared to the population that achieved successful implantation (as seen in Table 2). Desai

et al. (2014) compared embryos that had known implantation data (KID+) versus embryos that had known non-implantation data (KID-) and found a delay in TL timings within the KID- arm (Table 2).

*“Normal” and euploid vs “not normal” and aneuploid*

Chawla et al. (2015) found a trend of delayed times within ‘non-normal’ oocytes when compared to their ‘normal’ counterparts. Furthermore, Campbell et al. (2013) compared embryos that exhibited euploidy versus embryos that exhibited single and multiple levels of aneuploidy and found that there was a delay in timings within the aneuploidy arms, showing statistical significance for blastulation timings (Table 2).

*ICSI vs IVF*

Kim et al. (2017) showed a statistical difference between the timings between ICSI and IVF whereby ICSI exhibited shorter times for time points tPNf, t2 and t5. These results, however, did not affect pregnancy rates between ICSI and IVF. Bodri et al. (2015) found similar results whereby IVF had statistically delayed timings for tPNf to t3 of embryo development compared to ICSI.

From Table 2 it is clear that in some studies many time points were not included in the study. The rationale behind the diminished amounts of TL time points being recorded in some studies was due to the fact that sequential media was in use and therefore timings from day 3 were not consistent and therefore avoided. Another reason included the difficulty of grading embryos past t5, where the smaller sized blastomeres become difficult to differentiate between fragmentations and cells (Meseguer et al., 2011). It was initially thought that morphokinetic gradings of early cleavage rates (t2 to t5) were sufficient to predict embryo quality and possible clinical outcome, however, it was concluded that timings past t5 may in fact be more indicative of embryo viability; albeit the ambiguity in grading past t5 (Meseguer et al., 2011).

As elaborated through the details of Table 2, one can perceive the discrepancies between different populations with regards to TL timings, even though the overall conclusion of different data populations may be similar. An example of this being that two different laboratories may both show trends of delayed timings for vitrified/warmed oocytes when compared to their fresh counterparts, however the specific TL timings may not be comparable between the respective laboratories. It has therefore been strongly suggested that in order to be able to predict possibilities of embryo development within a laboratory it is in the best interest of laboratories to collect TL image information and first establish baseline kinetics within their own population setting (Desai et al., 2014).

Table 2: A summary of studies comparing different study populations for specific TL time points (hours)

Study	Method	Time lapse time points (hours)											
		tPNf	t2	t3	t4	t5	t8	t9+	tSC	tSB	tB	tEB	tHB
De Gheselle et al., 2019	Mean fresh oocyte TL timings	23,87 (p<0.001)	26,67 (p=0.004)	36,05 (p=0.004)	39,17 (p=0.001)	47,09 (p<0.001)	57,28 (p<0.001)	68,39 (p<0.001)	86,50 (p=0.002)	97,95 (p=0.013)	106,90 (p=ns)	109,90 (p=ns)	
	Mean vitrified / warmed oocyte TL timings	26,18	28,51	38,81	42,36	51,52	64,57	76,73	90,57	102,09			
	Difference (%)	9,7	6,9	7,7	8,1	9,4	12,7	12,2	4,7	4,2			
Cobo et al., 2017	Mean fresh oocyte TL timing		27,7 (p<0.01)	37,8 (p<0.01)	40,2 (p<0.01)	50,5 (p<0.01)			86,6 (p<0.01)		103,4 (p=ns)	114,4 (p=ns)	114,9 (p=ns)
	Mean vitrified / warmed oocyte TL timing		28,7	38,9	41,4	51,7							
Chamayou et al., 2015)	Mean fresh oocytes	26,1 (p=0.001)	29,0 (p=0.007)	39,4 (p=0.014)	41,5 (p=0.002)								
	Mean vitrified / warmed	23,6	26,9	37,1	39,2								
Milewski et al., 2015	Median embryos that blastulated		26,2	37,8	39,2	53,6							
	Median embryos that did not blastulated		30,1	38,5	42,2	50,3							

<b>Desai et al., 2014</b>	Mean blastocysts transferred	24,8 ± 2,6 (p=0.001)	27,2 ± 3,6 (p<0.001)	37,6 ± 5,5 (p=ns)	40,0 ± 5,4 (p=0.003)	52,0 ± 6,3 (p=ns)	62,1 ± 9,8 (p<0.001)	73,5 ± 10,3 (p<0.001)	93,9 ± 9,8 (p<0.001)	100,2 ± 7,4 (p<0.001)	105,2 ± 6,3 (p<0.001)	110,0 ± 5,6 (p<0.001)	
<b>Desai et al., 2014</b>	Mean known implantation data (KID+)	24,1 ± 2,5 (p<0.001)	26,8 ± 3,8 (p=0.02)	36,5 ± 4,7 (p=0.004)	39,3 ± 3,7 (p=ns)	51,0 ± 4,8 (p=0.02)	59,6 ± 9,1 (p=0.02)	72,3 ± 11,7 (p=ns)	90,5 ± 8,9 (p=ns)	98,1 ± 7,0 (p=ns)	102,9 ± 6,8 (p=ns)	109,9 ± 6,4 (p=ns)	
	Mean KID-	26,2 ± 2,7	28,5 ± 4,2	40,1 ± 6,8		54,0 ± 6,2	63,9 ± 9,8						
<b>Chawla et al., 2014</b>	Mean normal embryos	24,5 ± 4,3 (p<0.05)	28,3 ± 7,2 (p<0.05)	38,7 ± 7,0 (p=ns)	40,5 ± 7,2 (p=ns)	52,3 ± 8,6 (p<0.05)							
	Mean abnormal	25,8 ± 5,6	30,6 ± 9,7			50,1 ± 9,6							
<b>Campbell et al., 2013</b>	Median timings for euploidy	20,8 (p=ns)	23,2 (p=ns)	31,1 (p=ns)		43,7 (p=ns)	52,6 (p=ns)		74,1 (p=0.02)	91,7 (p=0.006)	101,2 (p=0.01)	104,5 (p=ns)	107,5 (p=ns)
	Multiple aneuploidy								85,1	101,9			
<b>Herrero et al., 2013</b>	Median implanted embryos		27,5	39,3		54,6	61,8		85,1		108,1		
<b>Meseguer et al., 2011</b>	Mean implanted embryos		25,6 (p=0.022)	37,4 (p=0.002)	38,2 (p=0.004)	52,3 (p<0.001)							
	Mean not implanted		26,7	38,4	40,0	52,6							
<b>Kim et al., 2017</b>	Mean ICSI	24,3 ± 3,9 (p<0.001)	27,0 ± 4,5 (p<0.001)	36,5 ± 5,7 (p=ns)	38,7 ± 5,8 (p=ns)	48,7 ± 7,9 (p=0.005)	58,5 ± 11,2 (p=ns)	70,7 ± 13,2 (p=ns)	91,0 ± 11,8 (p=ns)	104,7 ± 11,2 (p=ns)	113,8 ± 10,8 (p=ns)	121,7 ± 12,0 (p=ns)	
	Mean IVF	52,2 ± 4,2	28,1 ± 4,8			49,9 ± 8,8							
<b>Bodri et al., 2015</b>	Mean ICSI	22,6 ± 2,9 (P<0.001)	25,3 ± 3,1 (p<0.001)	36,4 ± 4,1 (p=0.005)	37,8 ± 4,6 (p=ns)	50,7 ± 7,0 (p=ns)	58,8 ± 9,4 (p=ns)	72,6 ± 10,0 (p=ns)		104 ± 10,5 (p=ns)	114,5 ± 13,0 (p=ns)		
	Mean IVF	24,1 ± 3,4	26,7 ± 3,4	37,7 ± 4,5									

## RESEARCH QUESTION

With the rapid progression in technology within the ART field of medicine, TLS is an extremely unique and promising tool for improving embryo selection. Improvement of embryo selection generated from the vast amount of data available will only transpire the more time-lapse images that are annotated with data, which is standardized, to produce clinic-specific embryo kinetic models for prediction of success. The more models of embryo selection we create, the more we may understand whether an optimal morphokinetic profile exists.

This study will be focusing on establishing the profile value ranges of embryo development timings of fresh oocytes for Wijnland Fertility Clinic. The aim is to create the profile value for morphokinetic time frames, similar to the graphic seen in Figure 2. The study will include two sub-investigations, one to compare these timings with vitrified/warmed oocytes and a second, to compare fresh and vitrified/warmed sibling oocytes of patients who had both fresh and vitrified oocytes within the same treatment cycle.

## **OBJECTIVE AND AIM**

### **Primary aim**

The primary aim of this study was to establish the normative values using TLS technology for the time points of embryo development of embryos originating from fresh oocytes at the Wijnland Fertility Clinic. These established normative values were then compared to the developmental TL time points of vitrified/warmed oocytes to ascertain any significant differences between fresh and vitrified/warmed oocyte morphokinetics. The study included autologous oocytes as well as donor oocytes.

### **Secondary aim**

The secondary aim of this study was to investigate the embryo development TL time points of sibling oocytes of patients having both fresh and vitrified oocytes used for treatment in the same insemination cycle.

“Normative values” is defined in this study as: morphokinetic time point values from a heterogeneous group of patients adhering to the inclusion and exclusion criteria of the study and specifically from the Wijnland Fertility Clinic, Stellenbosch.

## **HYPOTHESIS**

### **Null Hypothesis H0**

Embryos originating from fresh and vitrified oocytes will have similar embryo developmental time points as observed with time-lapse embryo incubation.

### **Alternative Hypothesis H1**

Embryos originating from vitrified oocytes will have altered, inferior, embryo developmental time points as observed with time-lapse embryo incubation.

## CHAPTER 2

### MATERIALS AND METHODS

#### 2.1 Study population, sample and sampling method

This was a retrospective analysis study conducted at the Wijnland Fertility Clinic (Stellenbosch, South Africa) from 2018 to 2019, on all ART cycles with fresh and vitrified/warmed oocytes (autologous and donor) between the years 2013-2017, sorted according to inclusion and exclusion criteria. All fertility patients who received donor oocytes gave written consent (see Appendix M). Only standard time-lapse generated embryo development records were used for the study and patient information was kept strictly confidential.

The approximate population size of the database consisting only of embryo development records between the aforementioned years, is  $\pm n=5000$  oocytes, of which  $\pm n= 200$  is vitrified oocytes.

#### 2.2 Study design

The study design is schematically presented in Figure 10.

The study consisted of two major categories of data: fresh vs. vitrified/warmed (donor and autologous) and the explorative sibling study. The explorative sibling study data was examined separately to the primary objective of this study, however, was included within the primary objective data population. Both the primary and secondary objective of this study was evaluated with morphokinetic parameters.

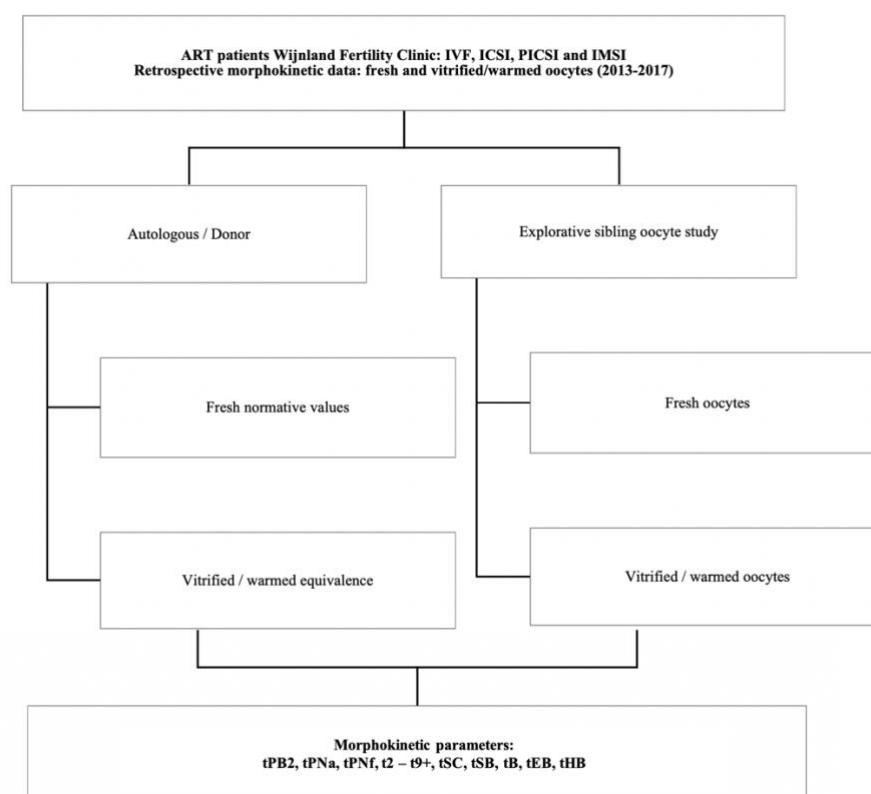


Figure 10: Study design

## 2.3 Data management and statistical analysis

The database from Wijnland Fertility Clinic of approximately 5000 individual oocytes tracked over time from fertilization to blastulation stage was used to compare fresh versus vitrified/warmed oocytes. All embryo development data was sorted according to fresh or vitrified origin.

### *Part I*

The first part of the study was the analysis [descriptive data] of a large number of fresh oocytes (>3500) and the timing results (time points and time duration) for this subgroup was used to establish normative values (5% and 95% conditional percentiles) across the age range of women.

### *Part II*

The second part of the study investigated the possible statistical differences between the fresh and vitrified/warmed oocyte morphokinetic TL time points. Traditional Quantile regression analysis was initially done, but for a more clinical useful outcome, an equivalence test was done. For the equivalence test an equivalence margin of 5% and 10% was used. The equivalence margin defines the range of values for which – in this case – the TL time points are “close enough” to be considered equivalent [Walker et al., 2010]. *“In practical terms, the margin is the maximum clinically accepted difference that one is willing to accept....”* [Walker et al., 2010].



### *Part III*

The third part of the study consisted of a subgroup of women who had both fresh and vitrified/warmed oocytes fertilized within the same cycle. These participants provide a unique natural experiment for comparing the performance of fresh versus vitrified/warmed oocytes of the same cohort. A matched pair analysis was performed and the 95% confidence intervals of the difference in time were used to assess significant differences.

For the analysis, data was acquired from the standard, routine data files and database of Wijnland Fertility Clinic. Relevant medical/laboratory data only, was transferred to a Microsoft Excel spreadsheet specifically designed for the analyses (Appendix N).

A statistician from the Biostatistics Department of the South African Medical Research Council was consulted and the following appropriate statistical methods were used in the final analysis (Appendix P).

Descriptive statistics such as proportions, percentages for categorical variables and mean, medians, 25th and 75th quartiles were calculated for the continuous variables, especially the time variables for each of the oocyte groups. To characterize the distribution of the different time epochs, the 2,5, 10, 25, 50, 75, 90, 97,5 percentiles were estimated. The 2,5th and 97,5th can be considered as the normal range for a particular group.

For the comparison of the time points between the fresh (normative) and vitrified/warmed oocyte subgroups (ICSI only) two approaches were used:

Quantile (median) regression model (Stats v15) was used to see if the **difference in median times** was statistically significant (CI:95%) and  $p < 0.05$  was regarded as statistically significant.

The two one sided test (TOST) test (Schuirmann, 1987) was used to assess **equivalence** based on the 90% confidence interval for the median difference in time points between the two groups. Two sets of equivalence margins were established a priori. The margins were defined in terms of the median time of the fresh (normal) oocytes and a 5% and 10% margin were specified. This confidence interval was estimated using quantile regression in Stats v15 (equivalence was regarded as  $p < 0.05$ ).

With regards to the literature where TL timings of fresh versus vitrified/warmed oocyte populations were available, there was a trend of a  $\pm 10\%$  difference in timings (Desai et al., 2014; Chamayou et al., 2015; De Gheselle et al., 2019). Therefore, a 5% (Cobo et al., 2017) and 10% (De Gheselle et al., 2019) level was chosen in accordance to relative literature.

With regards to the exploratory sibling study, the method used included:

Matched comparison was done in a small study where both normal and frozen oocyte were used in the same fertilization attempt to control for confounders. The numbers of attempts that were found were small and simple descriptive statistics were done.

## **2.7 Methods**

### 2.7.1 Data collection

Data was obtained from the existing medical records from Wijnland Fertility. The data collection sheet can be seen in Appendix N.

### 2.7.2 ART procedures

The following standard, routine procedures were used in this retrospective study (Appendices A-L).

#### *Ovarian stimulation*

The three phases of follicular stimulation, estrogen supplementation and luteal phase support were conducted according to the Wijnland Fertility ovarian stimulation standard operating procedure (SOP) – (Appendix A).

#### *Oocyte retrieval*

A standard oocyte retrieval procedure according to the SOP of Wijnland Fertility Clinic was used (Appendix B). Ova are collected via a process called ‘aspiration’ which is performed by the fertility specialist on duty. This process involves retrieving ova from the women’s ovaries and aspirated follicular fluids are then examined to pick up and collect all cumulus oocyte complexes (COC) present. The found COCs are then further examined, as presented in Appendix C.

#### *Semen Preparation*

Semen was processed using the standard, routine protocols for gradient centrifugation. The standard protocols for semen preparation are presented in Appendix D.

#### *Fertilization/insemination process*

Mature MII oocytes were inseminated using the standard protocols for IVF, ICSI and IMSI. These 4 procedure’s SOPs can be found in Appendix E and F.

#### *Embryo culture*

Standard embryo culture methods were used and are presented in Appendix G and 3. Different media was used over the 5-year period. 2013 – 2014 Global Total was used, while SAGE 1-step was used from late 2014 onwards.

*Embryo evaluation*

Standard morphokinetic evaluation for quality and morphology were annotated using EmbryoScope™ technology along with the clinic's embryo development sheet (Appendix H; 1-5).

*Embryo transfer*

A standard embryo transfer procedure was followed (Appendix I). In general, one embryo was transferred using a standard embryo transfer method.

*Oocyte vitrification/thawing*

The standard operating manual supplied by CryoTech™ and Kitazato™ was used (Appendix J and K; 6 - 9).

*Consent forms*

The relevant consent forms from Wijnland Fertility were used, as seen in Appendix M.

2.7.3 Inclusion criteria

All IVF, ICSI and IMSI treated patients (autologous and donor oocytes) during the time frame of the study: 2013 – 2017

- All available data on fresh and vitrified oocyte cycles
- All female recipient ages
- All donor ages
- Cryopreserved donor spermatozoa
- All male diagnoses
- Same sex couples
- Surrogacy couples

2.7.4 Exclusion criteria

- Oocytes with missing data points
- Oocytes with irregular divisions, data points after the irregular division occurred
- Irregular cleavages (reverse cleavage (RC))
- arrested embryos
- Erratic division
- Degenerated embryos
- Abnormal fertilization (1PN, 3PN or 4PN)
- Oocytes that did not fertilize, rescue-ICSI (RICSI)
- Germinal vesicle (GV) oocytes
- Missing data due to electricity outages

- Missing data due to services of the TL incubator
- Day 3 vitrification
- System tests and test run slides
- Embryos that did not reach blastocyst stage

The effect of sexually transmitted infections on embryo development is yet unknown, thus known positive infections are excluded to reduce statistical noise in establishing normative values. In addition, in donor oocytes treatment cycles, all gamete donors are tested for HIV and infectious diseases and are not accepted as donors when they test positive. This is in accordance with the National Health Act of 2003.

## CHAPTER 3

### RESULTS

The Wijnland Fertility Clinic patient population was assessed in order to extrapolate a normative data range (see definition under “Secondary aim” in Chapter 2) using the fresh oocyte population of embryos. The data range was collected based on a collection of various time points during the development of the mentioned embryos using a TLS. Vitrified/warmed oocyte population embryos were also examined and compared to the normative range in order to determine if there was a significant difference in the morphokinetic development of fresh versus vitrified/warmed oocytes in terms of time points. A subpopulation of sibling oocytes was also examined in order to determine if there was, if any found from the primary outcome, a similar difference between homogenous oocyte cohorts.

#### 3.1 Study population

##### 3.1.1 Estimated patient population

Prior to the approval of this study by the Health Research Ethics Council (HREC) the available data from the years 2013 to 2017 included an approximate sample population of  $n=\pm 5000$  oocytes, of which  $n=\pm 200$  were vitrified/warmed oocytes.

##### 3.1.2 Exact patient population

As seen in Table 3, the exact population size before exclusion criteria were applied was  $n=5131$ .

The data was categorized into oocyte history (fresh or vitrified/warmed) and oocyte source (autologous or donor). The subpopulation of sibling oocytes was examined separately, and an exact population size was determined after the refined total population of  $n=2120$  was concluded, and therefore a data usage rate was not calculated.

Table 3: Summary of the oocyte population sizes before exclusion criteria was applied

Raw data population			
			Total
Oocyte history	Vitrified/warmed	184	5131
	Other	101	
	“Unknown”	15	
	“Blank”	20	
	Fresh	4811	
Oocyte source	Autologous	4310	
	Donor	786	
	“Unknown”	15	
	“Blank”	20	
Final population size			
			Total
Oocyte history	Vitrified/warmed	179	2120
	Fresh	1941	
Oocyte source	Autologous	4310	
	Donor	786	57
	Sibling oocytes	57	

### 3.1.3 Refined patient population

The refined patient population was extrapolated post HREC approval and after exclusion criteria were applied. The data was managed in two steps: first, to obtain all data from the TLS export to obtain exact population sizes (Table 3) and second, to analyze each data point individually in order to apply the exclusion criteria. Upon the detailed inspection of the data, the following was recorded and subsequently excluded: irregular cleavages (reverse cleavage (RC)), arrested embryos, erratic division, degenerated embryos, abnormal fertilization (1PN, 3PN or 4PN), oocytes that did not fertilize, rescue-ICSI (RICSI), germinal vesicle (GV) oocytes, missing data due to electricity outages, missing data due to services of the TL incubator, day 3 vitrification, system tests and test run slides. Raw data included data points where the cell was either blank or had an “unknown” value. If these cells could not be repaired by examining each case individually these data points were also excluded.

The refined population size decreased dramatically with a data usage rate of 41,3% (n=2120), as seen in Figure 11. From Table 3 and Figure 11 it is clear the majority of the oocytes in the study population was fresh and autologous.

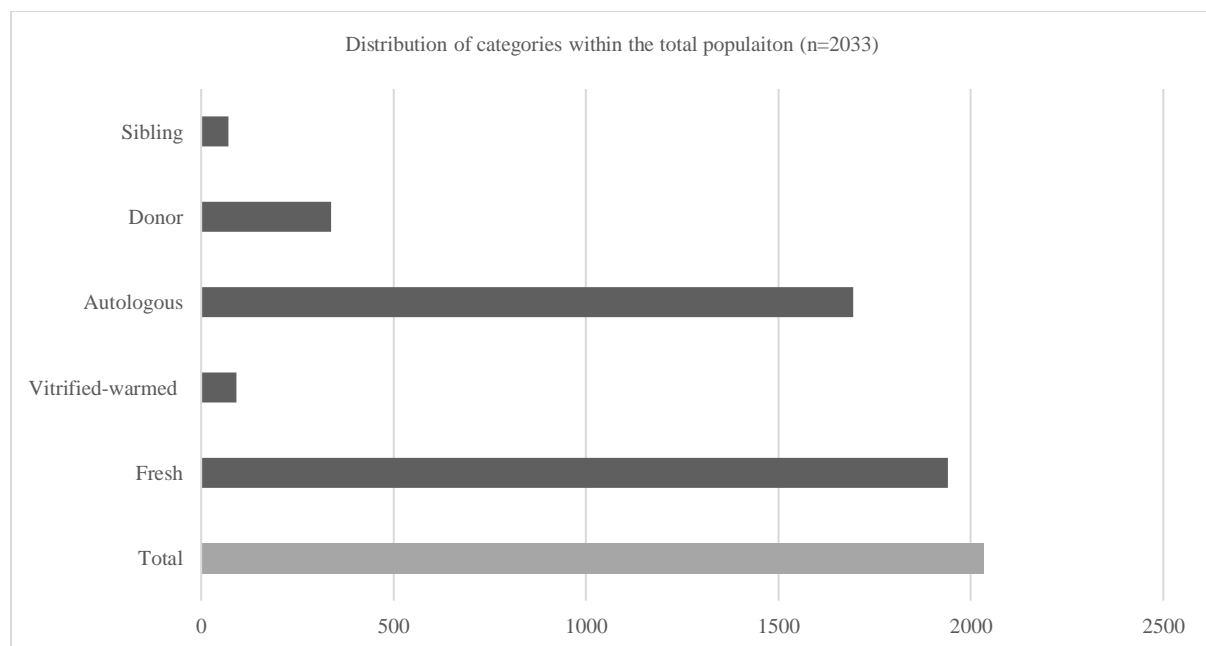


Figure 11: Graph of the distribution of categories within the refined population (n=2120)

## A. Descriptive statistics

### 3.2 Fresh oocyte population

#### 3.2.1 Centile values (hours) for time points for the fresh oocyte population (normative range)

The normative range was primarily formulated by estimating the relevant centiles for the morphokinetic development time points of relevant cell stages within the fresh oocyte population. The normal range was considered as the two centiles that contain 95% of the underlying population, thus the 2,5<sup>th</sup> and 97,5<sup>th</sup> percentile was recorded as such values. The confidence interval of these two estimates reflect the uncertainty around the estimate, however due to the large sample size (n=2120) this uncertainty was negligible.

The analysis of each time point contained 95% of the normative populations that exhibited time points specific to a cell stage (PN, tPNa, tPNf etc.,) between the 2,5<sup>th</sup> and 97,5<sup>th</sup> percentile in hours. These values are presented in Table 4. A median value (50% centile) was also recorded for each time point (Table 4), in order to easily compare this normative range to existing literature.

Table 4: Presentation of centile values for the normative time points (hours) for each TL event of the fresh oocyte population

Centiles (hours)				
TL event	Observations	2,5 %	50 % (Median)	97,5%
tPB2	1349	1,88	3,68	7,67
tPNa	1382	4,78	7,33	12,70
tPNf	1408	18,81	23,10	30,51
t2	1415	21,53	25,80	33,83
t3	1413	30,73	36,83	46,78
t4	1412	32,08	37,65	49,94
t5	1407	39,04	49,63	64,01
t6	1413	42,36	50,89	67,74
t7	1409	43,71	52,40	72,92
t8	1413	44,48	54,51	82,36
t9	1413	52,18	68,52	90,12
tSC	1413	62,00	83,50	106,79
tSB	1395	84,07	97,25	120,81
tB	1317	91,20	105,37	134,56
tEB	960	98,28	111,84	139,64
tHB	137	104,64*	114,40	148,54*

\*Lower (upper) confidence limit held at minimum (maximum) of sample.

### 3.2.2 Centile values (hours) for the duration between each time point (centile of difference) for the fresh oocyte population (normative range)

The centiles of difference were defined as the duration between each time point (hours). The centiles of difference were estimated in the same manner as with the centiles for each time point, however, were calculated using the difference between each time point (Table 5). The duration of any given embryo at each time point was considered as the two centiles that contain 95% of the underlying population, thus the 2.5th and 97.5th percentile was recorded as such values; as with the estimates of each time point (Table 4).



Table 5: Presentation of centile values for the normative duration between time points (hours) (centile of difference) for each TL event of the fresh oocyte population

Variable	Observations	Centiles (hours)		
		2,5 %	50 % (Median)	97,5%
t2 to t3	1415	8,44	11,01	13,79
VP duration	1380	10,75	15,51	21,79
ECC2 duration	1348	17,51	21,86	28,78
S2 duration	1412	0,00	0,50	7,19
t3 to t4	1413	0,00	0,50	7,19
t4 to t5	1412	0,50	12,25	17,34
t5 to t6	1407	0,00	0,75	12,97
t6 to t7	1413	0,00	1,00	14,00
t7 to t8	1409	0,00	1,25	17,50
t8 to t9	1413	0,00	13,50	23,69
t9+ duration	1413	0,00	13,26	37,76
ECC3 duration	1409	11,51	16,01	38,47
S3 duration	1404	0,75	3,75	25,21
tSC to tSB	1413	3,50	13,50	35,04
tSB to tB	1395	3,75	8,33	21,77
tB to tEB	1317	3,00	8,00	20,44
tEB to tHB	960	0,00	5,37	19,02
tHB duration	137	0,00	2,98	15,75

A summary of the median times (hours) for the duration between time points for fresh oocytes are graphically displayed in Figure 12 (Appendix U). This graphic representation of the centiles of difference allows a visual representation of the time (hours) any given embryo will spend at each cell stage.

Figure 13 (Appendix U) gives a further graphic representation of the cell cycle durations of the embryos within the normative range.

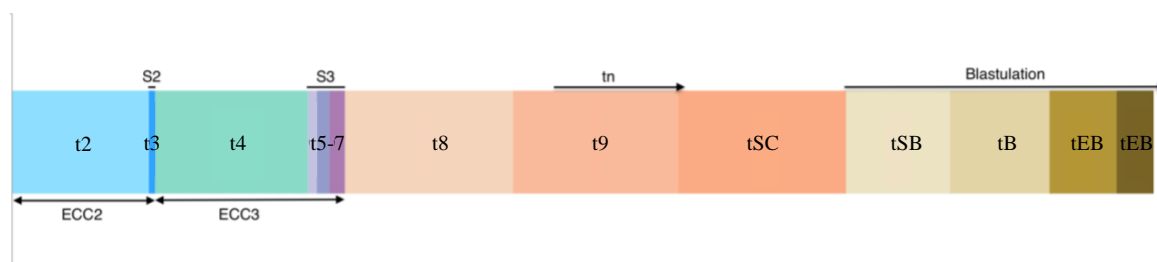


Figure 12: Diagram presenting median fresh embryo cell stage time durations (hours) for the fresh oocyte (normative) population

Figure 13 (Appendix U) gives a further graphic representation of the cell cycle durations of the embryos from the fresh oocytes within the normative range.

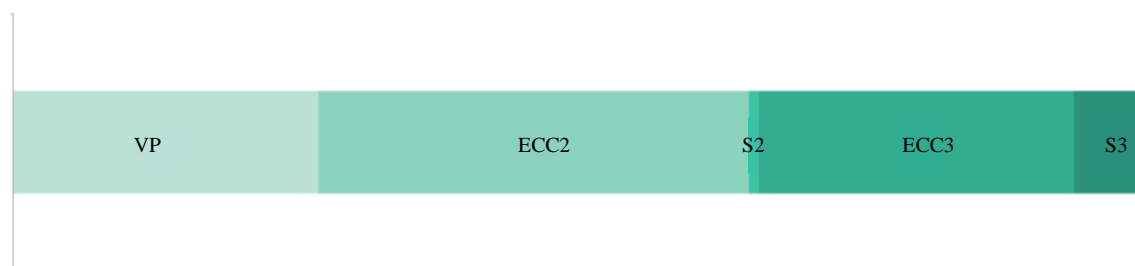


Figure 13: Median fresh embryo cell cycle time duration (hours) for the normative population

### 3.2.3 Centile values (hours) for time points for the fresh oocyte population (normative range) for the different insemination methods (ICSI, IVF and IMSI)

The fresh oocyte population consisted of the following insemination methods: ICSI (n=982; 69,30%), IMSI (n=226; 15,95), and IVF (n=209; 14,75%). The results are presented in Figure 16 and Table 5.

The only notable observed differences between time points for insemination method were within the IVF arm. Differentiation was observed from t9 onwards (Figure 14 and Table 6), where it was observed that embryos that were fertilized by IVF had a shorter median time point (hours) than their ICSI and IMSI counterparts, respectively (t9: 67,86 vs 68,43 and 69,58; tSC: 81,52 vs 83,13 and 86,58; tSB: 94,99 vs 97,32 and 99,39; tB: 103,86 vs 105,3 and 107,39). It is also interesting to note that IMSI time points were generally later than the IVF and ICSI time points.

The delayed IVF median time point (hours) did, however, accelerate when reaching the blastocyst stage. At tB, median time points plateaued (103,86 vs ICSI 105,3 and IMSI 107,39) and increased from tEB (111,53 vs ICSI 111,71 and IMSI 112,27) to tHB (115,82 vs ICSI 113,9 and IMSI 113,51), as seen in Table 6 and Figure 14.

Table 6: Presentation of centile values for the normative time points (hours) for each TL event of the fresh oocyte population according to insemination method (IVF, ICSI, IMSI)

	ICSI	IMSI	IVF
TL events	Centile median (50%) (hours)		
tPB2	3,56	3,49	4,40
tPNa	7,21	7,66	7,20
tPNf	23,05	23,62	23,01
t2	25,68	26,25	25,55
t3	36,74	37,21	36,80
t4	37,49	38,00	37,89
t5	49,67	50,05	49,13
t6	50,92	51,18	50,31
t7	52,42	52,42	52,08
t8	54,58	54,40	54,22
t9	68,43	69,58	67,86
tSC	83,13	86,58	81,52
tSB	97,32	99,39	94,99
tB	105,30	107,39	103,86
tEB	111,71	112,27	111,53
tHB	113,90	113,51	115,82

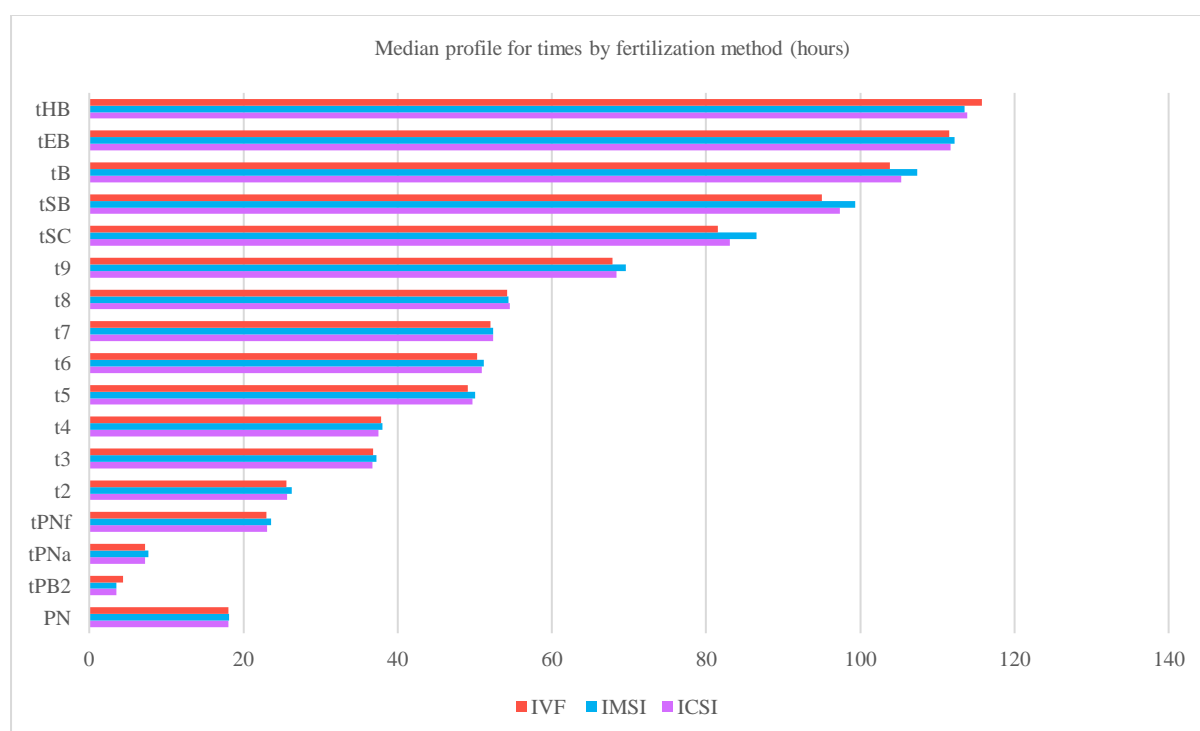


Figure 14: Bar graph showing the median values (hours) of each time point recorded for the fresh oocyte population according to insemination method (IVF, IMSI, ICSI)

### 3.2.4 Centile values (hours) the duration between each time point (centile of difference) for the fresh oocyte population (normative range) for the different insemination methods (IVF, ICSI, IMSI)

The centiles of difference (time (hours) between each time point) by insemination method was calculated in the same manner as centiles of difference for the entire normative range population. The median of each insemination method was recorded, as seen in Table 7 and Figure 15 and 16.

Table 7: Presentation of centile values for the normative duration between time points (hours) (centile of difference) for each TL event of the fresh oocyte population for the respective insemination methods (IVF, ICSI, IMSI)

Variables	ICSI	IMSI	IVF
	Median centiles of difference (50%) (hours)		
t2 to t3	11,02	11,13	11,00
VP duration	15,51	15,51	15,51
ECC2 duration	22,00	22,52	20,69
S2 duration	0,50	0,50	0,50
t3 to t4	0,50	0,50	0,50
t4 to t5	12,20	12,26	11,75
t5 to t6	0,75	0,74	0,50
t6 to t7	1,00	1,00	0,82
t7 to t8	1,25	1,25	1,25
t8 to t9	13,50	13,39	13,26
t9+ duration	12,93	15,50	12,50
ECC3 duration	16,25	16,10	15,51
S3 duration	2,00	3,75	3,51
tSC to tSB	13,76	12,70	13,24
tSB to tB	8,50	8,49	8,00
tB to tEB	8,00	8,00	8,50
tEB to tHB	5,50	4,76	6,25
tHB duration	3,00	1,43	0,75

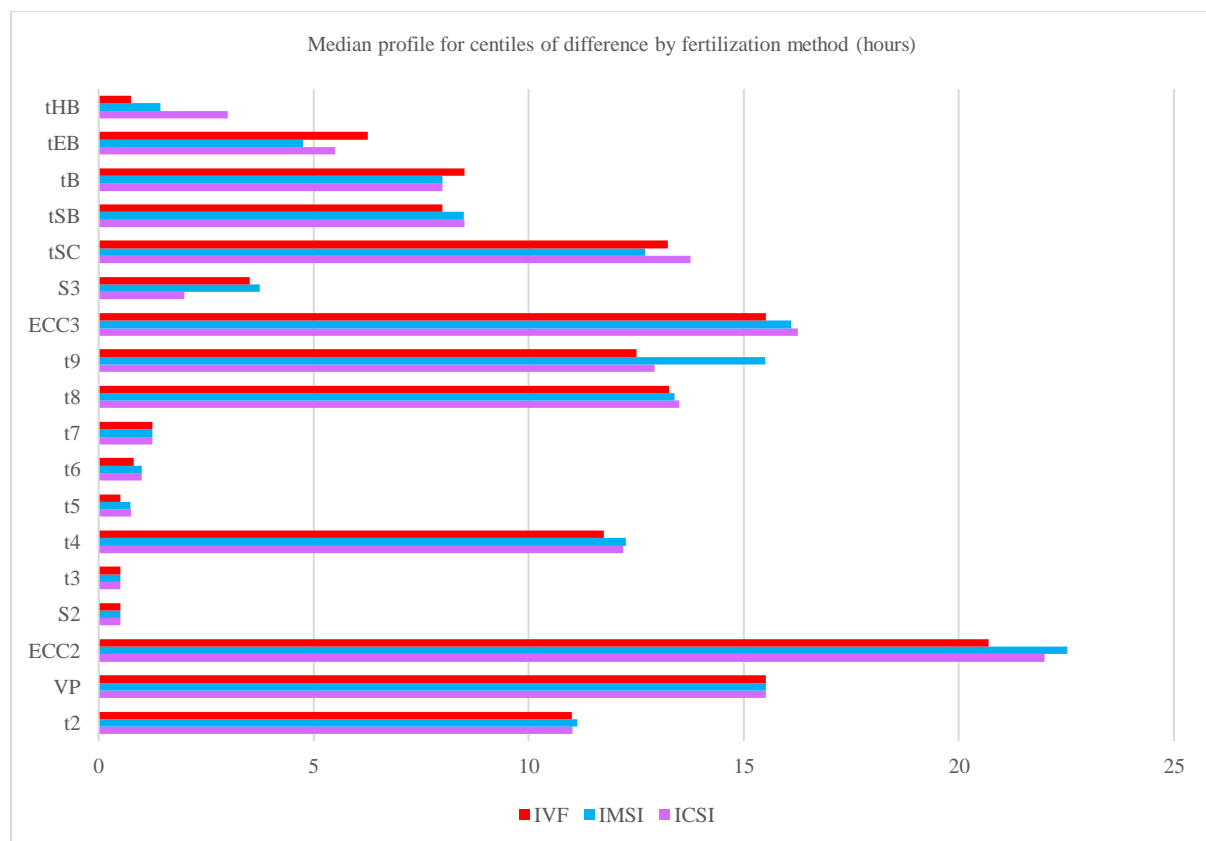


Figure 15: Bar graph showing centile values for the normative duration between time points (hours) (centile of difference) for each TL event of the fresh oocyte population for the respective insemination methods (IVF, ICSI, IMSI)

The observations made for the centiles of difference by insemination method was that IVF fertilized oocytes had shorter duration times during early cleavage to compaction when compared to ICSI and IMSI (Figure 16), respectively (t4: 11,75 vs 12,20 and 12,26 and 11,75; t6: 0,82 vs 1,00 and 1,00; t8: 13,26 vs 13,50 and 13,39; t9: 12,50 vs 12,93 and 15,50). It was observed, however, that the IVF population did exhibit longer duration times during the blastulation stages of embryo development (tB: 8,50 vs 8,00 ICSI and IMSI; tEB: 6,25 vs 5,50 ICSI and 4,76 IMSI). It was also noted that the IMSI population exhibited longer duration times for ECC2 (22,52 vs 22,00 ICSI and 20,69 IVF), t9 (15,50 vs 12,93 ICSI and 12,50 IVF). Lastly, it was observed that ICSI duration for tHB was the longest (3,00 vs 1,43 IMSI and 0,75 IVF), however this could be due to the fact that ICSI observation numbers for duration of tHB was considerably larger compared to IMSI and IVF, respectfully (n=93 vs n=16 and n=19).

Figure 16 shows a graphic representation of the time spent at each cell stage during embryo development (Appendix U) for the different insemination methods – IVF, ICSI and IMSI respectively.

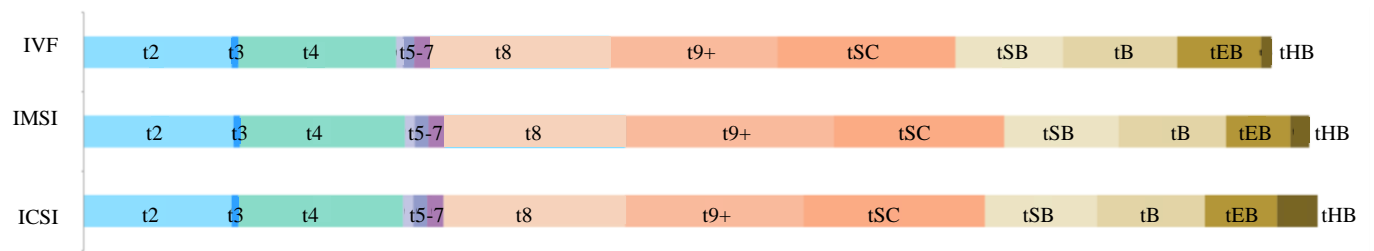


Figure 16: Diagram presenting median fresh embryo cell stage time durations (hours) for the normative population by insemination method (IVF, ICSI, IMSI)

### 3.3 Vitrified/warmed oocyte population

The total population for the vitrified/warmed oocyte category was n=179 (n=115 autologous and n=64 donor oocytes) (Table 8).

Table 8: Summary of vitrified/warmed oocyte population statistics

Category	Frequency	Percent
Autologous	115	64,25
Donor	64	35,75
N=179		

#### 3.3.1 Centile values (hours) for time points for the vitrified/warmed oocyte population

Due to the small population size (n=179) the range of centiles were equivalent to the minimum and maximum values observed and this was true for all time points. For example, the minimum value recorded for t2=20,25 and therefore became the 2,5% centile for that time point.

The values are presented in Table 9.

A median value (50% centile) was also recorded for each time point in order to easily compare this normative range to existing literature.

Table 9: Presentation of centile values for the time points (hours) for each TL event of the vitrified/warmed oocyte population

TL event	Centiles (hours)			
	Observations	2,5 %	50 % (Median)	97,5%
tPB2	108	1,84	3,98	10,23
tPNa	110	4,14	8,37	15,50
tPNf	89	18,76	24,58	42,55
t2	83	20,25	27,98	46,07
t3	77	27,51	38,58	70,69
t4	73	32,63	40,78	85,58
t5	71	34,32	51,12	92,14
t6	69	37,18	53,79	94,03
t7	66	42,97	55,41	86,97
t8	61	43,28	61,74	86,97
t9	61	49,15	70,50	96,63
tSC	53	70,54	91,64	114,52
tSB	46	87,58	104,07	125,62
tB	40	95,69	112,34	150,95
tEB	29	98,88	116,28	163,30
tHB	6	114,14	121,80	139,48

### 3.3.2 Centile values (hours) for the duration between each time point (centile of difference) for the vitrified/warmed oocyte population.

The centiles of difference were defined as the duration between each time point (hours). Only the 50% centile value – the median – is presented (Table 10).

Table 10: Presentation of centile values for the duration between time points (hours) (centile of difference) for each TL event of the vitrified/warmed oocyte population

TL event	Observations	50% (Median)(hours)
t2 to t3	75	11,27
t3 to t4	67	0,75
t4 to t5	67	11,50
t5 to t6	64	1,25
t6 to t7	64	1,25
t7 to t8	59	2,00
t8 to t9	60	9,19
t9+ duration	51	21,76
tSC to tSB	46	11,50
tSB to tB	40	8,88
tB to tEB	29	7,75
tEB to tHB	6	4,38
tHB duration	6	3,90



### 3.4 Fresh vs vitrified/warmed oocyte population (ICSI insemination only)

It is important to note that for the analysis of this population, only ICSI insemination oocytes for fresh and vitrified/warmed oocytes were used.

#### 3.4.1 Centile values (hours) for time points for the fresh vs vitrified/warmed oocyte population

When comparing fresh and vitrified/warmed oocyte sourced embryos for the median centile for time points (hours), the total fresh population oocytes had shorter duration times (vitrified/warmed were therefore delayed) from t2 to tHB, when compared to the vitrified/warmed oocyte population (t2: 25,8 vs 28,0; t3: 36,8 vs 38; t4: 37,7 vs 40,8; t5: 49,6 vs 51,1; t6: 50,9 vs 53,8; t7: 52,4 vs 55,4; t8: 54,5 vs 61,7; t9+: 68,5 vs 70,5; tSC: 83,5 vs 91,6; tSB: 97,2 vs 104,1; tB: 105,4 vs 112,3; tEB: 111,8 vs 116,3; tHB: 114,4 vs 121,8), as seen in Table 11 and Figure 17.

Table 11: Presentation of centile values for the time points (hours) for each TL event of the fresh vs vitrified/warmed oocyte population

TL event	Median time (hours)		
	Fresh	Vitrified/warmed (ICSI only)	Vitrified/warmed delay (Yes/No)
t2	25,8	28,0	Yes
t3	36,8	38,6	Yes
t4	37,7	40,8	Yes
t5	49,6	51,1	Yes
t6	50,9	53,8	Yes
t7	52,4	55,4	Yes
t8	54,5	61,7	Yes
t9+	68,5	70,5	Yes
tSC	83,5	91,6	Yes
tSB	97,2	104,1	Yes
tB	105,4	112,3	Yes
tEB	111,8	116,3	Yes
tHB	114,4	121,8	Yes

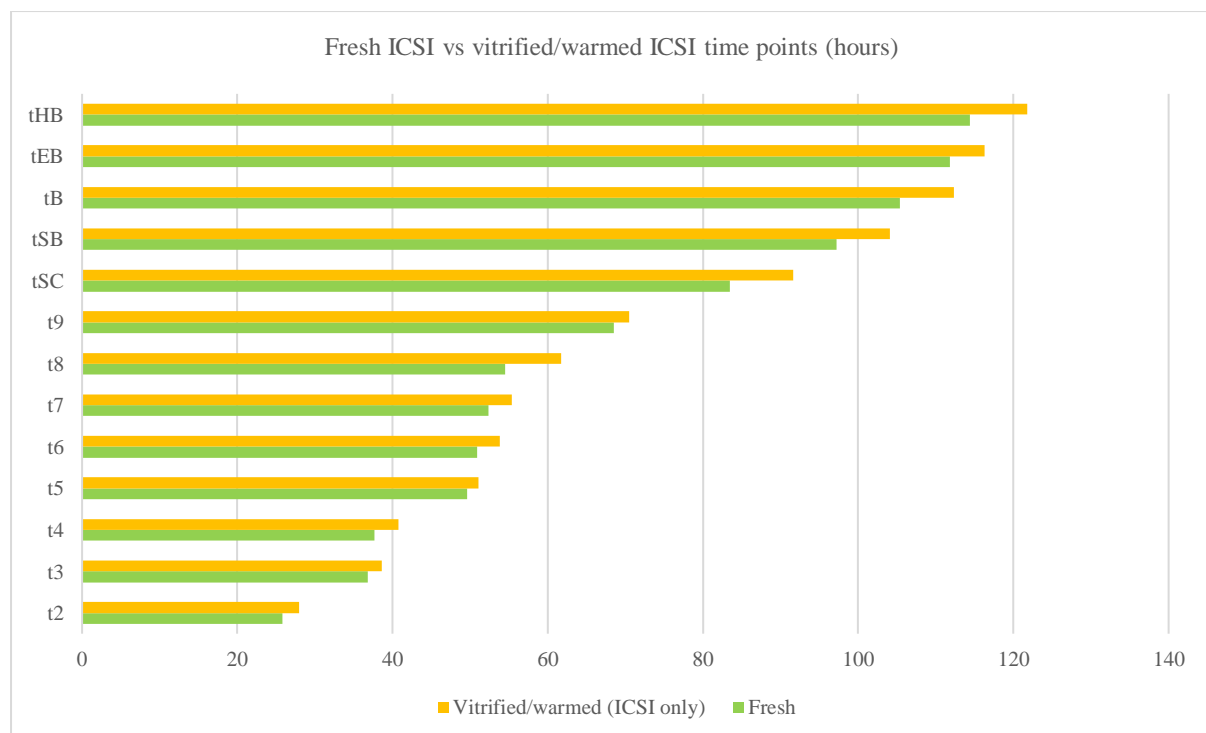


Figure 17: Bar graph showing median values for the time points (hours) for the fresh oocyte population vs the vitrified/warmed oocyte population

### 3.4.2 Centile values (hours) for the duration between each time point (centile of difference) for the fresh vs vitrified/warmed oocyte population

When comparing fresh and vitrified/warmed oocyte sourced embryos for the median centile of difference (hours), the overall fresh population oocytes had shorter duration times (vitrified/warmed were therefore delayed) from t2 to t3, t5 to t7 and t9, when compared to the vitrified/warmed oocyte population (t2: 11,02 vs 11,27; t3: 0,5 vs 0,75; t5: 0,75 vs 1,25; t6: 1,00 vs 1,25; t7: 1,25 vs 2,00; t9: 12,93 vs 21,76), as seen in Table 12, Figure 18 and Figure 19.

Figure 19 shows a graphic representation of the time spent at each cell stage during embryo development (Appendix U) for the fresh vs vitrified/warmed oocyte groups.

Table 12: Fresh vs vitrified/warmed oocyte source duration between time points (hours) (centiles of difference)

TL events	ICSI Fresh	ICSI Vitrified/warmed	Vitrified Delayed (Yes/No)
t2 to t3	11,02	11,27	Yes
VP duration	15,51	16,26	Yes
ECC2 duration	22,00	24,01	Yes
S2 duration	0,50	0,75	Yes
t3 to t4	0,50	0,75	Yes
t4 to t5	12,20	11,50	No
t5 to t6	0,75	1,25	Yes
t6 to t7	1,00	1,25	Yes
t7 to t8	1,25	2,00	Yes
t8 to t9	13,50	9,19	No
t9+ duration	12,93	21,76	Yes
ECC3 duration	16,25	17,26	Yes
S3 duration	2,00	8,13	Yes
tSC to tSB	13,76	11,50	No
tSB to tB	8,50	8,88	Yes
tB to tEB	8,00	7,75	No
tEB to tHB	5,50	4,38	No
tHB duration	3,00	3,90	Yes

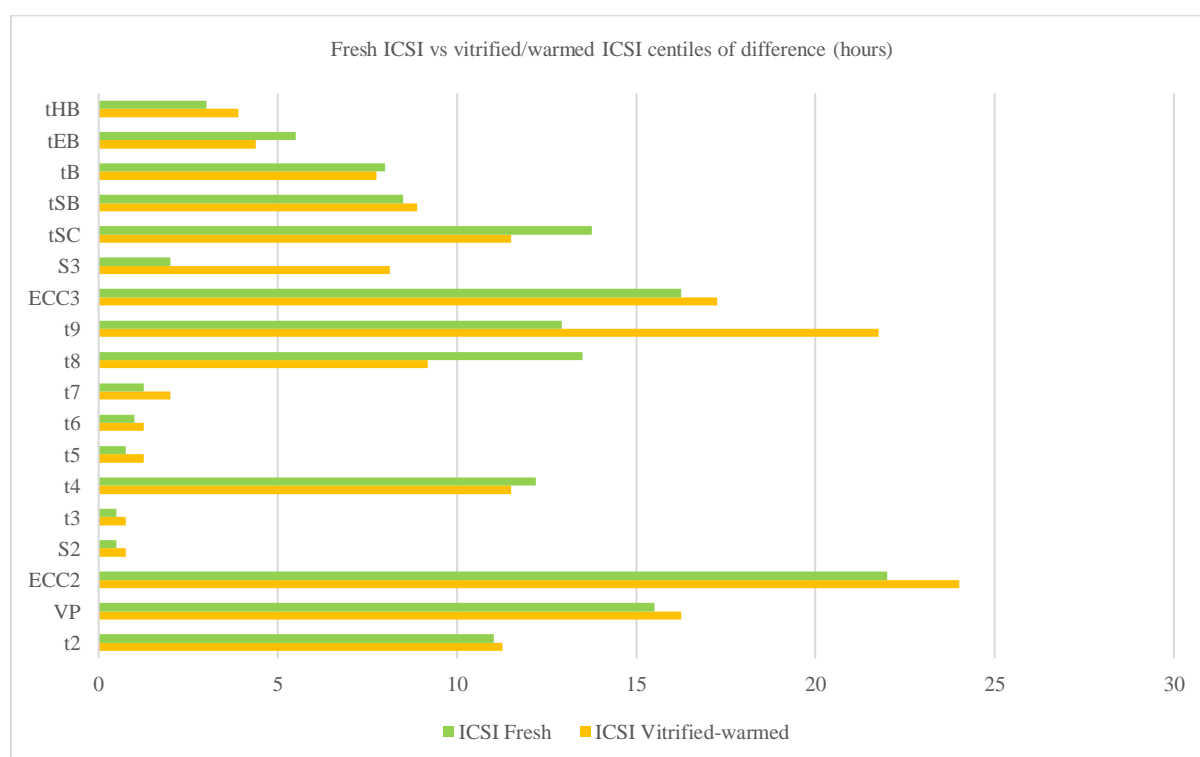


Figure 18: Bar graph showing the median duration between time points (hours) (centiles of difference) recorded for the fresh oocyte population vs the vitrified/warmed oocyte population

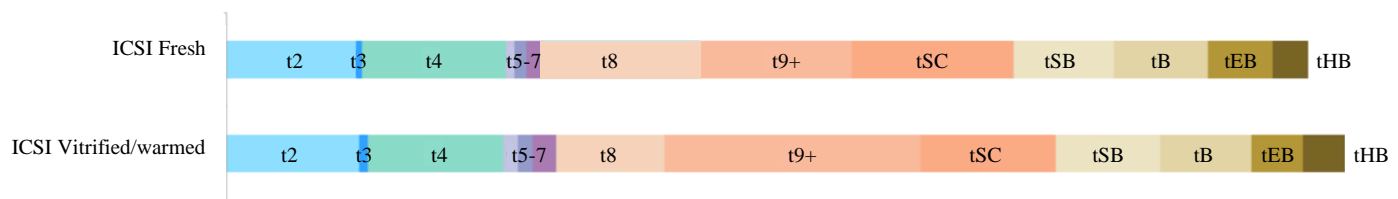


Figure 19: Diagram presenting median embryo cell stage time durations (hours) for the ICSI fresh oocyte population vs the vitrified-warmed oocyte population

## B. Statistical data

The descriptive data showed clearly that fresh and vitrified/warmed oocyte populations have different time point timings as well as time durations from one time point to the next.

The clinical implication and significance of this result needs to be further explored.

A statistical analysis of the data was done to establish any significant differences between the two groups – fresh and vitrified/warmed morphokinetic information using TL.

Two statistical approaches were investigated: a) a Quantile (median) regression analysis and b) a two one-sided test (TOST) to test for equivalence.

Statistical analysis for the fresh vs vitrified/warmed comparison was done only on **ICSI** inseminated oocyte groups and also only for **TL time points**.

### 3.4.3 Quantile (median) regression analysis

A traditional comparative **quantile [median] regression analysis** was conducted in order to determine if there was a significant difference in time point values (hours) between fresh and vitrified/warmed oocytes at the 95% confidence level (CI). The results are presented in Table 12. This analysis was performed on ICSI only cycles (n=996).

It was found that most time point values were significantly different ( $p < 0.05$ ) when comparing fresh vs vitrified/warmed oocytes. For all time points tested the vitrified/warmed times were significantly longer and there was therefore a delay in development and reaching the specific time point for the vitrified/warmed oocyte group (Table 13). There was however no statistical difference in time point values for t5 ( $p = 0.068$ ; 95% CI) and t9 ( $p = 0.106$ ; 95% CI), although these time points were still delayed for the vitrified/warmed population.

Table 13: Presentation of the quantile median regression analysis comparing for significant difference in time points between fresh and vitrified/warmed oocytes groups (95% CI, ICSI only cycles)

Time point	Median Fresh	Median vitrified/warmed oocytes	Coefficient of Difference	p-value (95% CI)
tPB2	3,56	4,00	0,44	p<0.001
tPNa	7,21	8,38	1,17	p<0.001
tPNf	23,05	24,58	1,53	p<0.001
t2	25,69	27,98	2,29	p<0.001
t3	36,74	38,58	1,84	p=0.001
t4	37,52	40,78	3,26	p<0.001
t5	49,67	51,12	1,45	p=0.068
t6	50,93	53,79	2,86	p<0.001
t7	52,43	55,41	2,98	p=0.001
t8	54,60	61,74	7,14	p<0.001
t9+	68,44	70,50	2,06	p=0.106
tSC	83,13	91,64	8,51	p<0.001
tSB	97,32	104,46	7,14	p<0.001
tB	105,34	112,51	7,17	p=0.001
tEB	111,71	116,28	4,57	p=0.008
tHB	113,90	122,43	8,53	p=0.013

#### 3.4.4 Two one-sided test (TOST) to test for equivalence

A Two one-sided test (TOST) to test was then done in order to test for equivalence in time point values [hours] between fresh and vitrified/warmed oocytes. Equivalence margins of 5% and 10% were decided on and tested for equivalence. Equivalence defines a range of values for which efficacies are close enough to be considered equivalent (Walker et al., 2010). A 90% CI is used to test against and if equivalence is established, it yields  $p < 0.05$  significance.

The results are presented in Table 14. This analysis was performed on ICSI only cycles ( $n=996$ ).

From Table 14 it is clear that at the 5% level, none of the time point values is equivalent. This result is similar to the quantile regression analysis – showing that the time points between fresh and vitrified/warmed oocyte groups are significantly different. A 5 % level is however quite strict and equivalence at 10% was also tested. This resulted in several time point values now being equivalent. However, 9 of the time points still showed non-equivalence and were still significantly different. They included: tPB2, tPNa, t2, t4, t8, tSC, tSB and tB.

Table 14: Two one-sided test (TOST) to test for equivalence for TL time points in fresh versus vitrified/warmed oocyte populations,

Time Point	Median Fresh	Median Vitrified / warmed	5% Lower	5% Upper	10% Lower	10% Upper	90% CI Lower	90% CI Upper	Equivalence at 5%	Equivalence at 10%
tPB2	3,56	4,00	-0,178	0,178	-0,356	0,356	0,237	0,646	No	No
tPNa	7,21	8,38	-0,361	0,361	-0,721	0,721	0,829	1,153	No	No
tPNf	<b>23,05</b>	<b>24,58</b>	<b>-1,153</b>	<b>1,153</b>	<b>-2,305</b>	<b>2,305</b>	<b>0,854</b>	<b>2,210</b>	No	Yes
t2	25,69	27,98	-1,285	1,285	-2,569	2,569	1,590	2,980	No	No
t3	<b>36,74</b>	<b>38,58</b>	<b>-1,837</b>	<b>1,837</b>	<b>-3,674</b>	<b>3,674</b>	<b>0,988</b>	<b>2,700</b>	No	Yes
t4	37,52	40,78	-1,876	1,876	-3,752	3,752	2,314	4,223	No	No
t5	<b>49,67</b>	<b>51,12</b>	<b>-2,484</b>	<b>2,484</b>	<b>-4,967</b>	<b>4,967</b>	<b>0,134</b>	<b>2,758</b>	No	Yes
t6	<b>50,93</b>	<b>53,79</b>	<b>-2,547</b>	<b>2,547</b>	<b>-5,093</b>	<b>5,093</b>	<b>1,663</b>	<b>4,075</b>	No	Yes
t7	<b>52,43</b>	<b>55,41</b>	<b>-2,622</b>	<b>2,622</b>	<b>-5,243</b>	<b>5,243</b>	<b>1,537</b>	<b>4,426</b>	No	Yes
t8	54,60	61,74	-2,730	2,730	-5,460	5,460	4,999	9,293	No	No
t9+	<b>68,44</b>	<b>70,50</b>	<b>-3,422</b>	<b>3,422</b>	<b>-6,844</b>	<b>6,844</b>	<b>-0,041</b>	<b>4,170</b>	No	Yes
tSC	83,13	91,64	-4,157	4,157	-8,313	8,313	5,394	11,618	No	No
tSB	97,32	104,46	-4,866	4,866	-9,732	9,732	4,346	9,928	No	No
tB	105,34	112,51	-5,267	5,267	-10,534	10,534	3,640	10,687	No	No
tEB	<b>111,71</b>	<b>116,28</b>	<b>-5,586</b>	<b>5,586</b>	<b>-11,171</b>	<b>11,171</b>	<b>1,588</b>	<b>7,561</b>	No	Yes
tHB	113,90	122,43	-5,695	5,695	-11,390	11,390	3,086	13,979	No	No

The equivalence levels were calculated by determining the lower and upper confidence limit (90% CI) and then comparing them with the predefined theoretical equivalence margins (5% and 10%). If the confidence interval with the limits (5% or 10%) turned out to be completely included in the theoretical range, it was decided in favor of the hypothesis of equivalence.

This was the case whenever both the value of the lower 90% CI was larger than the lower limits of 5% or 10% and the upper 90% CI were smaller than the upper limits of 5% and 10%. In other words, if the 5% or 10% equivalence margin 'engulfed' the 90% CI, equivalence was accepted.

At the 5% level of equivalence it was found that no time points showed equivalence ( $p < 0.05$ ; 90%CI; 5%). This indicated that there was a significant delay for all time points within the vitrified/warmed oocyte population, when compared to the fresh oocyte population ( $p < 0.05$ ; 90%CI; 5%). At the 10% level of equivalence there were heterogeneous results regarding equivalence and non-equivalence, due to the broader testing level of 10%, compared to the stricter level of 5%. It was found at the 10% level that there was significant non-equivalence for time points tPB2, tPNa, t2, t4, t6, t8, tSC, tSB, tB and tHB ( $p < 0.05$ ; 90%CI; 10%). This indicated that for the times stated for non-equivalence there was a delay in timings within the vitrified/warmed oocyte population. Conversely, also at the 10% level, it was found that there was significant equivalence for time points tPNf, t3, t5, t7, t9+ and tEB ( $p < 0.05$ ; 90%CI; 10%). This indicated that for the time points stated there was no statistically significant difference in timings with regards to the fresh and vitrified/warmed oocyte population.

### 3.5 Exploratory study: sibling oocyte comparison

#### 3.5.1 Population

Due to the small population of this study (n=57) the study was classified as exploratory. Seven patients were included in this study, which resulted in the population size of n=57 oocytes (n=37 Fresh and n=20 vitrified/warmed), as seen in Table 15. This population consisted of n=6 autologous patient's oocytes and n=1 donor oocytes. All seven patients included within this study included frozen and fresh oocytes that were used within the same cycle; defining them (fresh and frozen) as sibling oocytes.

Table 15: Sibling oocyte numbers showing the distribution of the oocyte population,

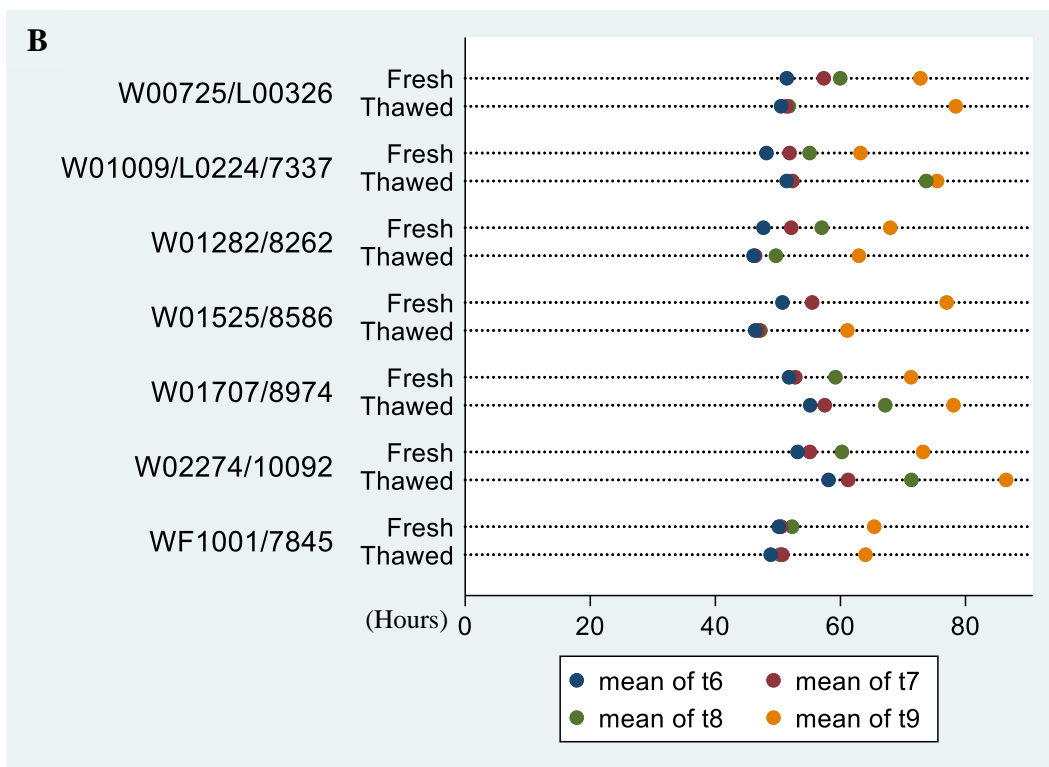
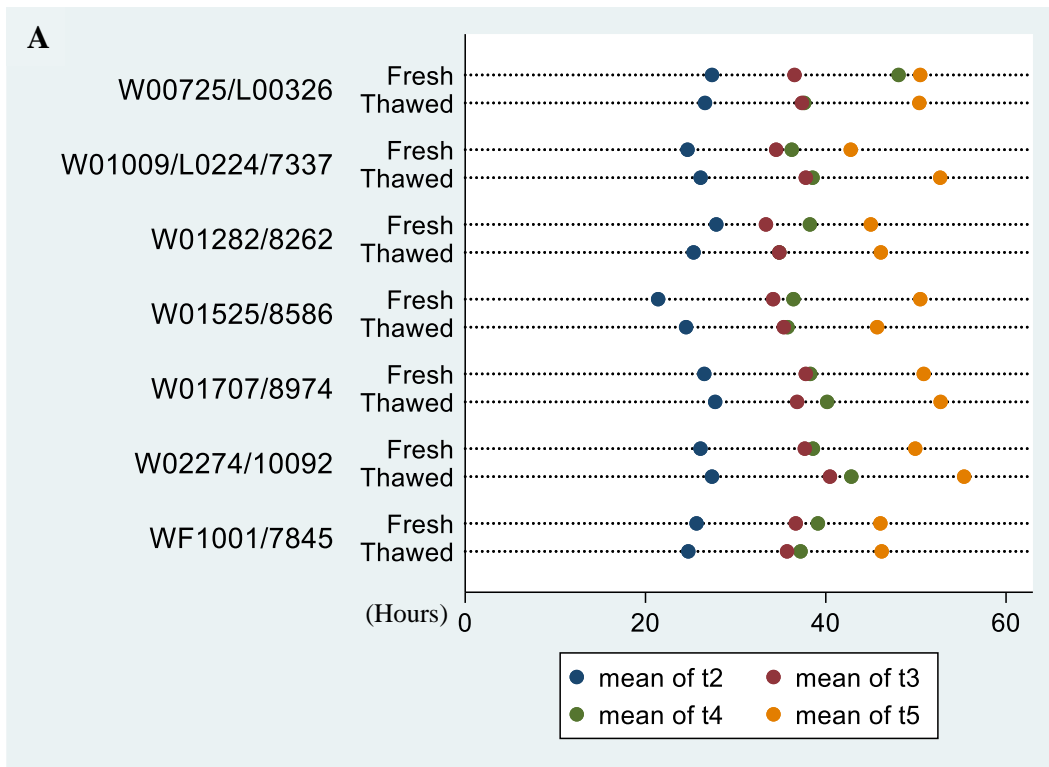
Oocyte history			
Patient ID	Fresh	Vitrified/warmed	Total
W00725/L00326	5	2	7
W01009/L0224/7337	10	3	13
W01282/8262	4	1	5
W01525/8586	1	3	4
W1707/8974	3	3	6
W02274/10092	8	2	10
WF1001/7845	6	6	12
Total	37	20	57

#### 3.5.2 Sibling comparison

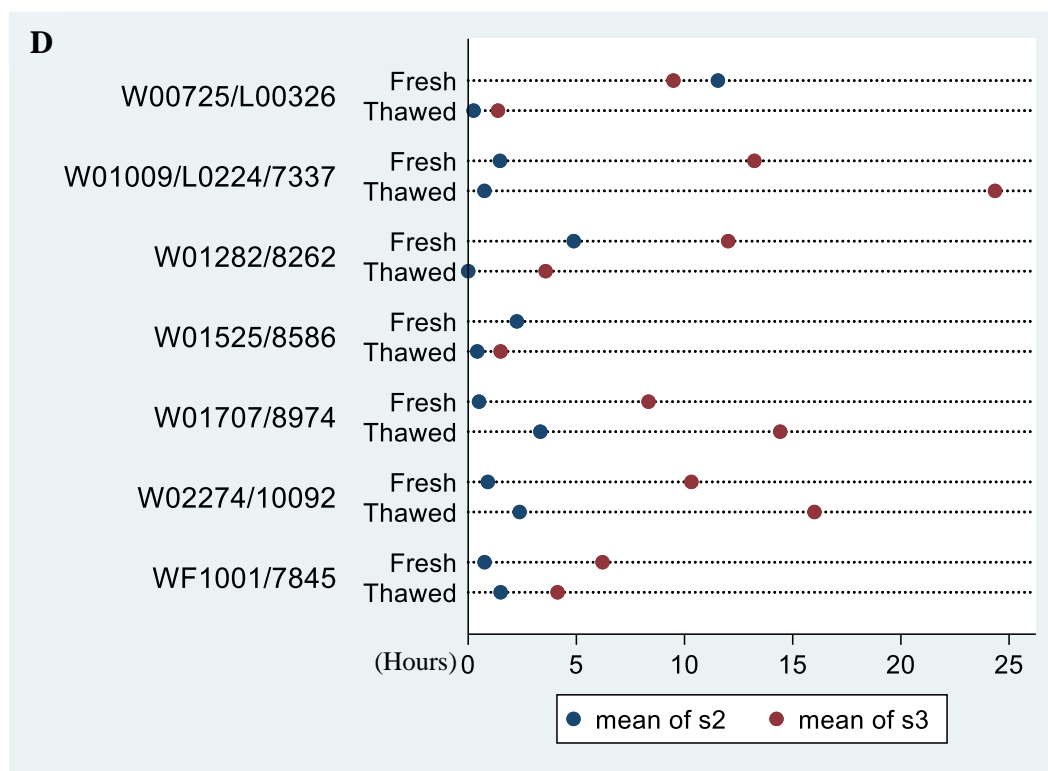
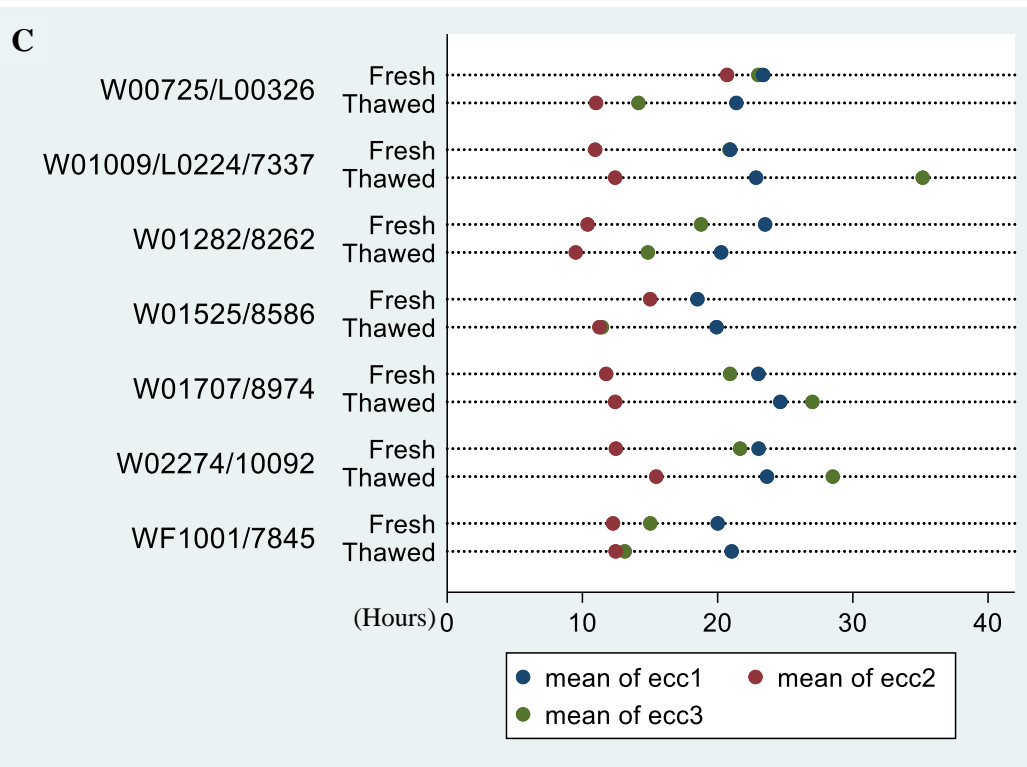
Figure 20 A-F represents dot plot graphs of mean times for each patient (n=7) for fresh and vitrified/warmed time points.

It was observed that for 4 patients (W01009/L0224/7337, W01282/8262, W01525/8586 and W02274/10092) t3 was longer for the vitrified/warmed oocyte population when compared to the fresh oocyte population. In the other 3 patients the opposite observation was noted.

It is clear from these results that there was no consistent pattern observed between the fresh and vitrified-warmed oocytes. It was recorded that select patients had longer times for time points and for others the opposite occurred. Thus, the difference in times between fresh and vitrified-warmed oocytes from the same cohort was considered as random.







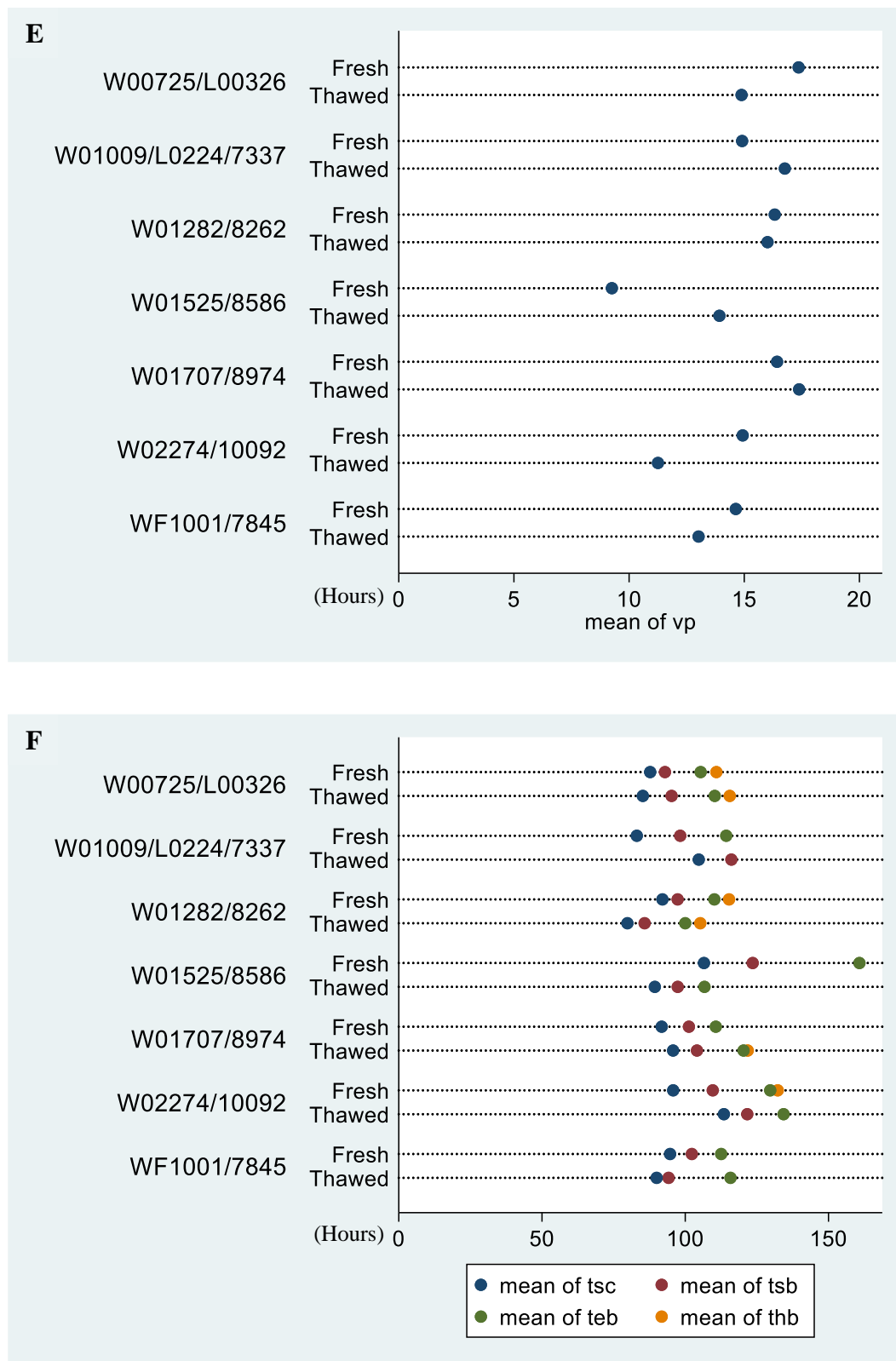


Figure 20: Sibling oocyte comparison of fresh and vitrified/warmed oocyte populations for duration of all time points during embryo development

### 3.5.3 Matched design linear regression model

A **matched design linear regression model** adjusting for clustering of values within patients was also used to estimate the mean differences between fresh and frozen oocytes in the sibling oocyte study.

The results are represented in Table 16.

There was no significant difference for any of the time points analysed ( $p > 0,05$ ). This result is different from the result of the main study – but can be explained due the very small number of oocytes included in the study.

Table 16: Presentation of the results of a matched design linear regression model adjusting for clustering of values within patients showing in a sibling oocyte study comparing fresh vs vitrified/warmed TL morphokinetic time points (hours)

Time point (hours)	Fresh mean (hours)	Vitrified/warmed (hours)	P value
t2	25,91	25,22	p=0.920
t3	35,98	36,72	p=0.391
t4	39,38	38,12	p=0.547
t5	47,02	49,24	p=0.307
t6	50,20	50,86	p=0.651
t7	53,18	52,39	p=0.650
t8	56,91	58,11	p=0.794
t9	68,45	71,04	p=0.503
tSC	90,45	94,14	p=0.477
tSB	101,59	101,88	p=0.952
tEB	118,44	114,12	p=0.450

## CHAPTER 4

### DISCUSSION

The main objective of this study was to determine a normative profile range for TL time points and then compare this profile to a vitrified/warmed oocyte counterpart population; analyzing via the use of TL imaging. Secondly, to perform a fresh vs vitrified/warmed oocyte comparison within a sibling population. The sibling study was exploratory due to the small population size of  $n=57$  oocytes (7 patients).

It is well known that there are vast benefits of TLS within a laboratory setting. One such benefit highlighted throughout this study includes the ability to use TL data extracted from precise time points for different cell stages and divisions in order to collect and identify a population specific representation of morphokinetic embryo development trends and behaviors (Desai et al., 2014). Benefits of creating a laboratory specific baseline kinetic profile include aiding in possible predictions for future embryo developments (Chamayou et al., 2015; Cobo et al., 2017).

In this study, the fresh oocyte range was defined as the normative range, due to the exclusion criteria rendering the sample of embryos examined of better quality when compared to the entire Wijnland Fertility embryo population. Only embryos that made it to blastocyst stage were selected for the analysis, so that the best performing embryos were selected. With this process of selection for the normative range in mind, one can possibly assume that a compelling comparison can be made with literature that did not necessarily test for fresh versus vitrified/warmed oocytes. Literature exists that exhibits a morphokinetic comparison between euploidy and aneuploidy (Campbell et al., 2013) and implantation versus non-implantation (Meseguer et al., 2011; Herrero et al., 2013; Desai et al., 2014), among many other comparisons. The trend within such comparative studies is that the favorable outcome is associated with good blastocyst and embryo quality and this is the assumption that could be made regarding the normative range embryo population (good quality embryos) from this study. Perhaps the normative range, although not comparing for implantation rate (for example) could follow similar trends to the embryos that favored implantation and therefore similar trends may be assumed.

## 4.1 Fresh oocyte population

### 4.1.1 Time point analyses

Descriptive results for the fresh oocyte group for TL timings and/or profiles seem not to differ hugely from that available in the literature. There are, however, minor differences within timings for various time points that exist. One would expect small discrepancies among timings for morphokinetic embryo development, however, the general trend should follow existing morphokinetic profiles; which is evident within this study. The fact that there are small discrepancies further validates the need for laboratory specific baseline kinetic models, as suggested by Desai et al. (2014). In terms of the comparison of the time points for the fresh oocyte category to the literature timings found in Table 1, similar trends are exhibited across the studies listed.

In a study performed by Desai et al. (2014) embryos were selected based on known implantation data (KID+) and subsequently compared to embryos that were known to have non-implantation data (KID-). It can be expected that if using implantation rate as outcome, embryos that fell into the KID+ arm would be of better quality and subsequently have faster developmental time-points and more compact cleavage stage patterns, when compared to the KID- arm. When comparing the median normative values from the fresh oocyte group in the current study (Table 4 and 11) to that of Desai et al. (2014), there are similarities with the KID+ arm to the hour for time points tPNf, t2, and t3. The normative time points have faster times than the KID+ arm for t4 and t5, then subsequently lagging behind for time points t8 to blastulation. It must be stressed that the similar trends in our study of the normative values with the KID+ arm does not imply a similar outcome in terms of increased or decreased implantation rate. However, it can be assumed that because the trends are similar that the normative range population is comparable on a clinical setting, with other populations. Yet again, this also stresses the need for each laboratory to establish a baseline kinetic model, because of heterogeneous patient populations.

Similarly, when comparing the normative range (Table 4) to the study conducted by Campbell et al. (2013) (Table 2), there is an overall time lag within the normative range when compared to the mean euploidy rate arm time points. The only time point that was found to be similar to the nearest hour was for t3. Within the mean euploidy arm, however, there was a statistically significant trend of euploidy embryos being faster at compaction and blastulation when compared to the single and multiple aneuploidy arm. This by no means indicates that if there is a delay within the vitrified/warmed oocyte group during compaction and blastulation that they are more likely to be aneuploid, however, it does highlight the need for such a study (fresh versus vitrified/warmed) to be conducted; and again to ensure laboratories establish a baseline kinetic model.

### 4.1.2 Time difference (duration) analyses

In this dissertation, an infographic histogram graph model (durations) similar to that of Ciray et al. (2015) was used to create a visual representation of the Wijnland Fertility Clinic's 'baseline kinetic' profile or defined in this study as the normative profile. The aim of this model was to represent a summary of the top performing embryos within the TL population. The model was applied to the fresh oocyte-, fresh oocyte- according to insemination, vitrified/warmed oocyte- and vitrified/warmed oocyte-population for ICSI (Figures 12, 13, 16 and 19). For the

fresh oocyte population, it was observed that embryos spent the longest time at a stable phase of no divisions at t4, t8, t9 and tSC. A considerable amount of time was also spent stable at t2 (Figure 12). These findings correspond more or less to that of Ciray et al. (2015) where a similar model was used.

#### 4.1.3 Insemination method analyses

Although it was not part of the study design and aim, morphokinetic information for different ART insemination methods was also analyzed.

The majority of the literature supports the notion that in general; ICSI fertilized oocytes develop faster than their IVF counterparts (Bodri et al., 2015; Kim et al., 2017). From our study, Figure 16 shows an opposing outcome, indicating that IVF yielded faster timings. Kim et al. (2017) recorded a lag in IVF fertilized oocytes until plateauing and catching up to their ICSI counterparts from t9+ to tEB. Bodri et al. (2015) also found a statistically significant lag in IVF fertilized oocytes from tPNf to t3. The opposite can be seen in Figure 17 whereby timings are relatively similar until t9+ to tEB where IVF is possibly considerably faster than ICSI and IMSI. It was noted that ICSI inseminated oocytes bypasses a specific process that is included in conventional IVF, which results in a differentiation process that is 1 hour faster on average until the 6-cell stage, however, not affecting pregnancy related outcomes (Kim et al., 2017).

A possible reason for the inverse trend occurring for the IVF fertilized oocytes within this study could possibly be attributed to the fact that within Wijnland Fertility Clinic the majority of cycles are ICSI. Subsequently, this could have skewed the IVF data due to the smaller sample size for the IVF category. Another possible reason could be due to the nature of the IVF patient population. Patients that are eligible for IVF within Wijnland Fertility Clinic are generally good prognosis patients, compared to poorer prognosis patients (especially male factor) for ICSI. This could have resulted in better quality embryos and thus tighter early cleavage timings, which is associated with higher chances of blastulation (Wong et al., 2010), a positive effect on embryo developmental potential (Yang et al., 2018) and higher chances of implantation (Meseguer et al., 2011).

## 4.2 Fresh vs vitrified/warmed oocyte population (ICSI insemination only)

It was very clear that when the time point data for the vitrified/warmed oocyte group from the current study was compared to that of fresh oocyte group, the former's time points were all delayed. These results were similar to that of the literature.

Three studies, included in Table 2, also examined the difference between fresh and vitrified/warmed oocytes (Chamayou et al., 2015; Cobo et al., 2017; De Gheselle et al., 2019). Their findings were similar to that of the current study – also exhibiting a lag trend within the vitrified/warmed group when compared to the fresh group.

Differences in time duration between time points was also different for the vitrified/warmed oocyte group as displayed in Figure 19. There was a trend towards the vitrified/warmed group lagging in development overall and specifically within the early cleavage stage. These findings are synonymous with the available literature (Chamayou et al., 2015; Milewski et al., 2015; Montjean et al., 2015; Cobo et al., 2017; De Gheselle et al., 2019) where vitrified/warmed oocytes were observed to lag behind their fresh oocyte counterparts by  $\pm 1$  hour from t2 to blastulation (Cobo et al., 2017) or an average delay of 1,27 hours (De Gheselle et al., 2019). Notably, the longest delayed time point for the vitrified/warmed oocyte category was t9+. This trend was also found within a study done by De Gheselle et al., as seen in Table 2.

### 4.2.1 Time point (ICSI only) analyses

After observing the differences between the fresh and vitrified/warmed oocyte groups in the descriptive data analysis, a statistical analysis was done to determine if the differences were statistically significant. We observed that there was a constant trend of vitrified/warmed oocyte embryos lagging behind their fresh counterparts.

Initially, a traditional quantile (median) regression analysis was performed (Table 13) set at 95% CI. It was found that all time points, except two (t5 and t9), had vitrified/warmed oocyte population timings that were statistically different to their fresh counterparts. The vitrified/warmed oocyte group's time points were delayed (longer). Although t5 and t9 also showed delayed time points for the vitrified/warmed oocyte group, it was not statistically significant.

This outcome was similar to that reported in the literature (Chamayou et al., 2015; Milewski et al., 2015; Montjean et al., 2015; Cobo et al., 2017; De Gheselle et al., 2019). Several studies similar to the current study, however compared significantly different timings between fresh and vitrified/warmed groups with pregnancy outcomes such as implantation- and pregnancy-rates. Literature regarding these comparisons found that there were no significant differences in implantation- and pregnancy-rates, in spite of albeit the significant changes within the TL timings (Cobo et al., 2017; De Gheselle et al., 2019).

Owing to the fact that the comparison of the significant TL timing differences between fresh and vitrified/warmed oocytes could not be compared to pregnancy outcome data, due to sensitive data restrictions (as discussed in

‘study limitations’), it was decided that a refined testing method for significant timing differences be executed (Table 14). A Two one-sided test (TOST) to test for equivalence was used to test at a 90% CI, and at certain levels of acceptance, if fresh and vitrified/warmed oocyte timings would be equivalent or not, i.e, if the vitrified/warmed population was the same as the fresh oocyte population. It was decided that a 5% level of equivalence be primarily tested, due to 5% being one of the most statistically significant (and most strict) version of this testing method (Walker et al., 2010). This level of equivalence was chosen in order to determine if there were any vitrified/warmed oocyte time points that were equivalent to their fresh counterparts, at a small margin (strict level) analysis. Subsequently, a 10% level of equivalence was carried out in order to see if at a larger margin of analysis, and greater possibility for difference, if there were any vitrified/warmed oocyte time points that presented equivalence to their fresh counterparts. This method of equivalence testing was set at a significance value of  $p < 0.05$ , showing significant outcomes regardless of equivalence or not.

Notably, with regards to the literature where TL timings of fresh versus vitrified/warmed oocyte populations are available, there was a trend of a  $\pm 10\%$  difference in timings (Desai et al., 2014; Chamayou et al., 2015; De Gheselle et al., 2019). De Gheselle et al. (2019), specifically, had a percentage difference between fresh and vitrified/warmed oocyte populations ranging from 4,2% to 12,7% (Table 2). It was therefore decided that a 10% level for testing equivalence would suffice.

With regards to the test for equivalence at the 5% level, it was found that no timings were statistically significant. This finding supported the initial findings that vitrified/warmed oocytes in general lag behind their fresh counterparts, showing significance within most time points. Due to the fact that at the 5% level there were no time points that exhibited equivalence. This trend was similarly found within the literature (De Gheselle et al., 2019; Cobo et al., 2017; Chamayou et al., 2015; Milewski et al., 2015; Montjean et al., 2015) (Table 2), however not following the more heterogeneous nature of the various findings. Due to the fact that most of the literature exhibited some time points that showed equivalence between the fresh and vitrified/warmed oocyte populations, we assumed that this margin of analysis was possibly too narrow; albeit somewhat mirroring the general trend of lagging vitrified/warmed oocytes.

With regards to the test for equivalence at the 10% level, the findings were more heterogeneous when compared to the 5% level. It was found that several vitrified/warmed time points showed significant equivalence to their fresh counterparts. De Gheselle et al. (2019) found that when comparing fresh and vitrified/warmed oocyte populations, there were significant time lags within the vitrified/warmed arm for time points tPNf to tSB, therefore excluding significant differences for time points tB, tEB and tHB. Cobo et al. (2017) found that there was significant difference for the same comparison whereby they found that vitrified/warmed time points t2 to t5 and tSC were slower than their fresh counterparts. Lastly, Chamayou et al. (2015) found statistically significant differences whereby the vitrified/warmed oocyte group lagged behind their fresh counterparts for time points tPNf, t2-4.



With regards to this study, it was found that for the vitrified/warmed oocytes the time points tPB2, tPNa, t2, t4, t8, tSC, tSB and tHB were statistically non-equivalent ( $p < 0.05$ ) when compared to their fresh counterparts. These findings yield a more accurate emulation of the literature trends for time point lags, when compared to the 5% level of equivalence.

An assumption could be drawn that the 10% level for testing for equivalence was perhaps of more clinical use compared to the 5% level, albeit no pregnancy outcomes were tested. One could make this assumption due to the proximity of this study's trends to that of the trends of the results from the literature mentioned above. In addition to this, it could also be assumed that even though there were statistically significant differences within the fresh and vitrified/warmed oocyte populations at 10%, one therefore questions the clinical significance of this difference. It could be assumed that this difference is not clinically significant, as within the literature (Cobo et al., 2017; De Gheselle et al., 2019), due to the fact that the overall time difference between fresh and their vitrified/warmed counterparts is 8,53-hours (Table 13). Practically, this time difference would not hinder the outcomes of an embryo transfer on day 5, as the embryo within the vitrified/warmed oocyte population would reach its endpoint on the same day as its fresh counterpart.

### 4.3 Clinical implications

Three possible clinical outcomes were identified within this study: 1) the validation of ova banks, 2) validation of oocyte pooling protocols, and 3) possible indication for delayed insemination for vitrified/warmed oocytes.

Due to the findings within various literature, no statistically significant differences in pregnancy rate (De Gheselle et al., 2019 and Cobo et al., 2017), implantation rate (Cobo et al., 2017) and positive embryo development outcomes (Chamayou et al., 2015) were recorded, albeit the findings of significant differences within vitrified/warmed oocyte populations exhibiting developmental delays compared to their fresh counterparts. It can therefore be deduced that vitrified/warmed oocyte in fact do compare to their fresh counterparts in terms of pregnancy outcomes.

The same deduction could be made within the fresh and vitrified/warmed oocytes compared within this study, owing to the fact that their significantly different time points are synonymous with the literature trends of lagging vitrified/warmed oocytes compared to fresh oocytes. The validation of the use of donor gamete banks, ova banks in this case, is imperative to achieve. Donor ova were primarily used in fresh cycles before the establishment of a robust oocyte vitrification protocol. With the notion of vitrified/warmed oocytes being comparable to their fresh counterparts at a clinical level, this is a massive advantage for the use and growth of ova banks. Notably, this validation of the donor oocyte program can only be relied upon to a certain labor-dependent point; where the validation of the program becomes dependent on an embryologist. An embryologist requires proper and sufficient training in order to perform vitrification and thawing of oocytes, successfully.

Secondly, the validation of oocyte pooling for poor prognosis patients is also imperative and has massive application potentials. As mentioned with the validation of oocyte banking, the fact that vitrified/warmed oocytes compare well to their fresh counterparts at a clinical level, promotes the go-ahead for campaigning egg pooling for patients with poor ovarian response or low ovarian reserves. It is, however, imperative that such patients be well counselled regarding their detailed potential they possess to preserve their fertility to obtain at least one healthy live birth.

Lastly, and possibly the most practical, this study suggests that there may be a benefit to delayed insemination at ICSI for vitrified/warmed oocytes. This assumption was made due to the fact that there was a significant difference in timings whereby the vitrified/warmed oocyte group exhibited delays at tPB2, tPNa and t2 ( $p < 0.05$ ), as seen in Table 14. This was synonymous with the literature, as discussed, where the most prolific delay within the vitrified/warmed oocyte group was during the cleavage stages of development (De Gheselle et al., 2019; Cobo et al., 2017; Chamayou et al., 2015).

It is furthermore suggested that based on the timing of cleavage stage development, predictions of embryo viability (Wong et al., 2010) and short-term embryo developments (Herrero et al., 2013) can be made using TL imaging, also as discussed before. Notably, it has been suggested that the crucial developments during early cleavage (Mesenguer et al., 2011) can be influenced by chromosomal alternations causing delayed DNA replications or

delayed oocyte stabilization post thawing (Cobo et al., 2017). The delayed early cleavage divisions exhibited within this study is unlikely due to delayed DNA replications, which is primarily caused by alternations within the embryo culture. Fresh and vitrified/warmed oocytes were incubated using the same incubators and the same culture media. Additionally, there is evidence that oocyte vitrification does not increase the incidence of aneuploidy (Mullen et al., 2004), further validating the exclusion of delayed DNA replications as the reason for delayed cleavage stage development within vitrified/warmed oocytes.

The most likely cause of the different TL timings within fresh and vitrified/warmed oocytes may be due to the effects that vitrification has on the oocyte's ability to 'bounce back' after thawing (Cobo et al., 2017). Vitrification of an oocyte halts the cell on a cellular metabolic level. Due to the nature of this cellular cessation, it is speculated that reactivating the cell processes post thawing may require energy expenditure, which their fresh counterparts do not exhibit. This energy 'cost', due to the vitrification/thawing process presenting obstacles for the thawed oocyte to reactivate itself, places subsequent stress on the mitochondrial cells of the thawed oocyte (Dumollard et al., 2009; Cobo et al., 2017). Mitochondrial stress could cause dysfunction, which has been reported to be responsible for embryo arrest *in vitro* (Thouas et al., 2004; Cobo et al., 2017) and Studies have found that these mitochondrial alternations are temporary, whereby normal function was recorded after 3-4 hours of culture (Nohales-Corcoles et al., 2016; Cobo et al., 2017).

One can therefore theorize that temporary dysfunctional mitochondria within vitrified/warmed oocytes may be correlated to delayed embryo development, when compared to fresh oocytes. One could therefore surmise a delay in insemination of vitrified/warmed oocytes, in order to allow the cell structures to fully reactivate and reboot in order to operate at full capacity. It was suggested by Cobo et al. (2017) that a delay of 1 hour till time of ICSI could be beneficial.

#### **4.4 Sibling oocyte study**

Owing to the small sample size if this exploratory study, no conclusion can be made with regards to a trend within the fresh and vitrified/warmed sibling oocytes. The results of this exploratory study were deemed random and no trends were found.

#### 4.5 Limitations of study

- The primary limitation was the retrospective nature of this study. The disadvantage of retrospective studies in general include inferior level of evidence compared with prospective studies, prone to selection bias, prone to recall bias or misclassification bias and prone to lack of standardization of data collection.
- Another major limitation of this study was the lack of correlation of the kinetic time points and significant differences to pregnancy outcomes, such as IR, PR and LBR. When this study was conceived, access by Wijnland Fertility Clinic to pregnancy data was limited. The pregnancy data was deemed sensitive by the management of Wijnland Fertility. With only three private IVF clinics within the Western Cape, the field of infertility is extremely competitive. An assumption can be made that this was perhaps the reason that the access to the data in question was limited.
- Another limitation to this study was the small sample size for the sibling oocyte exploratory study. This limitation, however, was not reliant on the premise of this paper nor was it reliant on the retrospective nature of this study.
- Furthermore, due to the exclusion criteria used in order to obtain a normative range, embryos with DUC were excluded. This limitation has conflicting roles, one being that the exclusion of embryos with DUCs was essential to obtain a normative range that was representative for good quality blastocysts with possible positive pregnancy potentials, and two being the actual limitation whereby DUCs should have been included in a separate analysis and then compared to the normative range / baseline kinetic model.
- The population that was tested was also not homogenous. Female age was not taken into account, which could have possibly skewed the results for the baseline kinetic model. In addition to this, male and female diagnosis was also not taken into account, yielding a similar disadvantage of possible skewing of the data due to increased heterogeneity.

## CONCLUSION

In conclusion, this study showed that there was a statistically significant overall delay within the timings for vitrified/warmed oocytes when compared to their fresh counterparts. This trend was exhibited within various testing methods. These testing methods included a quantile (median) regression model set at 95% CI and a Two one-sided test (TOST) test for equivalence analyzed at 5%- and 10%-levels of equivalence set at a 90% CI ( $p < 0.05$ ). The most statistically significant findings within this study include the delayed vitrified/warmed oocyte time points for tPNa, t2, t4, t8, tSC, tSB and tHB ( $p < 0.05$ ). The most significant clinical finding of this study was the assumption that vitrified/warmed oocytes undergo mitochondrial stress post warming and requires 2-3 hours of culture in order to reboot the cellular machinery to full operating potential. As a result of this assumption it was suggested that vitrified/warmed oocytes exhibit a 1-hour insemination delay in order to give opportunity for mitochondrial recovery post warming.

Another crucial finding was that there was a total delay in the vitrified/warmed oocyte population of 8,53-hours, which could lead to the assumption that even though there was a statistically significant lag exhibited within the vitrified/warmed oocyte population, this is most probably not of clinical significance. This assumption was based on the fact that with the 8,53-hour delay, fresh and vitrified/warmed oocytes will be eligible for blastocyst transfer on the same day, resulting in no practical difference in treatment.

Lastly with regards to the exploratory sibling oocyte study, there were consistent patterns observed between the fresh and vitrified-warmed oocytes, and therefore, no conclusion was drawn.

Future recommendations for this study include the imperative inclusion of pregnancy data in order to correlate the findings to more tangible and accurate clinical outcomes. In addition, it would be recommended to perform an analysis whereby the population for the normative range is more homogeneous. This could be achieved in one of two ways: 1) to stratify the data according to female age or male and female diagnoses, or 2) to analyze a donor oocyte population in order to illuminate the confounding factors of female age and diagnosis.

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## APPENDICES

### Appendices A – L



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### A. Ovarian stimulation

1. **Follicular stimulation:**
  - a. Day 3 of menstrual cycle until trigger day with either HMG or Recombinant FSH
  - b. LH suppression with recombinant gonadotropin-releasing hormone (GnRH) antagonist from either day 8 of menstrual cycle or leading follicle of 14mm, whichever comes first, until trigger day
  - c. Ovulation trigger when leading follicle  $\geq 18$ mm with Recombinant HCG
2. **Estrogen supplementation:**
  - a. Oral estrogen of 2mg per day according to prescription
3. **Luteal phase support:**
  - a. Vaginal progesterone suppositories

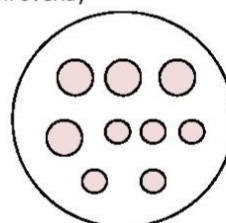
#### B. Oocyte Retrieval

##### Acronyms:

- OPU = oocyte pick up
- COC = cumulus-oocyte-complex
- GT = Life Global Total medium range (IVF Online™)
- QA = Quinns Advantage culture medium range (Sage™)
- 1S = 1-Step with SPS or HSA culture medium (Sage™)

##### 1. Preparation procedure

- a. Fertilization petri dish:
  - i. Appropriate Fertilization medium in drops with tissue culture oil overlay
  - ii. Label with patient identifier
  - iii. Incubate overnight
- b. EmbryoSlide®:
  - i. According to Technote (Vitrolife™)
  - ii. Incubate  $\geq 4$  hours
- c. Start patient and embryo documentation



##### 2. OPU

- a. Prepare test tube with buffered culture medium and warm to 37°C
- b. Retrieve follicular fluid from aspiration done in theatre
- c. Identify COCs and aspirate with pipette into warm culture medium tube
- d. Place all COCs in fertilization dish after completion of COCs OPU





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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *C. COC stripping for sperm injection*

##### **1. Preparation procedure**

- a. Strip petri dish:
  - i. Appropriate drops of hyaluronidase supplemented buffered culture medium
  - ii. Appropriate buffered culture drops with oil overlay
  - iii. Warm to 37°C
  - iv. Label with patient identifier

##### **2. Stripping**

- a. Use appropriate stripping pipette or micropipettor
- b. Count number of initial COCs to correspond to final oocyte count
- c. Check oocyte maturity
- d. Transfer oocytes to fertilization dish into unused drops and replace to incubator
- e. Note maturity on patient documentation



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *D. Sperm preparation*

##### **1. Preparation procedure**

- a. Processing tubes
  - i. Aliquot appropriate amount of selected gradient(s) solution(s) in tube
  - ii. Aliquot appropriate sperm wash/fertilization medium in tube
  - iii. Warm to 35°C
  - iv. Label both tubes with patient identifier

##### **2. Sperm processing**

- a. Fresh semen sample
  - i. Allow complete liquefaction
  - ii. Warm to 35°C
  - iii. Evaluate on wet preparation slide of semen and document semen parameters
  - iv. Aliquot appropriate amount of semen onto prepared gradient solution
- b. Frozen semen/biopsy tissue sample
  - i. Retrieve appropriate patient sample straws from dewar
  - ii. Allow complete thawing of straw(s)
  - iii. Warm to 35°C
  - iv. Evaluate and note sperm parameters on wet preparation slide
  - v. Aliquot whole thawed sample onto prepared gradient/wash solution
- c. Centrifugation and wash
  - i. Centrifuge at 300-450g for 10-25min
  - ii. Discard supernatant
  - iii. Place sperm pellet into prepared sperm wash/fertilization medium tube
  - iv. Centrifuge at 300-450g for 10min
  - v. Discard supernatant
  - vi. Resuspend sperm pellet
  - vii. Evaluate on wet preparation slide and document semen parameters
- d. Insemination
  - a. IVF
    - i. Place prepared sperm sample in incubator for equilibration
  - b. Sperm injection
    - ii. Place prepared sperm sample on bench until injection procedure



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *E. Standard IVF Insemination*

##### **1. Preparation procedure**

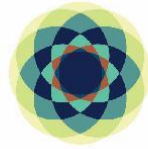
- a. Retrieve fertilization dish with patient COCs from incubator
  - i. Check patient identifier – double witness
- b. Retrieve prepared sperm sample tube with sperm sample from incubator
  - ii. Check patient identifier – double witness

##### **2. Sperm insemination**

- a. Retrieve sperm with pipettor
  - i. Exact concentration of sperm to be used may be calculated
- b. Release sperm into drops with COCs
  - i. Work under microscope
- c. Replace dish into incubator
- d. Document on patient form

##### **3. Inseminated COC stripping**

- a. Retrieve fertilization dish from incubator
- b. Identify COCs
- c. Retrieve COCs with pipettor
- d. Use appropriate stripping pipette or micropipettor
- e. Count number of initial COCs to correspond to final oocyte count
- f. Check oocyte maturity
- g. Transfer oocytes to fertilization dish into unused drops and replace to incubator
- h. Note maturity on patient documentation



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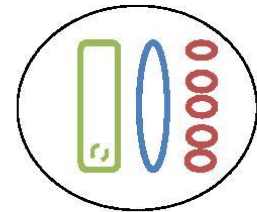
## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *F. Intra Cytoplasmic Sperm Injection (ICSI) and variations (PICSI, IMSI)*

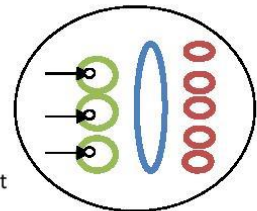
##### 1. Preparation procedure

- a. ICSI/PICSI/IMSI dish:
- b. Appropriate drop(s) of buffered culture medium for gametes,
  - i. Appropriate drop(s) of PVP supplemented medium for manipulation
  - ii. Cover with oil overlay
  - iii. Label with patient identifier
- c. Manipulator:
  - i. Load and set micropipettes for holding and injection
  - ii. Warm heated stage to 37°C
  - iii. Set up light configurations of microscope



##### 2. Sperm injection

- a. Retrieve prepared sperm sample tube with sperm sample from bench
  - i. Check patient identifier – double witness
  - ii. Load sufficient sperm into allocated sperm drop in ICSI dish with pipet
- b. Retrieve fertilization dish with patient oocytes from incubator
  - i. Check patient identifier – double witness
- c. Select individual sperm for injection of individual oocytes
- d. Load oocytes according to selected sperm
  - a. Inject all oocytes with single selected sperm
  - b. Replace injected oocytes into fertilization dish into new drop
- e. Document injection details onto patient form





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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *G. Standard Embryo Culture*

##### **1. Preparation procedure**

- a. Embryo culture dish:
  - i. Appropriate drops of embryo culture medium for oocyte wash and culture
  - ii. Cover with oil overlay
  - iii. Label with patient identifier

##### **2. Inseminated oocyte loading**

- a. Retrieve fertilization dish with patient oocytes from incubator
  - i. Check patient identifier – double witness
- b. Wash oocytes in embryo culture wash drops
- c. Allocate single oocytes to embryo culture drops
- d. Replace patient embryo culture dish to incubator

##### **3. Daily embryo culture and grading**

- a. Retrieve embryo culture dish from incubator
- b. Place embryo culture dish on heated ICSI manipulator stage
- c. Evaluate embryo development according to Istanbul Consensus embryo scoring method (*see References*)
- d. Replace patient embryo culture dish to incubator
- e. Document embryo evaluation on patient form
- f. Complete daily from oocyte to blastocyst stage until final status has been decided
  - i. Allocate and document viable embryos for transfer, cryopreservation and non-viable embryos for disposal
- g. Remove embryo culture dish from incubator after completion of embryo culture and allocations



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *H. Time-lapse Embryo Culture*

##### **1. Preparation procedure**

- a. EmbryoSlide® dish:
  - i. Use appropriate embryo culture medium and pipettor
  - ii. Prepare appropriate number of slide(s) according to number of oocytes retrieved
  - iii. Prepare slides according to Vitrolife™ EmbryoSlide® preparation Technote
  - iv. Cover with oil overlay
  - v. Label with patient identifier
  - vi. Equilibrate in incubator for  $\geq 4$  hours
- b. Initiate patient file on EmbryoViewer® station with patient details

##### **2. Inseminated oocyte loading**

- a. Retrieve EmbryoSlide® dish from incubator
  - i. Check patient identifier – double witness
  - ii. Remove bubbles from wells
- b. Retrieve fertilization dish with patient oocytes from incubator
  - iii. Check patient identifier – double witness
- c. Wash oocytes in embryo culture wash wells
- d. Allocate all oocytes to single embryo culture wells
- e. Load EmbryoSlide® into EmbryoScope® according to manufacturer instruction manual
- f. Allocate EmbryoSlide® to patient

##### **3. Embryo annotation and grading**

- a. Annotate embryos according to Vitrolife™ EmbryoScope® embryo annotation Technote
- b. Complete daily from oocyte to blastocyst stage until final status has been decided
  - i. Allocate and document viable embryos for transfer, cryopreservation and non-viable embryos for disposal
- c. Remove and end EmbryoSlide® from EmbryoScope® after completion of embryo culture and allocations



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *I. Embryo transfer*

##### **1. Preparation procedure**

- a. Embryo transfer dish:
  - i. Appropriate embryo culture medium for transfer with pipettor
  - ii. Appropriate embryo culture medium for wash
  - iii. Label with patient identifier
  - iv. Equilibrate in incubator for  $\geq 2$  hours
- b. Identify, select and allocate embryo for transfer
- c. Retrieve embryo culture dish/EmbryoSlide® from incubator
  - i. Check patient identifier – double witness
- d. Retrieve embryo transfer dish from incubator
  - i. Check patient identifier – double witness
- e. Transfer selected embryo with pipet to transfer well/drop in prepared transfer dish

##### **2. Transfer procedure**

- a. Retrieve prepared embryo transfer dish with selected embryo loaded
  - i. Check patient identifier – double witness
- b. Rinse syringe with embryo culture wash medium
- c. Connect transfer catheter with transfer syringe
- d. Aspirate embryo from embryo transfer medium into transfer catheter
- e. Hand loaded embryo transfer catheter to clinician for embryo transfer procedure
- f. Retrieve emptied embryo transfer catheter from clinician
- g. Place embryo catheter tip into empty well and disconnect syringe from catheter
  - a. Check released embryo transfer medium for embryo retention
- h. Reload embryo in case of retention and repeat transfer procedure





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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### J. Oocyte & Embryo Cryopreservation

##### 1. Preparation procedure

- a. Vitrification dish:
  - i. Wait for vitrification medium to reach room/ambient temperature
  - ii. Prepare Repro Plate/Vitri Plate with appropriate vitrification mediums according to Kitazato/Cryotec instruction leaflet according to sample type (*See Appendices*)
  - iii. Use pipettor
  - iv. Label with patient identifier
- b. Storage device:
  - i. Select appropriate Cryotop®/Cryotec® storage coloured device
  - ii. Label with patient and straw identifiers
  - iii. Check patient identifier – double witness
- c. Storage dewar:
  - i. Find open storage goblet and allocate to patient samples

##### 2. Sample loading and vitrification procedure

- a. Retrieve fertilization dish/embryo culture dish/EmbryoSlide® from incubator
  - i. Check patient identifier – double witness
  - ii. Identify selected patient oocyte/embryo for vitrification
- b. Retrieve oocyte/embryo from culture drop/well with pipet
- c. Load into vitrification medium according to Kitazato/Cryotec instruction leaflet (*See Appendices*)
- d. Follow vitrification procedures according to Kitazato/Cryotec instruction leaflet (*See Appendices*)

##### 3. Storage procedure

- a. Retrieve allocated goblet from storage dewar
- b. Place into liquid nitrogen container with patient vitrification device loaded with samples
  - i. Check patient identifier – double witness
- c. Place storage devices into goblet under level of liquid nitrogen
  - i. Load all devices until goblet is full
- d. Retrieve filled goblet from liquid nitrogen and replace to original space in dewar
  - i. Check patient identifier – double witness
- e. Document storage details on patient form





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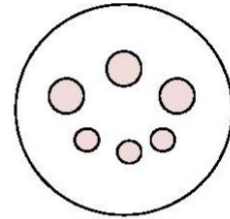
## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### K. Oocyte/Embryo thawing

##### 1. Preparation procedure

- a. Fertilization/Embryo culture petri dish:
  - i. Appropriate fertilization/embryo culture medium in drops
  - ii. Cover with tissue culture oil overlay
  - iii. Label with patient identifier
  - iv. Equilibrate for  $\geq 4$  hours
- b. Document on patient form
- c. Prepare thawing medium according to Kitazato®/Cryotech® product insert
- d. Thawing dish:
  - i. Wait for thawing medium to reach room/ambient temperature
  - ii. Prepare Repro Plate/Thaw Plate with appropriate thawing mediums according to Kitazato®/Cryotech® instruction leaflet according to sample type (*See Appendices*)
  - iii. Use pipettor
  - iv. Label with patient identifier
- e. Storage dewar:
  - i. Identify allocated storage goblet with patient samples
  - ii. Check patient identifier – double witness
  - iii. Retrieve goblet from dewar and place directly under liquid nitrogen level
- f. Storage device:
  - i. Identify and retrieve storage device with selected patient sample in liquid nitrogen
  - ii. Check patient identifier – double witness
  - iii. Replace goblet to original space in dewar, if applicable, with remaining patient storage devices



##### 2. Thawing

- a. Thaw sample according to Kitazato®/Cryotech® product insert
- b. Note survival on patient documentation



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### *L. Appendices*

1. Vitrolife™ instructions for EmbryoSlide® preparation for embryo culture in the EmbryoScope®
2. Vitrolife™ instructions for embryo annotations for embryo grading in the EmbryoScope®
3. Istanbul consensus for embryo grading during standard embryo culture
  - a. Istanbul consensus for fertilization check during standard embryo culture
  - b. Istanbul consensus for embryo grading at cleavage stage during standard embryo culture
4. Gardner blastocyst grading system for blastocyst grading during standard embryo culture
5. Vitrolife™ instructions for blastocyst grading annotations in the EmbryoScope®
6. Kitazato™ instructions for oocyte vitrification and thawing with the Cryotop® method
7. Kitazato™ instructions for embryo vitrification and thawing with the Cryotop® method
8. Cryotech™ instructions for vitrification with the Cryotop® method
9. Cryotech™ instructions for thawing with the Cryotop® method



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 1. Vitrolife™ instructions for EmbryoSlide® preparation for embryo culture in the EmbryoScope®

**TechNOTE**
Vitrolife

## Preparation of EmbryoSlide Culture Dishes

The EmbryoSlide® culture dish is specifically designed for the individual culture of up to 12 embryos in the EmbryoScope™ time-lapse incubator. The dish also contains wells designed for rinsing.

The EmbryoSlide culture dishes are designed for easy and stable handling, and are made of culture-tested polystyrene. They are delivered in sterile, single pouches.

Vitrolife recommends preparation of EmbryoSlide culture dishes on the day before use. Prepare the dishes with cold medium and on a non-heated surface to avoid evaporation. The procedure described below requires less than 1.5 minutes per dish.

### General characteristics of the EmbryoSlide culture dish

The embryos are incubated in individual microwells in a small (25 µl) volume of culture medium under a confluent oil cover.

Each well carries a number from 1-12 for identification under a stereo microscope. Each well number corresponds to the well identification number in the EmbryoViewer® software.

Two rinsing wells are available at each end of the dish. These special wells can be used during embryo handling (identified as A-D).

There is a slight variation in how much the temperature decreases in the microwells (approx. 0.6°C) and the rinsing wells (approx. 0.7°C). Both measurements have been performed on a 37°C heating plate over a period of two minutes. This represents normal dish handling time.

Each batch of EmbryoSlide+ culture dishes must pass our

stringent MEA testing procedure before being released for sale. This is part of the Vitrolife quality assurance.

### Preparation for use on the next day

Prepare the EmbryoSlide culture dishes on the day before use. Prepare one dish at a time to minimise the handling time of each dish.

The EmbryoSlide culture dishes should be prepared with cold medium and oil on a non-heated workbench to avoid evaporation of the medium during preparation.

When they have been prepared, the culture dishes must equilibrate overnight before loading embryos into the microwells.

Use a stereo microscope to control the process.

The recommended procedure for preparing the culture dishes is outlined on the next page.

TECHNOTE: Preparation of EmbryoSlide culture dishes, Vitrolife, v.11 INT, JUNE 2018










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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### TechNOTE

Vitrolife 

Step	Action
	<p><b>Remove the culture dish from the pouch.</b>  <b>Prepare the dishes with cold culture medium and oil on a non-heated workbench to avoid evaporation.</b>  <b>Prepare one dish at a time to minimise the handling time of each dish.</b></p>
	<p><b>Fill all microwells with a small amount of culture medium*</b>  <b>Use a micropipette.</b>                      Slightly overfill the microwell to create a convex meniscus.</p>
	<p><b>Immediately fill all needed wells, including the rinsing wells, with 25 µL of culture medium*. Use a standard pipette.</b></p>
	<p><b>Immediately load 1.4 mL of culture oil* into the reservoir</b>                      It is important to apply the oil overlay quickly to avoid evaporation of medium. Make sure that all wells, including the rinsing wells, are covered with a confluent oil layer to eliminate evaporation of medium. Add an additional 25µL of culture oil per well not filled with medium.</p>
	<p><b>Push up larger bubbles with a micropipette and remove them</b>  <b>Cover with the lid and equilibrate overnight.</b>  <b>Remove any bubbles that may have formed.</b></p>
	<p><b>Load embryos into the center of microwells. Use a micropipette.</b></p>
	<p><b>Place the dish in the EmbryoScope incubator.</b></p>

\*Vitrolife recommends using G-TL medium, designed specifically for continuous culture with time-lapse technology and OVOIL™ 100% paraffin culture oil for complete control of your culture system. Vitrolife products are produced under highly controlled processes.

Refer to the TECHNOTE Additional notes on EmbryoSlide® culture dish preparation for further recommendations about optimal handling of the EmbryoSlide culture dish.

TECHNOTE: Preparation of EmbryoSlide culture dishes, Vitrolife, v.11 INT, JUNE 2018



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### TECHNOTE

Vitrolife 

## Additional notes for EmbryoSlide® culture dish preparation

This TECHNOTE describes additional procedures and information related to the handling and preparation of EmbryoSlide® culture dishes.

The handling of EmbryoSlide culture dishes is described in the TECHNOTE "Preparation of EmbryoSlide® culture dishes".

### EmbryoSlide culture dishes: preparation for use on the same day

Although preparation of EmbryoSlide culture dishes is recommended one day before use, there may be circumstances requiring preparation of a culture dish for use on the same day.

The procedure follows essentially the one described in the TECHNOTE "Preparation of EmbryoSlide® culture dishes" except that the use of pre-warmed and pre-gassed/equilibrated medium is mandatory.

Culture dishes prepared with pre-gassed/equilibrated medium should be re-equilibrated after preparation for another 2-4 hours before embryos are loaded in the micro-wells. This serves mainly to stabilize the temperature.

### Removal of occasional air bubbles

Usually the above method of filling does not produce air bubbles but all wells need to be carefully checked.

If air bubbles are present after preparation remove all bubbles in the well and in the oil layer immediately. However, small bubbles and bubbles in the micro-well can be more easily removed after equilibration.

- If air bubbles are present at the interface between the medium and the oil they should be removed immediately with a standard pipette containing media.

By capillary effect the bubbles will aspirate into the pipette tip when this is placed close to the air bubble

- If air bubbles are present at the bottom of the micro-

well or small bubbles are sticking to the side of the well it is recommended to incubate the EmbryoSlide culture dish in an incubator for 1-2 hours as this will cause the bubbles to grow and to round up for easier removal.

Once the bubbles have rounded up simply touching them with a micro pipette tip will cause them to swim up and they can be easily removed without dragging oil into the micro-well.



The EmbryoSlide® culture dish

TECHNOTE: Additional notes for EmbryoSlide® culture dish preparation, Vitrolife, v.3 INT, AUGUST 2015





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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 2. Vitrolife™ instructions for embryo annotations for embryo grading in the EmbryoScope®

## TechNOTE

Vitrolife 

## Consistent annotation for better evaluation – a guide on definitions for morphokinetics

Annotations constitute the base on which embryo evaluation can be performed using time-lapse monitoring in the IVF clinic. The embryo developmental events that can be detected with time-lapse technology are immense. Events relevant for annotation ideally reflect embryonic potential in the specific clinical setting. Therefore it is important to define which events are relevant for the evaluation of embryos in your clinical setting.

Annotations should be objective and definitions should be the same across operators in order to perform meaningful evaluations. This technote describes definitions of variables most commonly used in embryo assessment with time-lapse. These definitions will help you attain consistent annotations and thereby objective evaluations in your clinic and further streamline the understanding of embryo developmental events within the clinic and beyond the clinic.

Evaluation of embryos with KIDScore models require only few annotations, however this technote describes a more extensive selection of variables.

### Time-lapse assessment

The first step on the way to reach consistency of annotations within a clinic is to agree on definitions of each annotated variable. Time-lapse facilitates a more precise and objective method of embryo assessment than with static embryo

monitoring. This is due to the continuous monitoring provided by time-lapse technology.

This continuous monitoring allows you to visually detect changes in embryo stages and morphology in a precise manner.

### Morphokinetics – assessing embryo stages

With time-lapse the exact time that an embryo transits into a new stage can be determined with precision. To do this, visual differences from one image to the next should be registered as annotations. With morphokinetic variables, annotating the first time that an embryo is observed to be in a certain stage ensures a consistent and objective annotation strategy.



### Annotation of fertilization events and blastomere cleavages: tB2, tPNa, tPNf, t2, t3, t4, t5, t6, t7 and t8

Variables from tPB2 to t8 represent distinct events that are detectable by differences from one image to the next. To annotate those, the first image for which the stage is observed is annotated.

**tPB2; time of extrusion of 2<sup>nd</sup> Polar Body:** annotate at the first image in which the 2<sup>nd</sup> polar body is observed.  
**tPNa; time of ProNuclei appearance:** annotate at the first image in which all pronuclei can be observed.  
**tPNf; time of ProNuclei fading:** annotate at the first image in which all pronuclei have faded.  
**t2-t8; time of cleavage to 2 etc cells:** annotate at the first image in which a distinct separation of cell membranes can be observed, i.e. mark the exact time that the embryo progresses into another developmental stage.

The video to the left illustrates the definitions of morphokinetic variables from tPB2 to t8. View the full video at [www.vitrolife.com](http://www.vitrolife.com)

TECHNOTE: Making consistent annotations for better evaluation, Vitrolife A/S, v.2, NOVEMBER 2017



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### TechNOTE

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##### Annotation of morula and blastocyst formation

Morula and blastocyst formation are both processes that are not observed as instantaneous occurrences but rather observed as reached through gradual, subtle changes.

In order to reach consistency when annotating developmental steps during morulation and blastulation, definitions are based on distinctive features during the gradual processes.

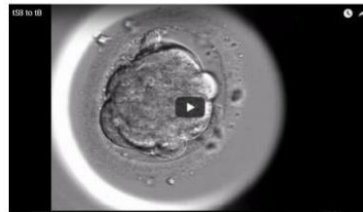
**time of Starting Compaction (ISC):** the first time that membranes between some of the blastomeres of the future morula are no longer distinct.

**time of Morula (IM):** the first image in which a compacted morula includes all the blastomeres that will later take part in the formation of the blastocyst. This solves the question of how to handle partial compactions as excluded cells can be accounted for



**time of Starting Blastulation (ISB):** the first time that a sign of cavity formation is observed. As the blastocoel cavity grows during blastulation, going back in the image sequence from a definite blastocyst stage can be helpful to attain this annotation.

**time of Full Blastocyst (IB):** the last image before expansion starts. This is recognised as the last image before the zona pellucida is pushed by the growing blastocyst. This is a very distinct hallmark during blastocyst development and therefore easy to annotate precisely and consistently.



**time of Expanding Blastocyst (IEB):** blastocyst expansion can go on for several hours and therefore a defined characteristic during this process is necessary to obtain accuracy during embryo analysis. Importantly, this should be informative on another level than previous parameters as otherwise annotation would be dispensable. Therefore, we characterize IEB as the time at which the blastocyst has expanded so much that the zona pellucida has reached half of its original thickness, which can be measured and thus represents a truly objective assessment.



**time of Hatching Blastocyst (IHB):** the first image at which a sign of hatching is observed.

View the full videos at [www.vitrolife.com](http://www.vitrolife.com)

*Note that for some variables precise and consistent annotation is easier if the video sequence is followed backwards in time, i.e. from a time of definite observation to the exact time of first observation.*  
*This is especially helpful for variables which occur gradually and hence do not evoke extensive changes between consecutive images such as e.g. time of Pronuclear appearance (tPNa) and time of Starting Blastulation (ISB).*  
 The above definitions reflect time-lapse annotations as recommended by Vitrolife and to some extent based on the definitions of Ciray et al., 2014: Hum Reprod 29(12): 2650-2660

TECHNOTE: Making consistent annotations for better evaluation, Vitrolife A/S, v.2, NOVEMBER 2017



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 3. Istanbul consensus for embryo grading during standard embryo culture

##### Standardized Grading Scheme for Morphological Assessment of Embryos

##### Istanbul consensus workshop on embryo assessment: proceedings of an expert meeting<sup>☆</sup>

Alpha Scientists in Reproductive Medicine and ESHRE Special Interest Group Embryology<sup>1,\*</sup>

Reproductive BioMedicine Online (2011) 22, 632–646

#### a. Istanbul consensus for fertilization check during standard embryo culture

##### Fertilization check

The optimal fertilized oocyte should be spherical, and have two polar bodies, with two centrally located, juxtaposed pronuclei that are even sized, with distinct membranes. The pronuclei should have equivalent numbers and size of NPBs that are ideally equatorially aligned at the region of membrane juxtaposition.

It was agreed that both pronuclear size and location should be assessed at fertilization check (Table IV). The consensus was that the following features of pronuclei are severely atypical: widely separated pronuclei; pronuclei of grossly different sizes; micronuclei. The presence of sER disks should be assessed as part of the fertilization check (if IVF, rather than ICSI was performed). Normally fertilized oocytes in which sER disks are observed should not be transferred.

The consensus was that at present, there is insufficient evidence to support a prognostic value for the observation of a peripheral cytoplasmic translucency in the fertilized oocyte (a 'halo').

The decision to perform a second Day 1 assessment is at the discretion of the laboratory, and may be either a syngamy or an early cleavage assessment (Table IV). The purpose of the second assessment can be for either quality control (syngamy) or prognostic (early cleavage) reasons, which will define the assessment time selected.





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### ASSISTED REPRODUCTIVE TREATMENT

#### b. Istanbul consensus for embryo grading at cleavage stage during standard embryo culture

**Table VI**

Consensus scoring system for cleavage-stage embryos (in addition to cell number).

Grade	Rating	Description
1	Good	• <10% fragmentation
		• Stage-specific cell size
		• No multinucleation
2	Fair	• 10–25% fragmentation
		• Stage-specific cell size for majority of cells
		• No evidence of multinucleation
3	Poor	• Severe fragmentation (>25%)
		• Cell size not stage specific
		• Evidence of multinucleation






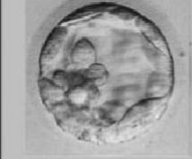



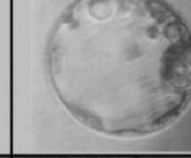


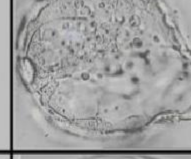
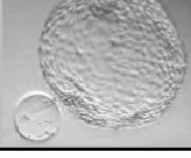
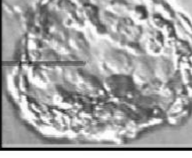
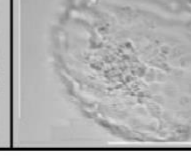


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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 4. Gardner blastocyst grading system for blastocyst grading during standard embryo culture

Inner Cell Mass (ICM)	<b>A</b> <i>Numerous and tightly packed</i>	<b>B</b> <i>Several and loosely packed cells</i>	<b>C</b> <i>Few cells</i>
Trophoblast (TE)	<b>A</b> <i>Many tightly packed cells organised into epithelium</i>	<b>B</b> <i>Several cells organised into loose epithelium</i>	<b>C</b> <i>Few cells</i>
<b>Morula</b>			
<b>Early Blastocyst</b>			
<b>Blastocyst</b>			
<b>Expanded Blastocyst</b>			
<b>Hatching Blastocyst</b>			
<b>Fully Hatched Blastocyst</b>			



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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 5. Vitrolife™ instructions for blastocyst grading annotations in the EmbryoScope®

**TECHNOTE**
Vitrolife

## Guidelines for blastocyst morphology grading with time-lapse

Grading blastocyst morphology with the use of time-lapse technology facilitates a more thorough evaluation because the complete course of development can be considered. This means that e.g. cells that are excluded during compaction or subsequent blastocyst formation can be accounted for. Similarly, fragments disturbing the visual impression of a blastocyst can be identified as all focal planes can be reviewed throughout embryo development.

Altogether, this means that a comprehensive impression of the blastocyst can be used as the basis for grading morphology. This should be utilized when grading ICM and TE and is necessary when using KIDScore D5.

### Blastocyst grading for KIDScore D5

Time-lapse monitoring of embryos gives you a different level of information regarding development of both ICM and TE. This includes number of cells that each layer originates from and extrusion of cells during the compaction or expansion phase. This information must be taken into account when grading blastocysts for KIDScore D5 application.

To use KIDScore D5 a separate and independent grade from A to C must be given for both ICM and TE for each embryo reaching the blastocyst stage. Grade "A" defines cell layers with highest quality morphology whereas grade "C" defines cell layers with lowest quality morphology.

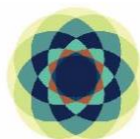
Definitions for each grade for both ICM and TE is defined below.

ICM grade	Description
A	Many tightly packed cells. Cell boundaries are not distinct and the layer is homogenous without vacuoles and debris.
B	Several cells and the layer can be less tightly packed. The layer can be less homogenous and few vacuoles or minor degenerations may be observed.
C	Very few cells that are loosely packed. Cells may be large and show distinct boundaries. The size of the ICM may differ in this group as a few big cells lead to an overall larger size. The larger size is, however, the result of poor compaction. The layer may show vacuoles, degenerated cells or independent cells. This grading group also covers cases where the ICM is not distinguishable.

TE grade	Description
A	Many flattened cells (often >40) forming a cohesive layer that lines the blastocoel cavity. The cells often contain clearly visible nuclei and the cytoplasm is homogenous.
B	Several (often > 20) cells. The layer is not completely cohesive and the shape of the cells varies within the layer. Cell cytoplasm may appear non-homogenous and it may be difficult to distinguish nuclei.
C	Very few cells which are often large and stretched over a large area. Cytoplasm often appears non-homogenous and vacuoles may be present.

For both layers the grade "N/A" is given to embryos in case the cell layer can not be evaluated.

TECHNOTE: Guidelines for blastocyst morphology grading with time-lapse, Vitrolife A/S, v.3, AUGUST 2016



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### ASSISTED REPRODUCTIVE TREATMENT

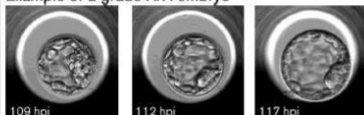
#### TECHNOTE



#### Examples of blastocyst morphology grades with time-lapse

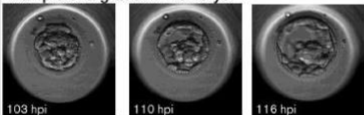
Below you can see the progression of some examples of blastocyst development with associated ICM/TE grades. A short description to illustrate the grade is given next to each embryo. Time is given in hours post insemination (hpi).

##### Example of a grade A/A embryo



ICM is large, originates from many cells and ends up as a tightly compacted layer.  
TE originates from many cells that end up forming a cohesive layer lining the blastocoel cavity.

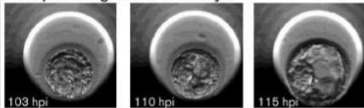
##### Example of a grade A/B embryo



ICM is composed of many cells and is tightly compacted.  
TE is composed of several cells but varies in size and cohesiveness.

*Note: At 103 hpi the embryo shows a blastomere that is pushed into the perivitelline space and does not take part in blastocyst formation. At 116 hpi this blastomere is degenerated and appears as debris in the same position.*

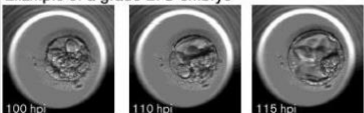
##### Example of a grade A/C embryo



ICM is large and originates from many cells which are tightly compacted.

TE is composed of few, large cells and some are stretched over a long distance.

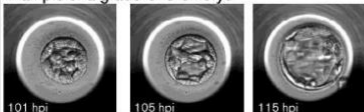
##### Example of a grade B/C embryo



ICM consists of several cells and is loosely compacted.

TE consists of very few and large cells.

##### Example of a grade C/C embryo



ICM is composed of few cells. Image 2 (105 hrs) shows a "bridge" that connects the two cell layers.

TE originates from few cells that are large and stretches over a long distance.

*Note: The large cellular debris (fragmentation) pushed into the perivitelline space is not part of the actual blastocyst*

For KIDScore D5 to work as intended, the guidelines described here should be followed and blastocyst morphology grades must be annotated between 115 and 120 hours after insemination.

TECHNOTE: Guidelines for blastocyst morphology grading with time-lapse, Vitrolife A/S, v.3, AUGUST 2016

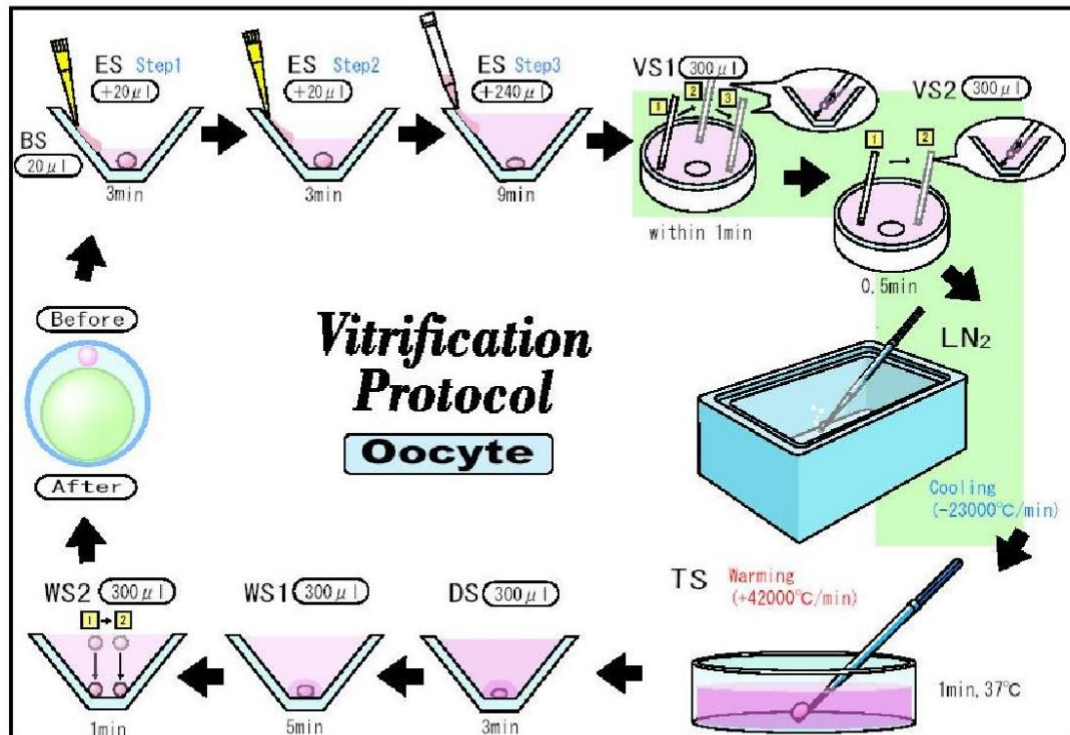


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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 6. Kitazato™ instructions for oocyte vitrification and thawing with the Cryotop® method





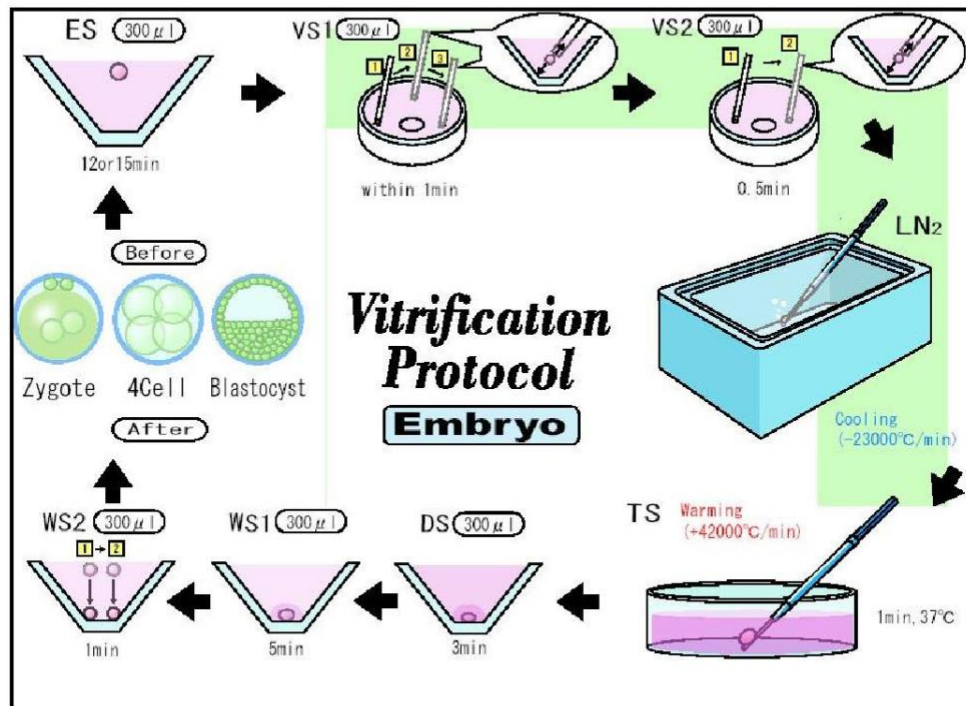


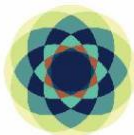
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## STANDARD OPERATION PROCEDURES

### ASSISTED REPRODUCTIVE TREATMENT

#### 7. Kitazato™ instructions for embryo vitrification and thawing with the Cryotop® method






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## STANDARD OPERATION PROCEDURES

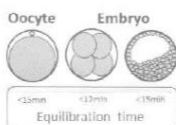
### ASSISTED REPRODUCTIVE TREATMENT

#### 8. Cryotech™ instructions for vitrification with the Cryotop® method



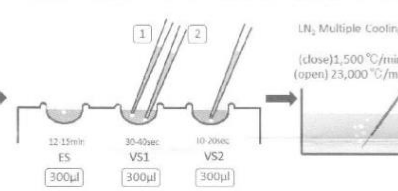
**For Oocytes and Embryos**

**VITRIFICATION SOLUTION SET (110) : For 10 times Uses**



**Oocyte**  
~120µm  
~12min  
~15min  
Equilibration time

**Embryo**  
~120µm  
~12min  
~15min  
Equilibration time



ES 300µl  
VS1 300µl  
VS2 300µl

LN<sub>2</sub> Multiple Cooling  
(close) 1,500 °C/min  
(open) 23,000 °C/min

**Contents:**  
-2 vials of 1.8 ml Equilibration Solution (ES).  
-4 vials of 1.8 ml Vitrification Solution (VS).

**Instructions:**  
-The whole process should be performed under room temperature (25-27°C).  
-Fill a nitrogen container.  
-Compare the thickness of the zona pellucida with the petal-like space, and take note for oocytes.  
-Important : Use a right diameter size of Pasteur pipette for oocytes and embryos (140-150 µm), and blastocysts (160-200 µm).

**Equilibration of oocytes and embryos**

1. Fill in the 1st well of a Vitrification Plate with 300 µl of ES, and 300 µl of VS in both of the 2nd and 3rd well.
2. Put an oocyte/embryo on the surface of ES in the 1st well.
3. The oocyte/embryo will sink and begin to shrink, and gradually return to the original size (maximum time is 15 min for oocytes and blastocysts, and 12 min for other stages of embryos).

**Vitrification**

**Attention:** The following steps must be taken in more than 25 sec and less than 50 sec.

4. Transfer the oocyte/embryo from the 1st well to the half depth of the 2nd well with VS. (Not with the minimum volume of ES at the first step). The oocyte/embryo immediately floats to the surface of VS while being washed.
5. After washing the inside wall of the pipette with fresh VS media, take only the oocyte/embryo and transfer it to the bottom of the well. Wait until the oocyte/embryo stops.

6. Transfer the oocyte/embryo to the half depth of the 3rd well with VS, and mix the media by pipette around for 5 times.
7. Take only the oocyte/embryo at the tip of the pipette, and put it on the end of the Cryotop seat with a minimum volume of VS.
8. Immediately submerge the Cryotech into liquid nitrogen.
9. Place the cap, and store the Cryotech in a nitrogen tank.

**Please leave the Cryotech in liquid nitrogen at all times.**

**Quality Control Tests:**

**-Solutions**  
Lot is labeled on the vial of themselves.

**Successfully passed the following controls.**

- Sterility : Sterility test.
- Endotoxin : by KT methodology (Each component)
- Efficiency : survival of 50/50 mouse embryos and porcine oocytes.

**Storage and stability:**  
Solutions and kits can be transported under the room temperature, and then must be kept in the fridge at 2-8°C until the expiration date. Use before the expiration date indicated on the each of the labels.

**Composition:**

- Modified HEPES Buffered MEM
- Hydrixy Propyl Cellulose
- Ethylene Glycol
- Dimethyl Sulfoxide
- Endotoxin free Trehalose

**References:**

- Kawayama M. Highly efficient vitrification for cryopreservation of human oocytes and embryos: The Cryotop method. *Theriogenology* 67, 73-80, 2007.
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- Hozai S, Kawayama M. Improved Survival of Vitrified in vitro-derived porcine embryos. *J. Reprod. Develop* 50: 481-486, 2004.
- Esaki R, Kawayama M. Cryopreservation of porcine embryos derived from in vitro matured oocytes. *Biological Reproduction* 71: 432-437, 2004.

**Product only for in vitro use.**

Ver. 2  
Revised 1th AUG 2014

Cryotech Japan 2-5-58F Shinjuku, Shinjuku-ku, Tokyo 160-0022 JAPAN contact@cryotech-japan.jp <http://cryotech-japan.jp/>




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## STANDARD OPERATION PROCEDURES

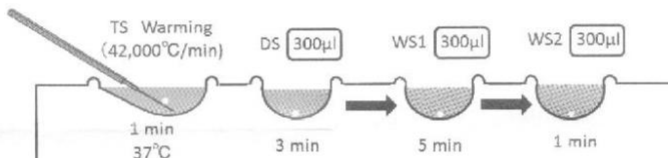
### ASSISTED REPRODUCTIVE TREATMENT

#### 9. Cryotech™ instructions for thawing with the Cryotop® method



**For Oocytes and Embryos**

**WARMING SOLUTION SET (205) : For 5 times Uses**



**Contents:**

- 5 vials of 1.8 ml Warming Solution (TS).
- 1 vial of 1.8 ml Diluent Solution (DS).
- 2 vials of 1.8 ml Washing Solution (WS).

**Instructions:**

**Preparation**

- The whole process should be made under room temperature (25-27°C).
- Important:** Use a right diameter size of Pasteur pipette for oocytes and embryos (140-150 µm), and blastocysts (100-200 µm).
- Place a Warm plate and TS vial (with rd) in an incubator at 37°C 3 hours before the use (overnight storage is preferable).
- Expose DS and WS vials to the room temperature air at least 1 hour before the use.
- Take a patient's cone out of a liquid nitrogen tank, and take off the cover cap and prop up the Cryotop to the inside wall of the cooling rack with liquid nitrogen leaving it against the wall.

**Warming and dilution of CPAs**

1. Take the Warm Plate out of the incubator and fill the second well with 300µl of TS.
2. Take the TS vial out of the incubator and expel TS to the 1st square well.
3. Quickly (within 1 sec) put the Cryotop into the 1st square well with TS, and wait for 1 min.
4. Aspirate the oocyte/embryo and 3 mm long of TS into the pipette, and expel them most slowly to the bottom of the 2nd well (DS). Wait for 3 min.
5. While waiting, fill the 3rd(WS1) and 4th wells(WS2) with 300µl of WS each.

6. Aspirate the oocyte/embryo and 3 mm long of DS into the pipette, and expel them most slowly to the bottom of the 3rd well (WS1), and wait for 5 min.
7. Give a survival judgment at the end of this step. If the shrunk oocyte/embryo is recovered or not.
8. Pull the oocyte/embryo on the surface of the 4th well (WS2). When they sink and reach to the bottom, put them again on the surface of the same WS2 to wash for 2 times in total.
9. Put the oocyte/embryo in the droplet of the culture media for the recovery (or ICSI and ET).

**Note:** 2 to 4 hours of culture for oocytes, and 3 hours for embryos.

**Quality Control Tests:**

**Solutions**

Lut is labeled on the vial of itself.

Successfully passed the following controls:

- Sterility - Sterility test.
- Endotoxin by KT methodology (Each component).
- Fertility: survival of 50/50 mouse embryos and porcine oocytes.

**Storage and stability:**

Solutions and kits can be transported under the room temperature, and then must be kept in the fridge at 2-8°C until the expiration date. Use before the expiration date indicated on the each of the labels.

**Composition:**

- Modified HEPES Buffered MEM
- Hydroxy Propyl Cellulose
- Endotoxin free Trehalose

**References:**

- Kuwayama M. Highly efficient verification for cryopreservation of human oocytes and embryos. The Cryotop method. *Theriogenology* 67: 73-80, 2007.
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- Arimori M, Liotta E, Doni G, Genasio F, Venetio C, Antonic S. Cryotop utilization of human oocyte results in high survival rate and healthy deliveries. *Reproductive Biomedicine Online* 14: 5-16, 2007.
- Vata G, Kuwayama M. Improving cryopreservation systems. *Theriogenology* 68(1): 238-44, 2008.
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- Fukui Y, Kuwayama M. Effect of cryoprotective low and donor's sexual maturity on vitrification of minke whale oocytes at germinal vesicle stage. *Zygote* 12: 103-108, 2004.
- Hochi S, Kuwayama M. Improved Survival of Vitrified In vitro-derived porcine embryos. *J. Reprod. Develop.* 52: 461-465, 2004.
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**Product only for in vitro use.**

Ver. 2  
Revised 1th AUG 2014

Cryotech Japan 2-5-5-8F Shinjuku, Shinjuku-ku, Tokyo 160-0022 JAPAN contact@cryotech-japan.jp <http://cryotech-japan.jp/>



## Appendix M: Wijnland Fertility Consent Forms



### DONATION OF EGGS (Female Gametes) AGREEMENT & CONSENT

I, \_\_\_\_\_ (Donor) I.D. Number \_\_\_\_\_,  
hereby voluntarily consent to participate in the egg donation programme of WIJNLAND  
FERTILITEIT / FERTILITY clinic and declare the following:

1. I consent to the donation of my eggs to WIJNLAND FERTILITEIT / FERTILITY clinic on the condition that my identity are kept anonymous, the recipients identity is kept anonymous to myself and only profiling information given by me on application form, as stipulated in the National Health Act 2003 (No.61 of 2003) in Government Gazette, 12 March 2012 No.35099, is made known to the recipient(s) of my eggs, and my identity number can only be released to the Director of Health under strict confidentiality or by court order.
2. I understand that my donated eggs will be utilised, fresh or frozen, for fertility procedures with the aim of the conception of children to undisclosed recipients and have declared any previous egg donations at any other clinic to WIJNLAND FERTILITEIT / FERTILITY clinic.
3. I relinquish all parental rights and responsibilities for a child conceived through the use of my donated eggs.
4. I will inform the WIJNLAND FERTILITEIT / FERTILITY clinic of any changes in personal details (e.g. postal address; telephone numbers) until all donations and blood screening tests are completed.
5. I have not received any blood or blood related products per transfusion in the last 5 years.
6. I am not and have never been a drug addict or intravenous drug user.
7. I give permission that my blood is tested for sexually transmissible diseases, including HIV, Hepatitis and syphilis, before, during and 6 weeks after donation. All required blood screening tests are done by independent pathology laboratories.
8. I am informed of all test results and all information will be regarded as strictly confidential.
9. I have completed the separate application form which includes personal, profile, genetic history and social/ sexual history information truthfully and to the best of my knowledge.
10. I acknowledge that becoming an egg donor is subjected to a selection process, done only according to psychological screening results, medical conditions and genetic history; and the requirements are stated on the application form and discussed with me.
11. I acknowledge that all my donated eggs will be used or issued to recipients/patients of WIJNLAND FERTILITEIT / FERTILITY clinic until the legal limit of 6 live offspring has been confirmed born.
12. I undertake to maintain a healthy lifestyle and practice safe sexual activities for the whole period of egg donation, until donation is completed and all final blood screening tests are completed.
13. I acknowledge that remuneration for donation is only to compensate for time and effort, and my intention to donate eggs is not for financial gain.
14. I acknowledge that I have read this consent and had adequate opportunity to ask questions.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Donor \_\_\_\_\_ (print name) \_\_\_\_\_

Scientist \_\_\_\_\_ (print name) \_\_\_\_\_



## AGREEMENT & CONSENT FOR USE OF DONOR OVA

I, \_\_\_\_\_ (recipient/patient) ID Number \_\_\_\_\_,  
and \_\_\_\_\_ (patient's partner) ID Number \_\_\_\_\_,  
treated by \_\_\_\_\_ (doctor's name), hereby request WIJNLAND FERTILITY INC. PTY (LTD) to  
match, allocate and consent to the use of donor ova as required for fertility procedures under the following  
conditions stated below:

1. I/We understand that the donated ova (eggs) will be utilised in fertility procedures by WIJNLAND FERTILITY INC. PTY (LTD) clinic for the aim of conceiving a child/children for myself/ourselves.
2. I/We are aware that the fertility treatment with donated ova should be done at a fertility clinic for use in fertility treatment procedures done by a registered gynaecologist/fertility specialist for an optimal chance of success.
3. I/We unconditionally accept all parental rights and responsibilities for any child/children conceived through the use of the donated ova as if my/our own.
4. I/We understand that the release of information to the recipient(s) regarding the ova donor will be strictly in accordance with the National Health Act 61 of 2003 which states that the physical profile and screening test results about the ova donor are available to the recipient(s) but identity of the ova donor will remain anonymous; and access to any other information in the donor file may only be released by WIJNLAND FERTILITY INC. PTY (LTD) to the Director General of Health only by court order in terms of legislation.
5. The child/children conceived may have access to medical and other biographical information, except the identity of the gamete donor, after 18 years of age in accordance with the National Children's Act 41 of 2005.
6. I/We acknowledge that an ova donor may only donate to recipients until the legal limit of 6 live offspring has been confirmed born after which the specific ova donor may no longer donate as stipulated by the National Health Act 61 of 2003.
7. I/We have completed in full the donor ova application form truthfully and in full disclosing profiling information for matching purposes to an ova donor according to my/our true features and have discussed the final ova donor choice with WIJNLAND FERTILITY INC. PTY (LTD) clinic and are completely satisfied.
8. I/We consent to psychological/psychometrical screening via questionnaires and/or interview/counselling as suggested by WIJNLAND FERTILITY INC. PTY (LTD) to optimise the matching process and fertility treatment with donor gametes.
9. I/We am/are liable for all screening, consultation and treatment costs of the ova donor and myself as stated on my account and is payable to the WIJNLAND FERTILITY INC. PTY (LTD) clinic on date of treatment.



## CONSENT TO DONATE ALL REMAINING OOCYTES TO SCIENTIFIC RESEARCH

I, \_\_\_\_\_ (full names of female genetic donor),  
ID-number \_\_\_\_\_, and my partner, \_\_\_\_\_  
ID-number \_\_\_\_\_, referred by Dr \_\_\_\_\_ hereby

agree that all our remaining oocytes in culture or storage should not to be used for embryo transfer for ourselves, and give consent to the donation of all remaining oocytes for use in scientific research/analysis by WIJNLAND FERTILITY INC. PTY (LTD) and/or collaborators in human reproductive biology studies and on the condition that all oocytes are disposed of after completion of the research/analysis (by day 8 of embryo development) and not used for transfer with intention to treat.

We also understand and agree that scientific research in human reproduction are subject to ethical approval and therefore may be contacted should ethical committees request further consent for the use of the oocytes for research purposes.

I agree to pay in full all/any outstanding storage fees (calculated per month from last payment received) up to the date when WIJNLAND FERTILITY INC. PTY (LTD) receives this consent.

Signed at \_\_\_\_\_ (place) on the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Patient (genetic donor) \_\_\_\_\_ (name in block letters) \_\_\_\_\_

Partner \_\_\_\_\_ (name in block letters) \_\_\_\_\_

Witness \_\_\_\_\_ (name in block letters) \_\_\_\_\_

E-mail: [lab@wijnlandfertility.co.za](mailto:lab@wijnlandfertility.co.za) (only scanned pdf document with original signatures accepted)

Fax: +27 86 566 1701

Post: PO Box 637, Stellenbosch, 7599

Delivery: 9 Oewerpark, Rokewood Ave, Die Boord, Stellenbosch, 7599



WIJNLAND  
Fertility

## CONSENT FOR THE FREEZING & STORAGE OF OOCYTES

### CONSENT, TERMS AND CONDITIONS

I, \_\_\_\_\_ (genetic donor patient) ID number \_\_\_\_\_

referred by \_\_\_\_\_ (doctor), hereby request WIJNLAND FERTILITY INC. PTY (LTD) to freeze and store my oocytes (eggs) under the following conditions:

1. I undertake to the pay in full for all oocyte freezing fees and storage fees immediately to WIJNLAND FERTILITY INC. PTY (LTD);
2. I agree and consent to the discarding of all my oocytes in storage should I fail to pay the freezing fees or renewal of *pro rata* storage fees in full within six (6) months after these fees have been charged and ignore statements and/written warnings as issued during this time by WIJNLAND FERTILITY INC. PTY (LTD) to my personal mail and/or email address as provided by me \_\_\_\_\_ (the patient);

3. I will inform WIJNLAND FERTILITY INC. PTY (LTD) of any changes in personal contact details (e.g. postal address, telephone numbers, email) during the entire period of storage. My current contact information is as follow:

Full Name and Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Should I not be reached, I nominate my next of kin to be contacted and I will ensure that they are informed by me:

Name (next of kin): \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number (next of kin): \_\_\_\_\_

E-mail (next of kin): \_\_\_\_\_

5. I have been informed and understand that the fertilization potential of the oocytes may decline and/or may not survive the freezing and thawing procedures;

Patient: \_\_\_\_\_ Print Name: \_\_\_\_\_

6. I agree to do blood screening tests for sexually transmitted diseases, including HIV1&2 and Hepatitis B, at least 3 days before stimulation starts or in emergency, at latest 3 days before the aspiration procedure, and will send the reports directly to WIJNLAND FERTILITY INC. PTY (LTD), and understand that these costs are my own responsibility;



# WIJNLAND

## Fertility

T: +27 21 882 9666, F: +27 86 566 1701, E: [lab@wijnlandfertility.co.za](mailto:lab@wijnlandfertility.co.za)

### STORAGE OF FROZEN SPERM AGREEMENT & INFORMED CONSENT

I, \_\_\_\_\_ (patient) ID number \_\_\_\_\_  
referred by \_\_\_\_\_ (doctor), hereby request WIJNLAND FERTILITY INC. PTY  
(LTD) to freeze and store my sperm under the following conditions:

1. I undertake to pay in full for all freezing fees and annual storage fee immediately to WIJNLAND FERTILITY INC. PTY (LTD);
2. I, \_\_\_\_\_ consent to the discarding of all my sperm without warning if I fail to pay the freezing fees or renewal of *pro rata* annual storage fees in full within three (3) months after these fees have been charged;
3. I will inform WIJNLAND FERTILITY INC. PTY (LTD) of any changes in personal contact details (e.g. postal address, telephone numbers, email);
4. I have been informed and understand that the fertilization potential of the sperm may decline after the freezing procedure;
5. I understand that my sperm will only be utilised for fertility procedures involving myself and my wife/partner;
6. I will do blood screening tests for sexually transmitted diseases, including HIV1&2 and Hepatitis B, within a maximum of 72 hours at time of the freezing, and will send the original reports directly to WIJNLAND FERTILITY INC. PTY (LTD), and understand that these costs are my own responsibility;
7. In the event of my death, the stored sperm must be:

(Please mark and initial the selected option)

Sign Initials

<input type="checkbox"/>	thawed and discarded	
<input type="checkbox"/>	assigned to the care of my wife/partner: wife's/partner's name: _____ ID no. _____	
<input type="checkbox"/>	used for scientific research	
<input type="checkbox"/>	offered for donation by WIJNLAND FERTILITY INC. PTY (LTD)	

8. I acknowledge that if, at any time, I wish to have my frozen sperm discarded, and I must request such action in writing, give written consent by completing the appropriate forms of WIJNLAND FERTILITY INC. PTY (LTD) and agree to pay all outstanding fees in full.

9. Hereby, I declare that all my personal details are correct to my knowledge.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Patient: \_\_\_\_\_ (print name) \_\_\_\_\_

Witness: \_\_\_\_\_ (print name) \_\_\_\_\_

**Appendix N: Data Collection**

Headings for data collection on Excel spreadsheet:

Patient Lab ID	Slide ID	Well #	Ova DOB	BMI	Ova source	Procedure	Diagnosis	Stimulation	Slide description	Aspirated oocytes
-------------------	-------------	--------	------------	-----	---------------	-----------	-----------	-------------	----------------------	----------------------

tPB2	tPNa	tPNf	T2	T3	T4	T5	T6	T7	T8	T9+	tSC
------	------	------	----	----	----	----	----	----	----	-----	-----

tM	tSB	tB	tEB	tHB	tDead	Grade	Day ET	ET	ET Grade	FR	BR
----	-----	----	-----	-----	-------	-------	--------	----	-------------	----	----

## Appendix O: Consent from Wijnland Fertility Clinic



WIJNLAND  
Fertility

TO WHOM IT MAY CONCERN

We, the partners of Wijnland Fertility, Stellenbosch, hereby give consent that **Mr. Dylan Ramsay (SU: 18170560; MSIN 0003972)** can use de-identified routine medical records of patients treated at the clinic for his MSc research study titled: *Time-lapse analysis and morphokinetic evaluation of fresh vs frozen oocytes, including donor and sibling oocyte cycles.*

We also give consent that the clinic's name be used in the final thesis document.

  
Dr. Johannes van Waart  
DIRECTOR

Signed at Stellenbosch on 30/5/18

  
Lizanne van Waart  
DIRECTOR

Signed at Stellenbosch on 30/05/18

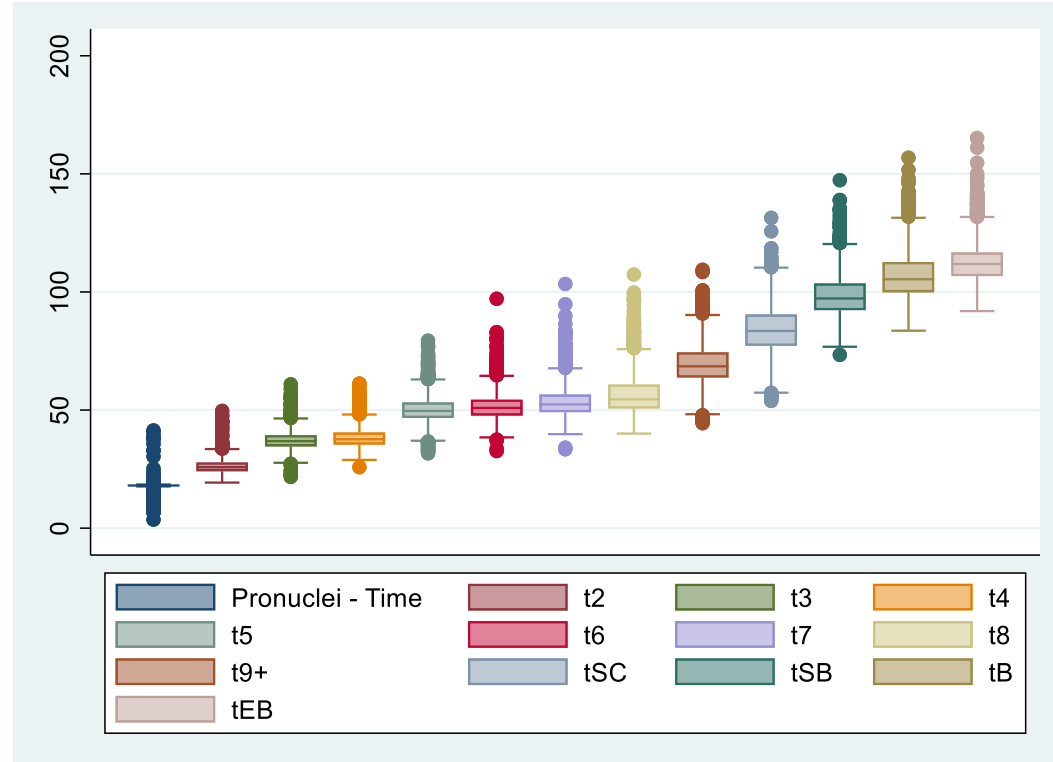
## Appendix P: Raw data analysis

Dylan Ramsay  
Statistical Report

### TIME-LAPSE ANALYSIS AND MORPHOKINETIC EVALUATION OF FRESH VS FROZEN

#### NORMATIVE DATA / FRESH

Boxplots of major to epoch completion



**Estimating the relevant centiles for each epoch,**

The normal range is usually considered as the two centiles that contain 95% of the underlying population, thus the 2,5<sup>th</sup> and 97,5<sup>th</sup> percentile are such values

The confidence interval of these two estimates reflects the uncertainty around the estimate, With large sample size this uncertainty will be small,

These are the time points when an event appears/happens

#### tPN - fertilization 2PN

, centile pronucleitime, centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tPN		1,416	2,5 11,71704	10,84744 12,74675
		10	17,67328	17,48764 17,7838
		25	17,96989	17,96109 17,98241
		50	18,07023	18,05941 18,08008
		75	18,16995	18,15912 18,18469
		90	18,45162	18,37612 18,52759
		97,5	20,04942	19,18464 21,01652

- 95% of the normative populations will have pronuclei times between 11,72 and 20,05 hours
- The median time is 18,07 hours
- There is about 1 hour uncertainty around the normal values range +-



**tpb2 - 2nd polar body time**

centile tpb2 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpb2	1,349	2,5	1,878621	1,747183	1,95055
		10	2,470487	2,382918	2,509732
		25	3,003898	2,932023	3,077061
		50	3,676244	3,600218	3,753952
		75	4,438308	4,343156	4,519052
		90	5,463918	5,283665	5,641201
		97,5	7,67081	6,967186	10,29226

median

**tpNa - appearance of individual PN**

, centile tpna , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpNa	1,382	2,5	4,779101	4,545912	4,957746
		10	5,604237	5,492331	5,738375
		25	6,365737	6,298915	6,457692
		50	7,328266	7,222892	7,410644
		75	8,572867	8,444857	8,694678
		90	10,05597	9,766147	10,3143
		97,5	12,72546	12,16551	15,89627

median

**tpnf**

, centile tpnf , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpnf	1,408	2,5	18,80977	18,60014	19,02263
		10	20,09869	19,88805	20,31714
		25	21,32061	21,12986	21,53668
		50	23,10079	22,90937	23,24465
		75	25,0702	24,87256	25,26781
		90	27,28597	26,94886	27,69202
		97,5	30,50125	29,95457	31,73508

**t2 - 2 cell**

, centile t2 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2	1,415	2,5	21,53106	21,18154	21,7463
		10	22,77426	22,52309	22,92294
		25	24,06625	23,85651	24,25702
		50	25,80631	25,57795	25,99194
		75	27,84073	27,61491	28,07596
		90	30,10389	29,76121	30,59825
		97,5	33,83079	32,85279	35,19556

**t3 - 3 cell**

, centile t3 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3	1,413	2,5	30,72778	29,99054	31,15676
		10	32,9613	32,70274	33,25535

	25	34,66541	34,48264	34,89741
	50	36,83479	36,63819	37,00595
	75	39,38374	39,09702	39,73939
	90	42,28449	41,6528	42,98257
	97,5	46,7763	45,74527	48,40661

#### T4- 4cell

V

, centile t4 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t4	1,412	2,5	32,08386	31,64858 32,26383
		10	33,71527	33,4983 33,91459
		25	35,38804	35,16077 35,64961
		50	37,65034	37,38637 37,88642
		75	40,48689	40,10779 40,70611
		90	43,79733	43,29107 44,45898
		97,5	49,94436	48,52423 52,50342

#### t5 - 5 cell

, centile t5 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t5	1,407	2,5	39,04088	38,00448 40,10802
		10	43,9259	43,53203 44,35087
		25	46,65523	46,36227 46,90569
		50	49,63217	49,36118 49,91914
		75	53,22787	52,71018 53,57125
		90	57,20222	56,53792 57,77342
		97,5	64,01048	63,25777 65,19362

#### t6 -6 cell

, centile t6 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t6	1,413	2,5	42,36309	41,72762 43,16763
		10	45,31452	44,89414 45,60786
		25	47,69254	47,50691 48,03322
		50	50,88729	50,61992 51,18335
		75	54,46142	54,05203 55,02767
		90	59,21673	58,39797 60,46045
		97,5	67,74127	65,72 69,532

#### t7- 7 cell

, centile t7 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t7	1,409	2,5	43,71275	43,14639 44,16367
		10	46,5974	46,11969 46,89955
		25	49,06442	48,67817 49,46021
		50	52,39317	52,07691 52,72995
		75	56,5644	56,0803 57,12609
		90	63,16761	61,98404 64,45321

	97,5	72,91841	70,82324	74,46668
--	------	----------	----------	----------

**t8- 8cell**

```
, centile t8 , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t8	1,413	2,5	44,47904	44,1915 45,30334
		10	47,57454	47,06793 48,11311
		25	50,62387	50,28991 50,8913
		50	54,51545	54,22075 54,97908
		75	60,82463	59,93329 62,15186
		90	69,28454	68,38207 70,7579
		97,5	82,35905	79,5296 83,92926

**t9 - 9 cell**

```
, centile t9 , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t9	1,413	2,5	52,19429	50,67439 53,31334
		10	58,59972	57,76524 59,17685
		25	63,78573	63,17427 64,31241
		50	68,52028	68,12159 69,0991
		75	74,46112	73,76468 75,0904
		90	80,35463	79,26908 81,6501
		97,5	90,11943	87,66999 91,9161

**tSC - compation**

```
, centile tsc , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tsc	1,413	2,5	62,00282	60,31359 64,10399
		10	70,35081	69,26795 71,44802
		25	77,20207	76,62811 77,89792
		50	83,49568	82,89625 84,40776
		75	90,46778	89,61054 91,10587
		90	97,49146	96,26914 98,53989
		97,5	106,7959	104,9902 109,4304

**tSB - initiation of blastulation**

```
, centile tsb , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
----------	-----	------------	---------	--

tsb	1,395	2,5	84,07062	83,34872	84,80342
		10	88,35211	87,72522	88,89899
		25	92,2686	91,70976	92,63809
		50	97,24725	96,84585	97,62696
		75	103,5852	102,8728	104,2568
		90	111,3477	110,5848	112,5339
		97,5	120,8153	117,9226	122,9435

#### **tB -full blastocyst**

, centile tb , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tb	1,317	2,5	91,19585	90,61646	92,14775
		10	95,71043	95,00769	96,26183
		25	99,8878	99,41438	100,4908
		50	105,3701	104,7719	106,1193
		75	112,6653	111,8573	113,4026
		90	121,955	120,241	123,427
		97,5	134,5572	132,1154	137,2673

#### **tEB - expanded blastocyst**

, centile teb , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
teb	960	2,5	98,27284	97,25319	99,41647
		10	102,5223	101,9986	103,0649
		25	106,68	106,2352	107,3137
		50	111,8383	111,4281	112,4622
		75	116,7176	116,0724	117,8767
		90	131,3342	128,8694	133,1207
		97,5	139,6419	137,8312	140,8876

#### **tHB - hatching blastocyst**

, centile thb , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
thb	137	2,5	104,6359	97,4	106,3381*
		10	107,1367	106,0647	109,0193
		25	110,4807	110,0234	111,493
		50	114,4	113,0218	115,3965
		75	119,4714	116,3695	132,6821
		90	138,1818	135,865	140,6625
		97,5	148,5442	140,6146	152,4486*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**Centiles of difference between epochs** (instant in time chosen as the origin)

**t2 duration - time at 2 cell**

, centile t2duration, centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2duration	1,411	2,5	8,435602	7,93343	9,00281
		10	9,752496	9,506048	9,753323
		25	10,26122	10,25343	10,50276
		50	11,009	11,00369	11,25324
		75	11,76679	11,75392	12,0038
		90	12,76105	12,75355	13,004
		97,5	13,87608	13,75395	14,2555

**ECC1 (t2-tPB2)**

, centile ecc1 , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc1	1,348	2,5	17,50599	17,07819	17,94206
		10	19,00581	18,75597	19,2529
		25	20,25749	20,01679	20,50609
		50	21,85689	21,75376	22,03278
		75	23,90671	23,70287	24,09314
		90	25,84069	25,50803	26,22894
		97,5	28,77515	28,28993	29,43124

**VP**

, centile vp , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
vp	1,380	2,5	10,75393	10,25279	11,25014
		10	12,26706	12,15508	12,5049
		25	13,9243	13,71386	14,01153
		50	15,50515	15,25829	15,75448
		75	17,40337	17,19958	17,64348
		90	19,28668	19,00611	19,51188
		97,5	21,7922	21,37423	23,01266

**t3 duration - time as 3 cell**

, centile t3duration , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3duration	1,409	2,5	0	0	0
		10	0	0	0

	25	,2500249	,2499898	,2500555
	50	,5001305	,5000926	,5001735
	75	1,000176	,7522902	1,000358
	90	2,000696	1,751197	2,251015
	97,5	7,191232	5,751892	11,08377

#### t4 duration - time as 4 cell

, centile t4duration , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t4duration	1,403	2,5	,5001689	,2501873 1,000194
		10	9,252899	8,753048 9,503801
		25	10,83756	10,75306 11,00406
		50	12,25367	12,00533 12,25922
		75	13,50438	13,25894 13,72914
		90	14,8106	14,54232 15,05986
		97,5	17,34163	16,52553 18,10233

#### t5 duration - time as 5 cell

, centile t5duration , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t5duration	1,405	2,5	0	0 0
		10	0	0 0
		25	,2501074	,2500792 ,2501447
		50	,7489239	,5005385 ,7501825
		75	1,500224	1,250585 1,500517
		90	2,900203	2,502348 3,501048
		97,5	12,96905	11,91214 13,84354

#### T6 duration - time as 6 cell

, centile t6duration , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t6duration	1,412	2,5	0	0 0
		10	,0493656	0 ,2499279
		25	,5000481	,4971122 ,5001072
		50	1,000252	,9972247 1,000371
		75	2,000834	2,000268 2,250705
		90	4,251707	3,751367 5,01666
		97,5	14,00432	11,09513 16,65849

#### t7 duration - time as 7 cell

, centile t7duration , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t7duration	1,408	2,5	0	0 0
		10	,2499438	0 ,2500035
		25	,5001528	,5000997 ,5002427
		50	1,250312	1,001919 1,250484

	75	3,25114	3,000688	3,505808
	90	9,765284	8,409948	11,75353
	97,5	17,59841	16,28702	18,92496

**t8 duration - time as 8 cell**

```
, centile t8duration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t8duration	1,412	2,5	0	0 ,2499926
		10	1,50038	1,00072 1,7537
		25	8,00322	7,004699 9,00296
		50	13,50411	13,14876 14,00289
		75	17,01049	16,75476 17,44627
		90	19,51446	19,18694 20,2391
		97,5	23,69316	22,75776 24,50741

**t9 duration - time as 9cell**

```
, centile t9duration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t9duration	1,411	2,5	0	0 0
		10	3,001105	2,000926 3,751144
		25	7,752241	7,00344 8,252207
		50	13,25537	12,75403 13,75876
		75	20,60297	19,75625 21,50633
		90	27,23254	26,05896 28,50931
		97,5	37,76313	34,33241 40,48901

**ECC3 duration - t8-t4**

```
centile ecc3 , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
ecc3	1,409	2,5	11,50526	11,25375 11,75384
		10	12,75369	12,5049 12,94731
		25	14,09458	13,93738 14,25661
		50	16,00854	15,7558 16,25537
		75	20,03571	19,50543 20,99884
		90	29,26047	27,65329 30,50937
		97,5	38,47464	36,52707 39,77985

**s3 - t8-t5**

```
, centile s3 , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
s3	1,404	2,5	,7501781	,6413965 ,7502416

	10	1,250243	1,000502	1,250447
	25	2,00064	2,000304	2,004749
	50	3,750952	3,500848	4,000957
	75	8,754516	7,923053	10,00268
	90	17,8073	16,51772	18,75572
	97,5	25,21451	23,2976	28,62055

**tSC - duration as compacted**

```
, centile tscduration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----+-----				
tscduration	1,395	2,5	3,500719	3,000743 3,69669
		10	5,752466	5,25198 6,251632
		25	9,25434	8,756324 9,562435
		50	13,50379	13,00382 13,75451
		75	19,25567	18,57046 20,00627
		90	26,71951	25,33501 27,6031
		97,5	35,03539	33,04772 37,07768



# tSB - duration as blastocyst before full blastocyst

```
, centile tsbduration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsbduration	1,316	2,5	3,750989	3,388606	3,985465
		10	4,75456	4,504877	5,007238
		25	6,315583	6,251274	6,502544
		50	8,339596	8,047933	8,50302
		75	11,03527	10,75339	11,47543
		90	14,51754	13,78527	15,50465
		97,5	21,77319	20,52544	23,11072

# tB - duration as full blastocyst before expanded blastocyst

```
, centile tbduration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tbduration	960	2,5	3,000633	2,250749	3,250939
		10	4,501101	4,251136	4,50361
		25	5,75276	5,502969	6,004329
		50	8,008262	7,773135	8,255996
		75	10,46963	10,00631	10,7592
		90	13,72969	13,09511	14,5061
		97,5	20,44249	18,35715	23,05363

# tEB - duration as expanded blastocyst

```
, centile tebduration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tebduration	960	2,5	-2,2525927	-1,046012	0
		10	0	0	,2126825
		25	2,001069	1,750574	2,410508
		50	5,377507	5,001597	5,847279
		75	9,493976	8,505212	9,955399
		90	13,2566	12,75551	14,00452
		97,5	19,01808	17,2566	22,68618

# tHB - duration as hatched blastocyst

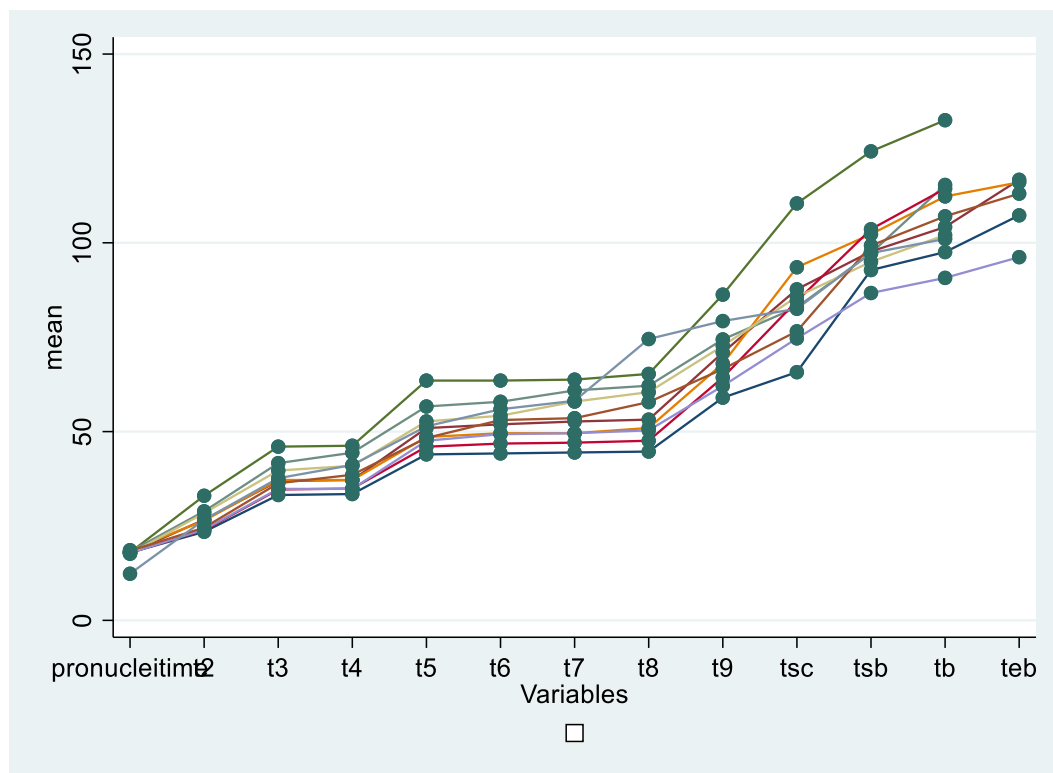
```
, centile thbduration , centile(2,5 10 25 50 75 90 97,5)
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
thbduration	137	2,5	-3,550674	-10,80778	-,2929556*
		10	0	-,3482646	0
		25	,1249835	0	,9826714
		50	2,998741	1,5	3,304689
		75	5,500795	4,501056	7,503593
		90	10,41711	8,571926	12,22043
		97,5	15,74801	11,8657	30,79063*

\* Lower (upper) confidence limit held at minimum (maximum) of sample



Epoch time profile for 10 randomly selected cases

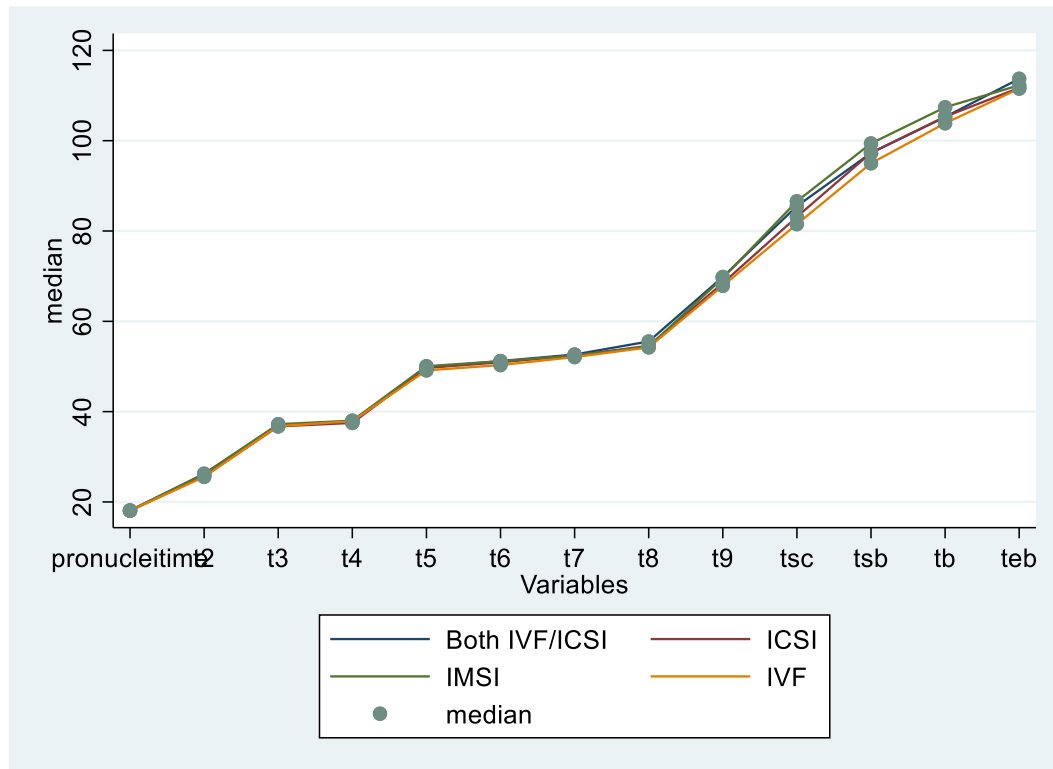


end of do-file

Median profile over epochs by fertilization method

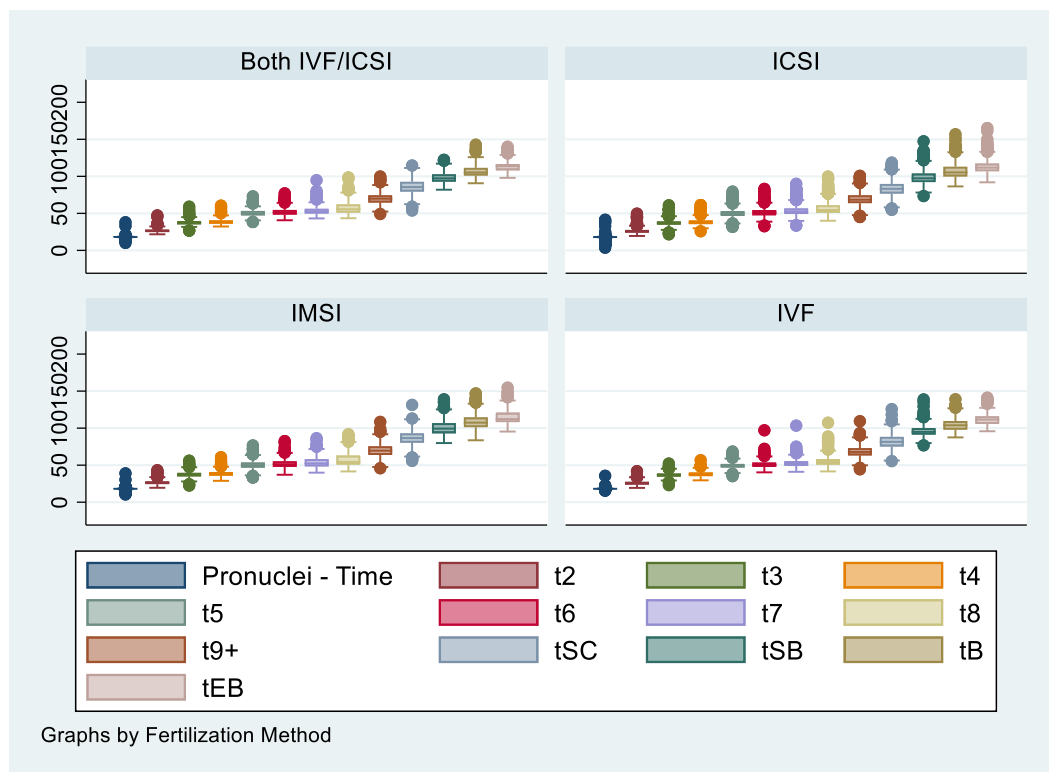
```
encode fertilizationmethod, gen(nfert_meth)
```

```
profileplot pronucleitime t2 t3 t4 t5 t6 t7 t8 t9 tsc tsb tb teb, by( nfert_meth ) median
```



- Some differentiation occurs only after t9 with IVF having slightly shorter median time

Boxplots of epoch times by fertilization type



Times by fertilization type

```
, tab nfert_meth
```

Fertilization Method	Freq,	Percent	Cum,		
Both IVF/ICSI	134	9,46	9,46	1	small
ICSI	848	59,84	69,30	2	
IMSI	226	15,95	85,25	3	
IVF	209	14,75	100,00	4	
Total	1,417	100,00			

```
foreach var of varlist pronucleitime tpb2 tpbna tpbnf t2 t3 t4 t5 t6 t7 t8 t9 tsc tscb
tb teb thb {
  2, centile `var' if nfert_meth==1, centile(2,5 10 25 50 75 90 97,5)
  3, }
```

```
-- Binom, Interp, --
```

```
IVF/ICSI =1
```

Variable	Obs	Percentile	Centile	[95% Conf, Interval]	
pronucleit~e	134	2,5	13,06906	10,08255	17,80757*
		10	17,91354	17,79054	17,93704
		25	17,98028	17,95435	18,01768
		50	18,09784	18,06721	18,13353
		75	18,21855	18,16961	18,29246
		90	18,62443	18,29744	19,38764
		97,5	20,99658	19,24394	37,99054*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**tpb2**

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpb2	131	2,5	1,997103	1,613219	2,647347*
		10	2,714136	2,630139	2,833065
		25	3,151365	2,908814	3,302465
		50	3,710105	3,490832	3,971765
		75	4,505782	4,254636	5,053771
		90	5,870672	5,216317	16,71555
		97,5	20,99679	10,48886	25,23541*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**tpNa**

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpna	134	2,5	4,665486	4,541341	5,180126*
		10	5,701911	5,119469	5,977659
		25	6,430929	6,126719	6,846588
		50	7,72642	7,391047	8,14146
		75	9,468632	8,628594	10,12991
		90	11,6249	10,30066	19,91334
		97,5	22,18705	19,64963	30,98799*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**tpnf**

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpnf	134	2,5	19,36187	18,74088	19,93627*
		10	20,50614	19,8711	20,94218
		25	21,91328	21,10654	22,21527
		50	23,27667	22,7299	23,87899
		75	25,35944	24,80497	26,14257
		90	27,74849	26,39157	29,64697
		97,5	33,89765	29,2248	44,00654*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2	134	2,5	21,99503	21,72797	22,22503*
		10	22,89895	22,2239	23,72128
		25	24,64619	23,88765	24,96145
		50	26,14525	25,41886	26,88755
		75	28,00894	27,48992	28,85337
		90	30,66452	29,303	32,31561
		97,5	36,18881	32,26679	47,25735*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3	134	2,5	31,7257	26,60358	32,75933*
		10	33,50852	32,59901	34,55354
		25	35,30198	34,93014	35,92938
		50	37,00484	36,52363	37,91561
		75	39,70163	38,98722	40,72236
		90	42,79109	41,05689	45,89006
		97,5	51,39387	45,20515	59,01083*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**t4**

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4	133	2,5	32,54851	32,22263	33,69594*
		10	34,49131	33,61839	35,41245
		25	35,98621	35,57982	36,65425
		50	37,72612	37,21064	38,60623
		75	40,6699	39,75391	41,52202
		90	44,27989	42,06761	50,61866
		97,5	56,83935	50,34765	60,43004*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5	132	2,5	40,94709	38,36161	44,24738*
		10	44,97241	44,23021	46,19201
		25	47,39732	46,48479	47,93139
		50	49,77083	48,76116	50,93398
		75	53,4171	52,21609	54,50384
		90	57,85472	55,17748	64,40845
		97,5	65,92883	64,28219	73,01492*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6	134	2,5	42,79945	40,64127	44,57794*
		10	45,69869	44,52625	46,89093
		25	48,20476	47,65794	48,91979
		50	51,19833	50,15342	52,20511
		75	54,64331	53,17705	55,91546
		90	58,67844	57,04022	66,90425
		97,5	71,32786	66,77604	77,01754*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7	134	2,5	44,32876	43,17659	46,11501*
		10	47,02906	45,8072	48,42876
		25	49,68729	48,63324	50,55084
		50	52,65652	51,52722	53,47446
		75	56,45789	55,20206	58,38799
		90	63,61689	58,99617	70,18386
		97,5	76,77036	70,12642	94,78995*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8	134	2,5	45,07818	43,42689	46,68534*
		10	47,90182	46,55428	49,39735
		25	50,85042	49,76858	52,11746
		50	55,53283	53,46426	56,94996
		75	62,1744	58,87806	65,36283
		90	71,05041	66,27828	77,47459
		97,5	85,07551	76,97195	98,54265*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9	134	2,5	56,55324	49,11099	59,35126*
		10	61,66104	59,21174	62,91454
		25	64,58098	63,47757	66,48167
		50	69,82052	68,30461	71,63268
		75	74,47306	73,15533	77,98408

	90	80,52315	78,44363	87,27635
	97,5	95,4316	86,36304	99,77494*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tSC	134	2,5	58,49295	53,86217 68,41819*
		10	73,52596	67,48752 76,59265
		25	79,34985	77,76948 80,6309
		50	85,50554	83,05533 88,2938
		75	92,72779	90,98554 95,32056
		90	99,69359	96,8938 104,9848
		97,5	108,476	104,7584 114,6688*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tSB	132	2,5	85,12059	81,91349 88,46799*
		10	89,25746	88,116 91,0974
		25	92,70565	91,43411 94,10507
		50	97,26524	96,47278 99,47866
		75	102,828	101,4591 105,7397
		90	112,114	108,6483 114,9962
		97,5	119,6908	114,7518 122,2918*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tB	125	2,5	92,96252	90,68102 94,82433*
		10	98,00701	94,05464 99,16714
		25	101,0733	99,62428 102,6845
		50	105,2478	104,2836 108,2474
		75	111,6506	110,2731 114,6262
		90	122,4435	115,415 127,3212
		97,5	135,2114	125,0864 142,6876*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tEB	90	2,5	101,7681	97,93288 104,7056*
		10	105,5714	103,8377 106,4013
		25	108,2488	106,3974 110,5194
		50	113,7143	111,4021 114,9789
		75	116,72	115,5097 119,0498
		90	131,9599	118,692 133,3597
		97,5	138,2596	132,6763 139,9257*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tHB	9	2,5	108,1582	108,1582 110,1246*
		10	108,1582	108,1582 115,4827*
		25	112,4459	108,1582 122,2942*
		50	116,6868	110,5319 139,4467
		75	138,3887	116,2289 149,3017*
		90	149,3017	130,0395 149,3017*
		97,5	149,3017	139,9035 149,3017*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

ICSI =2



```
, foreach var of varlist pronucleitime tpb2 tpna tpnf t2 t3 t4 t5 t6 t7 t8 t9 tsc tsb
tb teb thb {
  2, centile `var' if nfert_meth==2, centile(2,5 10 25 50 75 90 97,5)
  3, }
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
pronucleit~e	847	2,5	10,72577	8,634423	11,97697
		10	17,48318	17,16295	17,70985
		25	17,95928	17,93905	17,97092
		50	18,05011	18,03572	18,06388
		75	18,14628	18,13464	18,16266
		90	18,36696	18,32309	18,48377
		97,5	19,03789	18,8319	20,61938

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpb2	819	2,5	1,910055	1,786888	2,004064
		10	2,444674	2,349983	2,497068
		25	2,961369	2,852279	3,047522
		50	3,560619	3,48293	3,616896
		75	4,27857	4,138727	4,384621
		90	5,154688	4,977837	5,359474
		97,5	7,478026	6,273222	9,093331

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpna	835	2,5	4,791146	4,516168	5,008005
		10	5,568351	5,359313	5,725691
		25	6,337473	6,24707	6,46003
		50	7,209845	7,090982	7,325948
		75	8,464993	8,191823	8,646675
		90	9,864652	9,577449	10,27878
		97,5	12,67881	11,9677	14,55715

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpnf	847	2,5	18,70871	18,29403	18,98166
		10	19,99915	19,79522	20,25078
		25	21,20025	21,0327	21,50535
		50	23,05097	22,7821	23,21885
		75	24,94868	24,71475	25,2614
		90	27,1701	26,74266	27,5411
		97,5	30,34325	29,51765	31,79405

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2	848	2,5	21,3472	21,01041	21,75565
		10	22,63974	22,3993	22,89211
		25	23,96308	23,74309	24,20907
		50	25,68341	25,50674	25,9677
		75	27,7239	27,42747	28,05518
		90	29,92372	29,5404	30,42696
		97,5	33,19248	32,54815	35,23519

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3	846	2,5	30,73249	30,05501	31,25907
		10	32,85906	32,47636	33,20895
		25	34,61375	34,35088	34,86293
		50	36,73802	36,52842	37,00672
		75	39,28861	38,9262	39,80051
		90	42,30264	41,54761	42,99159
		97,5	46,37101	45,0221	48,34297

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4	844	2,5	31,83071	31,22572	32,15823
		10	33,65826	33,33737	33,93916

		25	35,31504	35,06112	35,57942
		50	37,49494	37,17246	37,84252
		75	40,46025	39,95327	40,85565
		90	43,55701	42,98398	44,31218
		97,5	49,83668	47,73498	53,02114
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5	844	2,5	39,12767	36,78182	41,09681
		10	43,75554	43,40033	44,26916
		25	46,42685	46,09619	46,96611
		50	49,67242	49,30884	50,10254
		75	53,1712	52,61897	53,82532
		90	56,95945	56,08031	57,73717
		97,5	63,78496	61,9835	65,14138
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6	845	2,5	42,5068	41,79486	43,40747
		10	45,09388	44,65415	45,61414
		25	47,81268	47,3851	48,22244
		50	50,9251	50,6046	51,3145
		75	54,58354	53,8883	55,2426
		90	59,10217	58,00227	60,43438
		97,5	67,04757	64,92596	69,68289
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7	844	2,5	43,66718	42,83426	44,03781
		10	46,31816	45,55999	46,90953
		25	49,10011	48,76937	49,56847
		50	52,42665	52,07084	52,86405
		75	56,68542	56,11377	57,40155
		90	62,7881	61,59924	64,502
		97,5	72,93455	70,4277	75,21297
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8	846	2,5	44,34621	43,99565	45,30422
		10	47,48816	46,62009	48,09442
		25	50,58784	50,10608	51,02052
		50	54,58462	54,12905	55,25375
		75	60,95435	59,76367	62,3473
		90	68,95131	67,85938	70,05337
		97,5	79,70747	76,75016	83,7279
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9	846	2,5	52,35139	50,46316	53,82672
		10	58,34211	57,3212	59,0881
		25	63,6393	62,98032	64,32704
		50	68,43429	67,95198	69,18022
		75	74,35899	73,53834	75,09893
		90	79,814	78,7711	81,21432
		97,5	88,86959	87,19966	91,65978
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsc	847	2,5	62,92632	60,6437	64,73708
		10	69,67609	68,64815	71,08487
		25	76,741	75,6409	77,47353
		50	83,13009	82,26766	83,88895
		75	89,79131	88,93111	90,94071
		90	96,44537	94,97167	98,21033
		97,5	106,1252	103,473	108,9854
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsb	838	2,5	84,28949	83,24605	85,26753
		10	88,2808	87,5417	88,91415

	25	92,13989	91,42222	92,64139
	50	97,32137	96,77336	97,86182
	75	103,7489	102,8907	104,8914
	90	111,1234	109,8392	112,3106
	97,5	120,1432	115,996	122,5878

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tb	792	2,5	91,00546	90,07898 92,37047
		10	95,71114	95,1085 96,36041
		25	99,84627	98,93305 100,5587
		50	105,3061	104,5439 106,2675
		75	113,0783	112,0943 114,4926
		90	122,1167	120,4614 123,7818
		97,5	133,8714	130,4004 138,244

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
teb	593	2,5	97,97121	96,63942 99,67906
		10	102,495	101,5035 103,0096
		25	106,6272	105,7586 107,4449
		50	111,7074	111,1086 112,4205
		75	117,3013	115,9923 120,4031
		90	131,1061	128,3827 133,5285
		97,5	139,6699	137,865 140,9237

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
thb	93	2,5	104,6066	103,6198 105,5558*
		10	106,8159	105,1156 109,3556
		25	110,4592	109,3068 111,5181
		50	113,8951	112,3048 115,3422
		75	118,6799	115,6923 132,4612
		90	136,9	132,4458 140,4414
		97,5	140,7259	138,6211 147,6184*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

### IMSI +3

```
, foreach var of varlist pronucleit time tpb2 tpna tpnf t2 t3 t4 t5 t6 t7 t8 t9 tsc tsb
  tb teb thb {
  2, centile `var' if nfert_meth==3, centile(2,5 10 25 50 75 90 97,5)
  3, }
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
pronucleit~e	226	2,5	11,44812	11,27641 13,3614
		10	17,22647	15,04672 17,78011
		25	17,99193	17,95601 18,01597
		50	18,10163	18,08171 18,11537
		75	18,28015	18,19053 18,33458
		90	18,57026	18,42439 18,83446
		97,5	21,12129	19,10231 29,91842

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tpb2	225	2,5	1,662256	1,504522 1,883062
		10	2,251496	2,052963 2,354861
		25	2,73615	2,590319 2,857727
		50	3,494328	3,196054 3,645897
		75	4,277541	4,078668 4,478461
		90	5,310867	5,007653 5,706175
		97,5	6,858447	5,862588 22,10026

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tpna	226	2,5	4,866272	4,143943 5,158602
		10	5,880259	5,511453 6,098844

		25	6,508306	6,323873	6,8547
		50	7,658478	7,408628	8,031945
		75	8,946145	8,596203	9,247026
		90	10,2356	9,583794	10,66703
		97,5	11,96483	10,85596	25,42588
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpnf	226	2,5	18,98165	17,00619	19,59921
		10	20,33833	19,8058	20,59525
		25	21,53708	21,07342	21,98664
		50	23,62422	22,90091	23,94616
		75	25,26957	24,86596	25,89668
		90	27,72408	27,09605	28,94554
		97,5	32,3079	29,56596	37,78272
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2	226	2,5	21,67455	19,76309	22,49458
		10	23,11045	22,63466	23,51629
		25	24,3443	23,76209	24,75467
		50	26,25296	25,52131	26,77902
		75	28,20112	27,66444	28,97045
		90	31,24874	29,81526	31,90833
		97,5	34,86135	32,68298	41,05029
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3	224	2,5	28,83607	24,44794	31,92288
		10	33,32016	32,43001	33,6271
		25	34,88829	34,26652	35,44675
		50	37,21551	36,54079	37,88577
		75	39,87255	39,35829	40,81375
		90	43,31252	41,87226	45,14476
		97,5	48,20077	45,93376	53,17124
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4	226	2,5	32,51214	30,59678	33,15626
		10	33,84228	33,41263	34,28166
		25	35,71859	35,05607	36,05853
		50	38,00363	37,02453	38,77755
		75	40,7003	39,88696	42,0317
		90	45,14295	43,67103	46,45258
		97,5	50,68772	46,99953	57,1286
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5	224	2,5	35,30484	33,52419	39,27333
		10	44,42386	40,35301	45,02174
		25	46,49944	45,8671	47,27678
		50	50,05662	49,31547	50,82697
		75	53,65236	52,62335	54,67185
		90	59,55029	57,033	62,26759
		97,5	65,54404	63,48168	72,11693
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6	226	2,5	39,99203	37,52577	44,11208
		10	45,46959	44,80979	45,99868
		25	47,56021	46,77891	48,05058
		50	51,18074	50,36134	52,10513
		75	55,26842	54,08355	56,75455
		90	61,93137	59,07759	63,74425
		97,5	68,05969	64,63188	79,87672
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7	223	2,5	44,92334	41,55714	45,63017
		10	46,73537	46,1696	47,34794

	25	48,52507	48,0264	49,63911
	50	52,42332	51,55069	53,58327
	75	58,19454	55,90519	60,1504
	90	65,21512	62,9864	68,3998
	97,5	75,43989	69,24164	83,67575

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t8	225	2,5	45,78084	42,01427 46,51915
		10	47,8415	46,95614 48,59765
		25	50,57168	49,59592 51,47718
		50	54,409	53,54542 56,04613
		75	62,97438	59,8382 65,86809
		90	73,77685	69,67064 76,94394
		97,5	83,74654	79,67042 90,06018

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t9	225	2,5	49,08054	47,49396 52,24587
		10	58,08296	55,09828 59,89061
		25	63,63922	61,67514 65,10385
		50	69,57984	67,91351 70,60423
		75	75,79777	74,51531 78,03991
		90	83,16294	80,9754 86,39734
		97,5	92,93223	87,38075 98,99184

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tsc	226	2,5	60,33683	57,1878 66,53599
		10	74,40971	69,76622 76,90442
		25	80,22938	78,73979 81,7612
		50	86,58285	84,43988 88,13701
		75	92,9935	91,10795 95,55959
		90	100,3509	98,10566 102,3762
		97,5	110,3433	105,9417 112,9555

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tsb	219	2,5	83,3445	80,09135 85,51535
		10	89,71313	86,84339 91,11792
		25	93,26768	92,08626 94,51402
		50	99,38609	97,2418 101,6061
		75	106,8062	105,608 108,7569
		90	114,7397	112,16 117,7944
		97,5	127,7897	120,9713 135,5263

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tb	199	2,5	90,12639	85,23342 94,79741
		10	96,4737	95,30845 98,45405
		25	101,2613	99,49228 103,1283
		50	107,3959	105,8399 109,0566
		75	114,5532	112,7114 116,9059
		90	127,9332	121,1026 132,8477
		97,5	138,6496	134,6185 146,3623

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
teb	128	2,5	99,18277	95,4 101,947*
		10	104,0176	101,3733 105,9004
		25	108,078	106,1209 109,4811
		50	112,2799	110,5443 113,9559
		75	120,7783	115,2002 127,1646
		90	136,0129	130,1433 137,3263
		97,5	147,1859	137,2677 154,6982*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
----------	-----	------------	---------	--

thb	16	2,5	97,4	97,4	108,21*
		10	104,2734	97,4	109,9303*
		25	109,5026	100,1512	113,2128
		50	113,519	109,6948	116,2239
		75	116,6929	113,8253	133,4006
		90	129,9587	115,6497	135,6979*
		97,5	135,6979	121,3668	135,6979*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

IVF

```
foreach var of varlist pronucleitime tpb2 tpna tpnf t2 t3 t4 t5 t6 t7 t8 t9 tsc tsb
  tb teb thb {
    2, centile `var' if nfert_meth==4, centile(2,5 10 25 50 75 90 97,5)
    3, }
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
pronucleit~e	209	2,5	17,42071	15,79871 17,77188
		10	17,91639	17,82393 17,95488
		25	17,99413	17,97189 18,01365
		50	18,08095	18,05941 18,10485
		75	18,19514	18,16827 18,25341
		90	18,47712	18,34696 18,8506
		97,5	21,10123	19,54863 26,03891

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tpb2	174	2,5	2,288519	1,126412 2,753808
		10	3,215719	2,805473 3,475804
		25	3,842457	3,649918 4,014785
		50	4,400599	4,184509 4,520174
		75	5,288549	4,960497 5,581619
		90	6,012335	5,774909 6,866863
		97,5	8,70618	7,018648 21,08507

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tpna	187	2,5	4,417882	4,161006 5,161414
		10	5,492048	5,244021 5,807413
		25	6,248642	5,964296 6,47749
		50	7,202484	6,964903 7,539526
		75	8,162912	7,962145 8,527661
		90	9,452261	8,968455 10,15634
		97,5	11,52444	10,36319 28,52295

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tpnf	201	2,5	18,98527	17,15689 19,33836
		10	19,85429	19,47879 20,48286
		25	21,1327	20,82358 21,64908
		50	23,00898	22,45281 23,29924
		75	24,93172	24,23097 25,56362
		90	26,95714	26,18712 28,24793
		97,5	30,05226	29,2007 34,61179

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t2	207	2,5	21,22646	19,95253 21,73471
		10	22,43563	22,05583 22,96741
		25	23,72683	23,36087 24,39828
		50	25,55441	25,18256 25,86951
		75	27,73926	26,86779 28,25058
		90	29,64364	28,99859 31,71048
		97,5	33,82876	32,31366 36,76309

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t3	209	2,5	30,84221	26,17475 31,72431

		10	32,69953	32,24692	33,33248
		25	34,36051	33,67074	34,88777
		50	36,8	36,12016	37,15694
		75	38,77366	38,11446	39,76003
		90	41,54743	40,3782	43,2725
		97,5	45,50483	43,86468	49,42044
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4	209	2,5	31,4722	30,42708	32,62539
		10	33,40242	32,82142	33,87443
		25	35,0007	34,6138	35,88509
		50	37,89352	37,05769	38,35638
		75	40,2377	39,37367	40,94201
		90	43,54156	41,809	45,60084
		97,5	48,26587	45,95473	51,67955
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5	207	2,5	39,88516	36,46117	41,73013
		10	43,57837	42,52545	44,61891
		25	46,69178	46,0859	47,11653
		50	49,13397	48,3062	49,85676
		75	51,78311	51,10084	53,40564
		90	55,89623	54,57141	58,23778
		97,5	62,76011	59,37947	67,74954
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6	208	2,5	42,25489	40,67684	43,2993
		10	44,91731	43,68121	46,31817
		25	47,56702	47,11086	48,09447
		50	50,31409	49,17839	51,06401
		75	53,46196	52,10716	54,70899
		90	58,00122	55,98442	61,14656
		97,5	64,42745	62,07335	79,02624
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7	208	2,5	43,00987	41,28137	44,3912
		10	46,09735	44,93142	47,37871
		25	48,89777	48,11035	49,91078
		50	52,0859	51,14267	52,63359
		75	55,5175	54,30679	56,24889
		90	61,65765	58,65009	65,8361
		97,5	70,11003	66,59511	82,93953
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8	208	2,5	43,86943	42,64738	45,02445
		10	47,62172	45,8356	48,75494
		25	50,41362	49,51932	51,50407
		50	54,22892	53,01848	54,83843
		75	58,30616	56,91516	60,80901
		90	67,44382	63,49261	71,91985
		97,5	84,7823	77,58524	93,92373
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9	208	2,5	52,25802	45,85419	55,16644
		10	57,30981	55,92941	59,90818
		25	63,3057	61,86858	64,72602
		50	67,86119	66,74231	68,82683
		75	73,04967	71,17168	75,22457
		90	79,77714	77,29748	81,99583
		97,5	90,21629	85,74526	97,73751
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsc	206	2,5	62,08655	56,05916	64,98541

		10	69,23443	65,95648	72,00365
		25	75,25355	74,38077	76,8311
		50	81,52046	79,92942	84,04922
		75	88,3486	86,68246	89,94162
		90	94,73694	91,3149	97,07586
		97,5	104,6719	98,35177	120,649
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsb	206	2,5	83,86143	78,86147	85,53151
		10	87,24281	85,83969	88,41738
		25	91,14954	89,96731	92,35688
		50	94,98866	93,68099	96,78891
		75	100,1491	99,06314	101,6956
		90	105,7019	103,4511	111,0016
		97,5	119,2408	115,0469	136,2321
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tb	201	2,5	90,96657	88,23376	92,16101
		10	93,53199	92,45687	94,84434
		25	97,88724	96,573	99,83503
		50	103,8644	102,7056	105,6114
		75	109,6839	108,2797	111,185
		90	115,9513	113,1027	122,2081
		97,5	129,7781	125,8565	134,7527
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
teb	149	2,5	97,32883	95,80839	99,41623
		10	101,6211	99,4235	102,4978
		25	105,6668	103,4359	106,8533
		50	111,5296	109,6027	112,7065
		75	116,0737	115,274	116,9301
		90	121,8966	117,401	134,5177
		97,5	137,8458	134,708	141,1112
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
thb	19	2,5	106,9576	106,9576	109,7318*
		10	107,9868	106,9576	111,326*
		25	111,2733	107,7559	115,6955
		50	115,8262	111,3688	137,3814
		75	138,3806	116,1082	151,2046
		90	150,8449	137,8289	152,4486*
		97,5	152,4486	143,6723	152,4486*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

#### Differences between epochs by fertilization type

##### ICSI/IVF =1

```
, foreach var of varlist vp t2duration ecc1 t3duration t4duration t5duration t6duration
t7duration t8d
> uration ecc3 s3 t9duration tscduration tsbduration tbduration tebduration thbduration
{
  2, centile `var' if nfert_meth==1, centile(2,5 10 25 50 75 90 97,5)
  3, }
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
vp	134	2,5	5,314981	-,0007158	8,470382*
		10	11,2561	8,388986	12,28157
		25	13,50455	13,00387	14,25505
		50	15,25488	14,75611	15,75517
		75	17,53092	16,50088	18,23546
		90	19,4221	18,49915	19,89585
		97,5	24,23415	19,79557	27,90885*



\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2duration	134	2,5	9,190329	0	9,753072*
		10	10,003	9,753011	10,25295
		25	10,50309	10,25366	10,75338
		50	11,009	11,00325	11,25459
		75	11,81616	11,51194	12,25382
		90	12,88445	12,25806	13,39504
		97,5	13,79156	13,29416	16,04903*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc1	131	2,5	8,434624	7,548741	18,19242*
		10	19,2387	18,06394	19,43876
		25	20,00931	19,50698	20,91522
		50	22,00678	21,40808	22,50679
		75	23,81965	23,25704	24,56609
		90	25,82472	25,01013	27,40651
		97,5	29,36535	27,17554	33,41738*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3duration	133	2,5	0	0	0*
		10	0	0	0
		25	,2499996	,0320542	,2501299
		50	,5001619	,4999768	,5009863
		75	1,00016	,7501613	1,250379
		90	2,75159	1,269758	4,384502
		97,5	11,15779	3,940335	17,25616*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4duration	131	2,5	2,650223	0	7,939802*
		10	9,252586	7,811086	10,0032
		25	11,0035	10,25435	11,25385
		50	12,00521	11,637	12,50439
		75	13,41796	12,75687	13,76504
		90	14,25473	14,00416	15,23524
		97,5	16,46505	15,19269	17,35092*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5duration	132	2,5	0	0	0*
		10	0	0	,2499975
		25	,2501026	,2500479	,250208
		50	,7467936	,5001934	,7503291
		75	1,500344	1,000435	2,251493
		90	4,351285	2,541942	5,652474
		97,5	11,7103	5,609895	13,8192*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6duration	134	2,5	0	0	,249972*
		10	,2500635	,2499443	,2501645
		25	,5000692	,2502995	,5002866
		50	1,000249	,7502513	1,001082
		75	2,000758	1,500448	3,000815
		90	4,001452	3,005542	8,153939
		97,5	14,42939	7,15042	23,01379*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7duration	134	2,5	0	0	0*
		10	0	0	,2500342
		25	,5000492	,2500487	,5038156
		50	1,25026	,7503478	1,737823
		75	4,313973	2,489677	6,154398
		90	12,38213	8,668225	15,56643
		97,5	18,1622	15,52756	21,35826*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8duration	134	2,5	0	0	1,341031*
		10	3,249954	,9395292	5,062959
		25	8,690984	6,501637	10,50352
		50	14,18028	12,54235	15,15784
		75	17,45582	16,41749	18,28502
		90	20,40712	18,73997	21,2912
		97,5	24,51015	21,26648	34,27477*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc3	133	2,5	11,1816	10,75334	11,99698*
		10	12,76772	11,98176	13,08811
		25	13,96113	13,25915	14,73896
		50	15,75791	15,26035	16,50629
		75	20,56609	18,16159	25,35295
		90	30,10247	26,05663	36,14444
		97,5	40,37795	34,64824	43,64124*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
s3	132	2,5	,5804888	,2501017	,7501905*
		10	1,074565	,7501866	1,500466
		25	1,875567	1,750374	2,087252
		50	3,251076	2,750682	4,501517
		75	9,442572	7,24885	15,26542
		90	18,62927	16,48797	21,72086
		97,5	30,90472	21,26226	33,36315*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9duration	134	2,5	0	0	0*
		10	3,375998	0	6,002068
		25	8,439996	6,56272	10,51533
		50	13,63014	12,05506	16,22843
		75	20,25586	18,74431	23,79259
		90	27,71193	24,74192	30,42974
		97,5	38,09141	30,12824	58,57456*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tscduration	132	2,5	3,000728	1,775006	3,596855*
		10	5,251542	3,57225	6,29335
		25	7,814772	6,511003	9,253348
		50	12,05535	10,56119	13,20807
		75	16,75645	15,00419	19,24752
		90	22,60942	20,28554	24,64603

	97,5	34,1259	24,3676	45,54474*
--	------	---------	---------	-----------

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tsbduration	125	2,5	3,78893	3,00277 4,501766*
		10	4,754336	4,453782 5,252799
		25	5,874077	5,439025 6,513808
		50	8,499474	7,252438 9,252484
		75	11,23382	10,00273 12,50279
		90	15,53452	13,50459 18,49369
		97,5	21,23448	18,13114 34,42605*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tbduration	90	2,5	3,570103	3,25089 4,50116*
		10	5,001276	3,870809 5,269949
		25	6,250741	5,258417 6,778145
		50	8,502576	7,251893 9,002476
		75	10,63572	9,508248 12,41227
		90	14,68091	12,35324 17,20732
		97,5	20,95682	16,24666 21,6842*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tebduration	90	2,5	-9,55512	-22,5638 -,2415258*
		10	0	-,3904583 ,4235617
		25	1,718013	,3826577 2,041813
		50	5,251467	3,98887 6,236399
		75	8,580322	6,715124 11,00664
		90	13,40127	11,0054 21,64594
		97,5	29,18634	15,737 31,73157*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
thbduration	9	2,5	-2,000685	-2,000685 -,0890649*
		10	-2,000685	-2,000685 ,3135529*
		25	-,017894	-2,000685 4,470519*
		50	2,25081	-,0330045 13,97955
		75	11,12843	1,175045 14,51785*
		90	14,51785	6,568113 14,51785*
		97,5	14,51785	14,50511 14,51785*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

ICSI =2

```

, foreach var of varlist vp t2duration ecc1 t3duration t4duration t5duration t6duration
t7duration t8d
> uration ecc3 s3 t9duration tscduration tsbduration tbduration tebduration thbduration
{
  2, centile `var' if nfert_meth==2, centile(2,5 10 25 50 75 90 97,5)
  3, }

```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
vp	834	2,5	11,09375	10,6956 11,41748
		10	12,5037	12,16744 12,75487
		25	13,94136	13,66977 14,19116
		50	15,5065	15,25837 15,75531
		75	17,43057	17,0285 17,75501
		90	19,26942	19,00582 19,66409

		97,5	21,62782	21,25699	22,50658
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2duration	846	2,5	8,54655	8,252215	9,008294
		10	9,752545	9,506159	9,758227
		25	10,25896	10,2533	10,50292
		50	11,02199	11,0037	11,25352
		75	11,76954	11,75378	12,00387
		90	12,7564	12,62197	13,00397
		97,5	13,90939	13,50455	14,50564
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc1	819	2,5	18,00559	17,6758	18,25501
		10	19,10896	18,76647	19,26267
		25	20,44396	20,25567	20,52792
		50	22,00565	21,75637	22,25705
		75	23,8603	23,63825	24,11121
		90	25,75748	25,44967	26,12572
		97,5	28,509	27,73583	29,2585
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3duration	843	2,5	0	0	0
		10	0	0	0
		25	,2500344	,249992	,2500727
		50	,5001197	,500061	,5001744
		75	,9979394	,7503347	1,00032
		90	1,999572	1,685453	2,250733
		97,5	6,244812	4,030406	10,96664
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4duration	841	2,5	,500105	,2500171	1,250386
		10	9,502163	9,003174	9,755843
		25	11,0032	10,75446	11,06834
		50	12,25449	12,01999	12,50343
		75	13,52283	13,26233	13,75523
		90	14,98914	14,61811	15,25426
		97,5	17,4927	16,50958	18,72779
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5duration	843	2,5	0	0	0
		10	0	0	,0424801
		25	,2501244	,2500828	,2502012
		50	,7501292	,5004184	,7502556
		75	1,500365	1,250668	1,503039
		90	2,75145	2,500714	3,506616
		97,5	13,22924	11,77949	14,00431
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6duration	846	2,5	0	0	0
		10	,2467421	0	,2499957
		25	,5000951	,4982728	,5001935
		50	1,000293	,9981866	1,000426
		75	2,000799	1,752944	2,250795
		90	4,001307	3,501062	4,753709
		97,5	15,96318	11,5421	17,98932
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7duration	843	2,5	0	0	0
		10	,2499615	,2474835	,2500506
		25	,5001964	,5001244	,5004062
		50	1,25031	1,000515	1,250516
		75	3,002029	2,751006	3,522333
		90	8,681504	7,254078	10,25287

		97,5	16,48534	15,50534	18,50504
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8duration	845	2,5	0	0	,2501395
		10	1,500278	1,000442	1,754238
		25	8,127362	6,752178	9,555123
		50	13,50433	13,00434	14,01417
		75	16,75952	16,50471	17,28719
		90	19,50592	19,00564	20,08009
		97,5	23,34473	22,7562	24,24959
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc3	843	2,5	11,50408	11,25357	11,75506
		10	12,75375	12,504	13,00364
		25	14,09494	13,79324	14,5038
		50	16,25494	15,95142	16,50493
		75	20,06353	19,25755	21,57465
		90	28,99485	27,09581	30,50928
		97,5	36,48561	34,92088	39,8089
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
s3	843	2,5	,7503174	,7502328	,7617757
		10	1,250451	1,250201	1,49997
		25	2,000699	1,951285	2,250518
		50	3,751068	3,303188	4,001404
		75	8,752287	7,502519	10,50368
		90	17,53255	16,19158	19,00555
		97,5	24,25929	22,73622	27,22172
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9duration	846	2,5	0	0	0
		10	3,001431	1,342022	4,001215
		25	7,691441	6,637497	8,142545
		50	12,93035	12,00334	13,75465
		75	20,00589	18,52815	21,25802
		90	26,0806	25,27042	28,02981
		97,5	34,96596	32,51528	39,65531
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tscduration	838	2,5	3,50144	2,770379	4,141283
		10	6,002136	5,502042	6,502059
		25	9,455516	8,93571	10,00268
		50	13,75566	13,30961	14,50555
		75	19,84993	19,03483	20,76035
		90	27,05046	25,75855	28,72974
		97,5	36,01641	33,13685	37,51833
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsbduration	791	2,5	3,710267	3,251158	4,165338
		10	5,001595	4,570339	5,251797
		25	6,502058	6,253783	6,75224
		50	8,501934	8,182304	8,752002
		75	11,25358	10,75356	11,75367
		90	14,5277	13,7541	15,68008
		97,5	22,86983	20,27592	24,08854
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tbduration	593	2,5	2,961568	2,250708	3,24522
		10	4,251367	3,978013	4,501517
		25	5,502851	5,252145	6,001573
		50	8,002266	7,537607	8,253095
		75	10,41511	10,00431	11,00327
		90	13,50876	12,75815	14,87876

		97,5	20,76979	18,10394	23,92501
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tebduration	593	2,5	-,2501335	-4,136023	0
		10	0	0	,250156
		25	2,252445	1,778017	2,778635
		50	5,501788	5,001491	6,00178
		75	9,50246	8,371944	10,25299
		90	13,08301	12,50823	14,00194
		97,5	17,83399	16,64303	22,70867
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
thbduration	93	2,5	-,500219	-4,001225	0*
		10	0	-,1469954	0
		25	,5000822	0	1,053715
		50	3,000907	2,001916	3,791012
		75	6,376986	4,708295	8,750779
		90	10,6407	8,750678	12,52199
		97,5	15,70735	11,47062	28,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

IMSI =3

```

,
, foreach var of varlist vp t2duration ecc1 t3duration t4duration t5duration t6duration
t7duration t8d
> uration ecc3 s3 t9duration tscduration tsbduration tbduration tebduration thbduration
{
2, centile `var' if nfert_meth==3, centile(2,5 10 25 50 75 90 97,5)
3, }

```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
vp	226	2,5	10,7515	9,76651	11,50394
		10	12,25338	11,67485	12,75379
		25	14,0064	13,33852	14,47388
		50	15,50882	15,20367	16,0074
		75	17,58136	17,00718	18,03526
		90	19,71604	18,756	21,03132
		97,5	24,08958	21,71158	25,48745
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2duration	224	2,5	2,254538	,0235683	9,003331
		10	9,627639	9,252706	10,0026
		25	10,25337	10,00435	10,50453
		50	11,13326	11,00325	11,50333
		75	12,00854	11,75404	12,25673
		90	13,25396	12,74957	13,75401
		97,5	14,69922	13,75902	15,76792
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc1	225	2,5	17,83199	17,01725	18,75591
		10	19,58764	19,14162	20,00639
		25	20,79204	20,34841	21,22465
		50	22,51748	22,00883	23,00934
		75	24,50707	24,04298	25,25905
		90	27,02339	26,06271	27,82901
		97,5	30,9823	28,42217	32,49238
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3duration	224	2,5	0	0	0
		10	0	0	0

		25	,2499701	,0079765	,2500605
		50	,5001401	,5000132	,500304
		75	1,000148	,7503111	1,250324
		90	2,083953	1,750639	4,160813
		97,5	9,757962	5,233267	14,1626
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4duration	224	2,5	,4062748	0	,7752828
		10	8,377944	1,113818	9,753923
		25	11,00424	10,50354	11,30704
		50	12,25684	12,00336	12,50671
		75	13,75857	13,25473	14,01565
		90	15,29383	14,63195	16,14053
		97,5	18,60502	16,50518	20,2315
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5duration	224	2,5	0	0	0
		10	0	0	0
		25	,2500832	,2499918	,2509166
		50	,7401257	,5002519	,750826
		75	1,500592	1,250485	1,988553
		90	3,749835	2,502658	8,599733
		97,5	12,98138	10,7061	17,00793
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6duration	223	2,5	0	0	0
		10	0	0	,2410888
		25	,4996964	,2500922	,500133
		50	1,000239	,7502691	1,25032
		75	2,250349	1,750473	2,750709
		90	5,90256	3,782654	7,908542
		97,5	12,3585	8,757613	20,16253
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7duration	223	2,5	0	0	0
		10	0	0	,2500003
		25	,4999872	,2501003	,5002169
		50	1,250222	1,000243	1,750309
		75	3,501195	2,754377	4,2994
		90	11,90368	6,517425	14,28803
		97,5	21,68124	16,49447	29,66965
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8duration	225	2,5	0	0	,500183
		10	1,250397	,7501714	2,500699
		25	7,002285	4,813178	9,073956
		50	13,38864	12,32805	14,25492
		75	17,2076	16,26033	18,0051
		90	21,00722	18,98185	21,68946
		97,5	24,62027	22,2572	27,96692
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc3	225	2,5	11,50567	11,00522	12,01335
		10	12,55062	12,25355	13,01414
		25	14,25759	13,69265	14,636
		50	16,09896	15,51181	16,91302
		75	20,86072	19,50552	23,25859
		90	30,18982	26,7405	34,96326
		97,5	38,94173	37,2762	49,76675
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
s3	223	2,5	,2501839	,2499017	,5152936
		10	,9970532	,7501908	1,248365

	25	2,000421	1,500146	2,294442
	50	3,750936	3,281383	4,758701
	75	10,75273	8,003503	13,69844
	90	18,61221	15,75454	21,56401
	97,5	27,9631	22,25299	38,73882

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
t9duration	225	2,5	0	0
		10	3,401412	0
		25	9,503678	7,502424
		50	15,50467	13,75585
		75	23,41143	21,10206
		90	31,41582	27,99265
		97,5	42,75945	39,60644

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tscduration	219	2,5	2,750986	1,348384
		10	5,003613	4,023321
		25	9,006054	7,754025
		50	12,75395	11,75138
		75	18,75614	17,24104
		90	27,76509	23,35631
		97,5	35,43165	31,36174

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tsbduration	199	2,5	3,5	1,509328
		10	4,752201	4,306408
		25	6,502237	5,751722
		50	8,497594	7,779895
		75	11,00719	10,25307
		90	14,00955	12,2585
		97,5	22,8864	19,21355

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tbduration	128	2,5	2,057657	1,750438
		10	3,97251	3,015153
		25	6,000256	5,251719
		50	8,005408	7,502183
		75	9,916193	9,002642
		90	13,00618	11,66372
		97,5	20,3062	15,04827

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tebduration	128	2,5	-,2520623	-8,520542
		10	0	0
		25	1,500612	,2501095
		50	4,76214	3,378594
		75	7,862645	6,752656
		90	12,02901	9,686162
		97,5	16,65573	14,46448

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
thbduration	16	2,5	-3	-3
		10	-,9	-3
		25	,500039	-2,15942
		50	1,434174	,7673688
		75	4,766118	1,485737
		90	8,706949	3,611636
		97,5	11,51452	6,885679

\* Lower (upper) confidence limit held at minimum (maximum) of sample



IVF =4

```

, foreach var of varlist vp t2duration ecc1 t3duration t4duration t5duration t6duration
t7duration t8d
> uration ecc3 s3 t9duration tscduration tsbduration tbduration tebduration thbduration
{
  2, centile `var' if nfert_meth==4, centile(2,5 10 25 50 75 90 97,5)
  3, }

```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
vp	186	2,5	11,17195	2,753071	12,00395
		10	12,50451	12,11276	12,77448
		25	13,75548	13,25441	14,37241
		50	15,50502	15,12146	16,00494
		75	17,25524	16,75496	17,75488
		90	18,75638	18,09713	19,50196
		97,5	21,68293	19,75568	25,53154

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2duration	207	2,5	8,426034	1,201526	9,002969
		10	9,45444	9,122564	9,752489
		25	10,2543	10,00516	10,50324
		50	11,00354	10,75366	11,25326
		75	11,75359	11,50479	12,00366
		90	12,51517	12,25392	12,97821
		97,5	13,54184	13,0129	17,32061

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc1	173	2,5	15,00557	1,481649	16,99852
		10	17,96819	17,21429	18,25983
		25	19,25612	18,75958	19,75714
		50	20,6876	20,39445	21,25643
		75	22,75733	22,24463	23,50773
		90	24,75935	24,25794	25,94254
		97,5	28,91759	26,18149	30,41237

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3duration	209	2,5	0	0	0
		10	0	0	0
		25	,250049	,2497756	,2501099
		50	,5001411	,5000299	,5002725
		75	1,250203	1,000215	1,500405
		90	2,500612	1,751696	3,000952
		97,5	11,31937	3,87234	17,57535

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4duration	207	2,5	,5537933	0	3,138962
		10	9,210454	6,906226	9,742911
		25	10,25358	9,898961	10,75515
		50	11,75355	11,50861	12,25338
		75	13,11419	12,86427	13,50424
		90	14,27719	13,74958	14,89754
		97,5	17,13158	15,10932	22,33927

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5duration	206	2,5	0	0	0
		10	0	0	,2479503
		25	,250072	,2500181	,250156
		50	,5009507	,5001984	,7501426
		75	1,250257	1,000219	1,25185
		90	2,250788	1,750858	3,250851
		97,5	11,97273	7,022999	32,79413

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6duration	209	2,5	0	0	0
		10	0	0	,2499607
		25	,2521389	,2500685	,5000651
		50	,8249733	,7501326	1,250242
		75	2,125719	1,501062	2,751426
		90	4,490246	3,42909	7,186101
		97,5	10,37462	8,645068	19,04535
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7duration	208	2,5	0	0	0
		10	,2500078	0	,2502493
		25	,5002152	,5000466	,7500825
		50	1,250383	1,000376	1,74684
		75	3,251042	2,500795	3,751168
		90	10,98954	4,255451	12,97272
		97,5	18,16559	15,95618	19,19647
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8duration	208	2,5	0	0	,2500104
		10	1,000325	,3001517	3,000744
		25	8,069829	6,122173	10,51251
		50	13,25936	12,35679	14,25417
		75	17,50628	16,50452	18,13558
		90	19,25576	18,73588	20,35081
		97,5	24,32943	21,3592	33,07387
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc3	208	2,5	11,5202	10,68363	12,00318
		10	12,7368	12,05241	13,04951
		25	14,00554	13,50566	14,25763
		50	15,5061	15,11502	16,00513
		75	18,0833	17,26662	21,17584
		90	28,35252	23,98719	32,13372
		97,5	39,25898	33,51723	58,33162
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
s3	206	2,5	,5437961	,5000491	,922745
		10	1,000332	1,000131	1,250519
		25	2,065431	1,750614	2,469729
		50	3,512338	3,000837	4,251153
		75	7,25223	5,746911	10,32339
		90	15,82966	13,6098	19,69402
		97,5	35,33007	20,44993	49,464
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9duration	206	2,5	0	0	0
		10	2,111533	0	4,249392
		25	6,252713	5,501512	8,16589
		50	12,50437	10,17048	13,5265
		75	20,3891	18,06035	21,76113
		90	27,01592	23,59018	29,93078
		97,5	32,31391	30,62968	43,76005
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsduration	206	2,5	3,501786	2,762295	3,883504
		10	6,001959	4,286302	6,506002
		25	9,752682	8,294055	10,5031
		50	13,23759	12,00358	14,72952
		75	17,51178	16,25398	20,46639
		90	26,37162	22,0746	28,32272
		97,5	33,11445	29,70436	37,6573

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsbduration	201	2,5	3,750983	3,047034	3,836446
		10	4,257631	4,00149	5,053939
		25	6,002167	5,75144	6,50136
		50	8,002689	7,291702	8,502152
		75	10,66826	9,670187	11,75341
		90	14,90487	12,68376	16,81769
		97,5	20,88816	19,03181	32,62871
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tbduration	149	2,5	4,007194	1,801784	4,566988
		10	5,204218	4,586406	5,501925
		25	6,252997	5,751933	7,003909
		50	8,50285	8,137932	9,003192
		75	10,75341	9,753187	12,25432
		90	14,25405	12,80418	16,62532
		97,5	22,0025	16,66232	33,72029
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tebduration	149	2,5	-,5002599	-48,36109	0
		10	0	0	,5001811
		25	1,926563	1,000294	3,555609
		50	6,251624	5,001506	7,728485
		75	10,63374	8,907602	12,60291
		90	15,75464	13,65206	18,32868
		97,5	23,45855	18,42655	34,14687
Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
thbduration	19	2,5	-10,80778	-10,80778	-1,090745*
		10	-5,5	-10,80778	3,83e-09*
		25	0	-6,690702	,3637577
		50	,7502475	6,94e-09	3,169081
		75	3,550175	1,157455	10,98064
		90	5,251372	3,339773	30,79063*
		97,5	30,79063	5,220765	30,79063*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

''  
end of do-file

,

**FROZEN OOCYTES**

There are 179 records in the excel file but there is a lot of missing data!

Data management

Converted all the times with non-numeric characters to numeric data, Some of the times have lots of missing values and hence reduces the information available to compare with fresh,

, destrstring pronucleitime tpb2 tpna vp tpnf t2 t2duration ecc1 t3 t3duration t4 t4duration ecc2 s2 t5 t5duration t6 t6duration t7 t7duration t8 t8duration ecc3 s3 t9 t9duration tsc tscduration tsb tsbduration tb tbduration blastulation teb tebduration thb thbduration, replace force float

pronucleitime: contains nonnumeric characters; replaced as float  
(22 missing values generated)  
tpb2: contains nonnumeric characters; replaced as float  
(69 missing values generated)  
tpna: contains nonnumeric characters; replaced as float  
(67 missing values generated)  
vp: contains nonnumeric characters; replaced as float  
(89 missing values generated)  
tpnf: contains nonnumeric characters; replaced as float  
(88 missing values generated)  
t2: contains nonnumeric characters; replaced as float  
(95 missing values generated) (Thus more than half of the records are missing for this time)  
t2duration: contains nonnumeric characters; replaced as float  
(103 missing values generated)  
ecc1: contains nonnumeric characters; replaced as float  
(99 missing values generated)  
t3: contains nonnumeric characters; replaced as float  
(101 missing values generated)  
t3duration: contains nonnumeric characters; replaced as float  
(111 missing values generated)  
t4: contains nonnumeric characters; replaced as float  
(104 missing values generated)  
t4duration: contains nonnumeric characters; replaced as float  
(111 missing values generated)  
ecc2: contains nonnumeric characters; replaced as float  
(113 missing values generated)  
s2: contains nonnumeric characters; replaced as float  
(111 missing values generated)  
t5: contains nonnumeric characters; replaced as float  
(107 missing values generated)  
t5duration: contains nonnumeric characters; replaced as float  
(114 missing values generated)  
t6: contains nonnumeric characters; replaced as float  
(109 missing values generated)  
t6duration: contains nonnumeric characters; replaced as float  
(115 missing values generated)  
t7: contains nonnumeric characters; replaced as float  
(113 missing values generated)  
t7duration: contains nonnumeric characters; replaced as float  
(120 missing values generated)  
t8: contains nonnumeric characters; replaced as float  
(118 missing values generated)  
t8duration: contains nonnumeric characters; replaced as float  
(119 missing values generated)  
ecc3: contains nonnumeric characters; replaced as float  
(120 missing values generated)  
s3: contains nonnumeric characters; replaced as float  
(121 missing values generated)  
t9: contains nonnumeric characters; replaced as float  
(118 missing values generated)  
t9duration: contains nonnumeric characters; replaced as float  
(128 missing values generated)  
tsc: contains nonnumeric characters; replaced as float  
(126 missing values generated)  
tscduration: contains nonnumeric characters; replaced as float  
(133 missing values generated)  
tsb: contains nonnumeric characters; replaced as float  
(133 missing values generated)  
tsbduration: contains nonnumeric characters; replaced as float  
(139 missing values generated)  
tb: contains nonnumeric characters; replaced as float

(139 missing values generated)  
 tbduration: contains nonnumeric characters; replaced as float  
 (150 missing values generated)  
 blastulation: contains nonnumeric characters; replaced as float  
 (139 missing values generated)  
 teb: contains nonnumeric characters; replaced as float  
 (150 missing values generated)  
 tebduration: contains nonnumeric characters; replaced as float  
 (173 missing values generated)  
 thb: contains nonnumeric characters; replaced as float  
 (173 missing values generated)  
 thbduration: contains nonnumeric characters; replaced as float  
 (173 missing values generated)

, tab oocyte source

Oocyte Source	Freq,	Percent	Cum,
Autologous	115	64,25	64,25
Donor	64	35,75	100,00
Total	179	100,00	

, tab fertilization method

Fertilization Method	Freq,	Percent	Cum,
Both IVF/ICSI	2	1,14	1,14
ICSI	166	94,32	95,45
Unknown	8	4,55	100,00
Total	176	100,00	

, tab diagnosis

Diagnosis	Freq,	Percent	Cum,
Anovulation	5	2,79	2,79
Azoospermia	3	1,68	4,47
Endometriosis	16	8,94	13,41
Male factor	57	31,84	45,25
Other	12	6,70	51,96
PCO	2	1,12	53,07
Premature Ovarian Failure	49	27,37	80,45
Single Female	9	5,03	85,47
Unexplained Infertility	26	14,53	100,00
Total	179	100,00	

, summarize age

Variable	Obs	Mean	Std, Dev,	Min	Max
age	179	38,83743	4,763903	31,03	50,54

, tab1 oocytehistory oocytesource oocytesaspirated selection well

-> tabulation of oocyte history ????

Oocyte History	Freq,	Percent	Cum,
Other	22	12,29	12,29
Thawed	157	87,71	100,00
Total	179	100,00	

-> tabulation of oocyte source

Oocyte Source	Freq,	Percent	Cum,
Autologous	115	64,25	64,25
Donor	64	35,75	100,00
Total	179	100,00	

-> tabulation of oocytes aspirated

Oocytes Aspirated	Freq,	Percent	Cum,
0	16	8,94	8,94
1	9	5,03	13,97
2	9	5,03	18,99
3	5	2,79	21,79
4	11	6,15	27,93
5	17	9,50	37,43
6	15	8,38	45,81
7	25	13,97	59,78
8	8	4,47	64,25
9	15	8,38	72,63
10	15	8,38	81,01
12	24	13,41	94,41
16	10	5,59	100,00
Total	179	100,00	

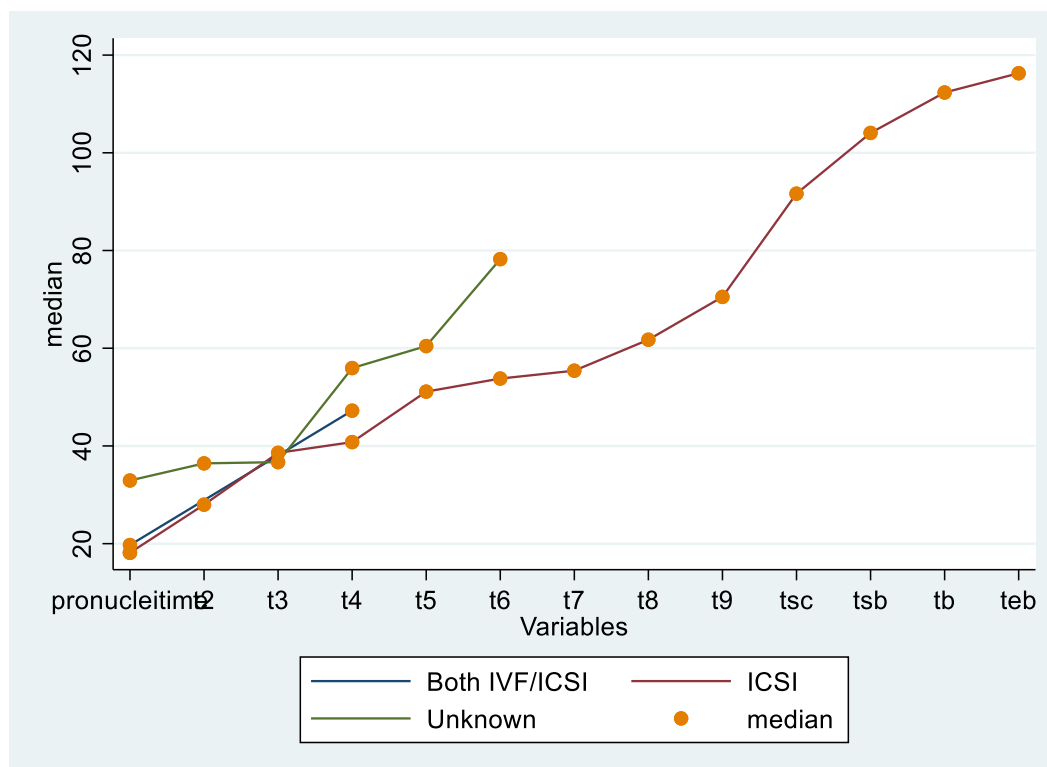
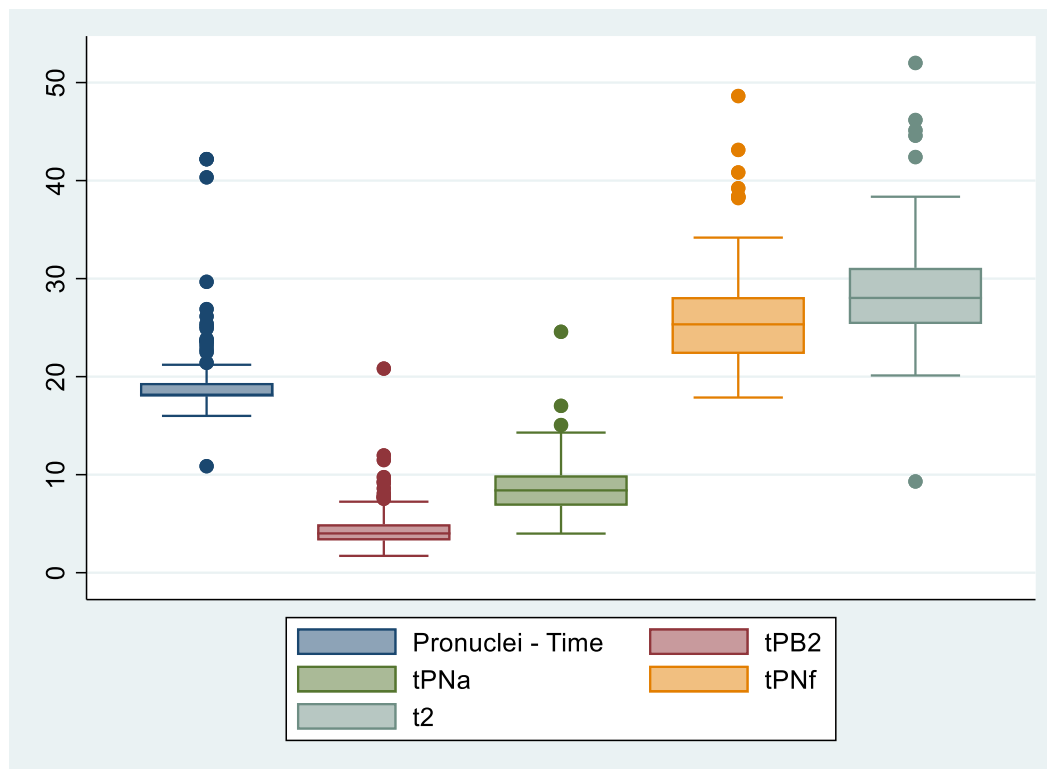
-> tabulation of selection

Selection	Freq,	Percent	Cum,
Avoid	149	83,24	83,24
Freeze	17	9,50	92,74
Transfer	13	7,26	100,00
Total	179	100,00	

-> tabulation of well

Well	Freq,	Percent	Cum,
1	16	8,94	8,94
2	22	12,29	21,23
3	20	11,17	32,40
4	16	8,94	41,34
5	18	10,06	51,40
6	23	12,85	64,25
7	18	10,06	74,30
8	11	6,15	80,45
9	9	5,03	85,47
10	12	6,70	92,18
11	6	3,35	95,53
12	8	4,47	100,00
Total	179	100,00	

**Normal range for frozen oocytes**



- Only icsi seems a viable subgroup to do

Please note that when the sample size gets too small the normal range is equivalent to the minimum and maximum values observed, This happens for all the times in the frozen subgroup except for pronuclei time,

## 2PN

, centile pronucleit~e, centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
pronucleit~e	157	2,5	17,57568	11,28845	17,6054
		10	17,82194	17,63037	17,92028
		25	18,00095	17,94805	18,03684
		50	18,15463	18,07105	18,17875
		75	19,38299	18,47857	20,16574
		90	22,55134	20,59525	24,69346
		97,5	30,20739	24,97255	42,19238

, centile **tpb2** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpb2	110	2,5	1,840413	1,719633	2,608855*
		10	2,900397	2,54873	3,166566
		25	3,295808	3,183256	3,551687
		50	4,006835	3,807735	4,154617
		75	4,9489	4,424869	6,026668
		90	7,664934	6,568001	9,202271
		97,5	11,59826	8,659984	20,82378*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **tpNa** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpna	112	2,5	4,1428	3,990016	5,596817*
		10	6,13532	5,414742	6,527819
		25	6,817542	6,604293	7,272599
		50	8,398308	7,82551	8,898409
		75	9,928959	9,480681	11,40694
		90	12,65041	11,47043	14,00045
		97,5	15,40367	13,86419	24,57565*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **tpnf** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tpnf	91	2,5	18,77542	17,86992	19,55217*
		10	20,1244	19,35531	21,13904
		25	22,31623	21,04692	23,62893
		50	25,33866	24,15476	26,25855
		75	28,12082	26,8809	30,57781
		90	33,17128	30,11716	38,94737
		97,5	42,44003	38,32312	48,62604*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t2** , centile(2,5 10 25 50 75 90 97,5)

-- Binom, Interp, --



Variable	Obs	Percentile	Centile	[95% Conf, Interval]	
t2	84	2,5	20,2831	9,306869	22,38646*
		10	22,78491	21,63219	24,12725
		25	25,27337	24,03609	26,40902
		50	28,0323	26,68001	29,31586
		75	31,09874	30,11904	33,10954
		90	35,26701	32,63363	44,62469
		97,5	46,04629	38,95554	52*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t3** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3	78	2,5	27,54018	26,46447	29,92525*
		10	31,36833	29,03308	33,14105
		25	33,42507	32,87478	35,85816
		50	38,24212	36,41514	39,64184
		75	42,12107	39,99386	43,69827
		90	44,50182	43,53308	54,66067
		97,5	69,94003	48,12271	99*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t4** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4	75	2,5	32,63824	32,41719	33,29757*
		10	34,04436	32,81061	35,68211
		25	37,15124	35,57318	39,4874
		50	40,92032	39,64835	42,68587
		75	44,8222	43,38837	48,34242
		90	51,37336	46,86716	63,52898
		97,5	83,42	54,49933	122,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t5** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5	72	2,5	34,32996	33,91541	39,17459*
		10	40,34617	35,29735	43,99572
		25	46,08572	42,56997	48,21897
		50	51,20226	48,4422	53,24294
		75	57,9324	53,51218	60,2458
		90	61,53765	59,84626	81,77646
		97,5	91,1975	65,23658	122,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t6** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6	70	2,5	37,25228	34,96718	42,71627*

	10	44,23711	40,65753	47,56961
	25	49,02724	47,08648	52,05952
	50	53,81518	52,44337	56,4
	75	61,0757	57,53776	65,80972
	90	67,59259	64,12224	78,69195
	97,5	93,0825	72,69821	122,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t7** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
t7	66	2,5	42,97508	42,55188 46,05141*
		10	47,53115	43,1826 49,16186
		25	50,55155	48,71184 53,29209
		50	55,40757	53,52664 60,23941
		75	62,64599	60,72834 67,48778
		90	70,72417	64,81298 85,53853
		97,5	86,97287	74,22329 87,21191*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t8** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
t8	61	2,5	43,28133	42,80273 47,38192*
		10	48,83275	44,13837 51,46539
		25	53,49826	49,88319 56,48717
		50	61,74266	56,83509 64,45026
		75	68,15014	64,72725 71,97328
		90	75,85691	70,5805 84,48899
		97,5	86,96645	80,78132 89,85878*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **t9** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
t9	61	2,5	49,14782	48,72115 56,46293*
		10	56,90566	51,212 62,06856
		25	64,3508	61,16725 68,61017
		50	70,50475	68,68029 72,97436
		75	76,14907	73,10492 83,8827
		90	86,1395	81,28525 92,57434
		97,5	96,6271	89,13436 101,4692*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **tSC** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
-----				
tsc	53	2,5	70,54125	67,89182 79,23354*
		10	80,07103	75,15978 83,43299
		25	84,89738	80,85397 89,20027
		50	91,63601	88,92916 94,8443
		75	98,14961	94,66539 103,8953

	90	107,142	102,4824	113,7502
	97,5	114,5184	108,9408	114,959*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **tsb** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tsb	46	2,5	87,57508	87,56339 90,98987*
		10	91,40892	87,59191 97,53237
		25	98,40294	95,14093 101,8611
		50	104,0663	101,3141 108,586
		75	112,8185	108,4555 114,8784
		90	116,3971	113,5397 125,1289
		97,5	125,6205	117,1525 125,9619*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **tb** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tb	40	2,5	95,68578	95,62644 98,12508*
		10	98,27536	95,99567 103,1599
		25	104,9416	100,1983 110,0949
		50	112,3412	108,104 116,4959
		75	121,6841	115,2546 128,8302
		90	131,9377	124,8483 149,0658
		97,5	150,9507	132,419 151,3116*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **teb** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
teb	29	2,5	98,87723	98,87723 109,2092*
		10	108,888	98,87723 112,4591*
		25	112,5828	109,2269 115,3306
		50	116,2819	113,8836 129,1453
		75	133,485	121,1114 139,6897
		90	140,3597	134,0069 163,3045*
		97,5	163,3045	139,7247 163,3045*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

, centile **thb** , centile(2,5 10 25 50 75 90 97,5)

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
thb	6	2,5	114,1377	114,1377 114,7*
		10	114,1377	114,1377 120,5835*
		25	114,6185	114,1377 127,8829*
		50	121,8031	114,2018 139,2011
		75	137,3947	118,7324 139,479*
		90	139,479	123,7546 139,479*
		97,5	139,479	137,0413 139,479*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**For ICSI only**

, foreach var of varlist pronucleit time tpb2 tpna tpnf t2 t3 t4 t5 t6 t7 t8 t9 tsc tsb  
tb teb

```
> thb {
  2, centile `var' if nfert_meth==2, centile(2,5 10 25 50 75 90 97,5)
  3, }
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
pronucleit~e	149	2,5	17,53235	10,98323 17,60503
		10	17,80677	17,6052 17,91765
		25	17,99155	17,93817 18,02635
		50	18,1316	18,05292 18,17052
		75	19,06768	18,39113 19,80606
		90	20,86175	20,31802 23,74033
		97,5	26,33443	23,76345 40,08985

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tpb2	108	2,5	1,837806	1,719633 2,606363*
		10	2,894874	2,537364 3,165496
		25	3,29577	3,178345 3,546303
		50	3,983414	3,789342 4,136872
		75	4,918841	4,41776 5,921157
		90	7,273516	5,996714 8,858557
		97,5	10,22898	8,173513 20,82378*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tpna	110	2,5	4,14066	3,990016 5,588866*
		10	6,092574	5,353082 6,523973
		25	6,795027	6,565012 7,248993
		50	8,374381	7,647792 8,822986
		75	9,830137	9,44711 11,33207
		90	12,53433	11,41223 14,054
		97,5	15,50167	13,86984 24,57565*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tpnf	89	2,5	18,75832	17,86992 19,51193*
		10	20,0829	19,33888 21,0409
		25	22,25902	20,91892 23,59853
		50	24,58214	24,11858 26,21129
		75	28,01254	26,72199 29,16731
		90	31,99978	28,96872 39,04504
		97,5	42,55482	38,33508 48,62604*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t2	83	2,5	20,25057	9,306869 22,38371*
		10	22,75916	21,61056 24,11152
		25	25,17536	23,93809 26,40259
		50	27,97561	26,6414 29,21916
		75	31,09705	29,95911 32,60054
		90	34,93636	32,09151 44,67647
		97,5	46,0725	39,07879 52*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t3	77	2,5	27,51259	26,46447 29,92207*
		10	31,31982	28,94058 33,11246
		25	33,42348	32,84109 35,57432
		50	38,58172	36,3732 39,66057
		75	42,14212	40,08642 43,73549
		90	44,65078	43,54821 55,13897
		97,5	70,68516	48,12694 99*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4	73	2,5	32,62596	32,41719	33,27377*
		10	33,91948	32,79448	35,61815
		25	37,13413	35,40246	39,44303
		50	40,78466	39,60842	42,48388
		75	44,68239	43,14585	47,08088
		90	50,48912	45,16586	63,85808
		97,5	85,58	52,78494	122,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t5	71	2,5	34,3174	33,91541	39,11303*
		10	40,28891	35,1558	43,91261
		25	45,93588	42,33443	48,16432
		50	51,11914	48,38631	53,20039
		75	57,90486	53,4998	59,98702
		90	61,57754	59,7637	82,60222
		97,5	92,14	65,28294	122,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t6	69	2,5	37,17856	34,96718	42,67747*
		10	44,04936	40,46518	47,50016
		25	48,96571	47,08508	51,95586
		50	53,79412	52,38448	56,23824
		75	60,83838	57,50412	64,88685
		90	67,55431	62,67272	79,05044
		97,5	94,025	68,32758	122,3*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t7	66	2,5	42,97508	42,55188	46,05141*
		10	47,53115	43,1826	49,16186
		25	50,55155	48,71184	53,29209
		50	55,40757	53,52664	60,23941
		75	62,64599	60,72834	67,48778
		90	70,72417	64,81298	85,53853
		97,5	86,97287	74,22329	87,21191*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t8	61	2,5	43,28133	42,80273	47,38192*
		10	48,83275	44,13837	51,46539
		25	53,49826	49,88319	56,48717
		50	61,74266	56,83509	64,45026
		75	68,15014	64,72725	71,97328
		90	75,85691	70,5805	84,48899
		97,5	86,96645	80,78132	89,85878*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t9	61	2,5	49,14782	48,72115	56,46293*
		10	56,90566	51,212	62,06856
		25	64,3508	61,16725	68,61017
		50	70,50475	68,68029	72,97436
		75	76,14907	73,10492	83,8827
		90	86,1395	81,28525	92,57434

	97,5	96,6271	89,13436	101,4692*
--	------	---------	----------	-----------

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tSC	53	2,5	70,54125	67,89182 79,23354*
		10	80,07103	75,15978 83,43299
		25	84,89738	80,85397 89,20027
		50	91,63601	88,92916 94,8443
		75	98,14961	94,66539 103,8953
		90	107,142	102,4824 113,7502
		97,5	114,5184	108,9408 114,959*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tSB	46	2,5	87,57508	87,56339 90,98987*
		10	91,40892	87,59191 97,53237
		25	98,40294	95,14093 101,8611
		50	104,0663	101,3141 108,586
		75	112,8185	108,4555 114,8784
		90	116,3971	113,5397 125,1289
		97,5	125,6205	117,1525 125,9619*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tB	40	2,5	95,68578	95,62644 98,12508*
		10	98,27536	95,99567 103,1599
		25	104,9416	100,1983 110,0949
		50	112,3412	108,104 116,4959
		75	121,6841	115,2546 128,8302
		90	131,9377	124,8483 149,0658
		97,5	150,9507	132,419 151,3116*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tEB	29	2,5	98,87723	98,87723 109,2092*
		10	108,888	98,87723 112,4591*
		25	112,5828	109,2269 115,3306
		50	116,2819	113,8836 129,1453
		75	133,485	121,1114 139,6897
		90	140,3597	134,0069 163,3045*
		97,5	163,3045	139,7247 163,3045*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
tHB	6	2,5	114,1377	114,1377 114,7*
		10	114,1377	114,1377 120,5835*
		25	114,6185	114,1377 127,8829*
		50	121,8031	114,2018 139,2011
		75	137,3947	118,7324 139,479*
		90	139,479	123,7546 139,479*
		97,5	139,479	137,0413 139,479*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

**ICSI durations**

```
, foreach var of varlist vp t2duration ecc1 t3duration t4duration t5duration t6duration
t7duration t8duration ecc3 s3 t9duration tscduration tsbduration tbduration tebduration
thbduration {
  2, centile `var' if nfert_meth==2, centile(2,5 10 25 50 75 90 97,5)
  3, }
```

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
vp	89	2,5	10,0654	8,752907	12,50045*
		10	12,75421	12,0037	13,25494
		25	14,09933	13,2547	15,24542
		50	16,25574	15,75141	17,25897
		75	19,33125	17,76622	20,26167
		90	22,26245	20,26001	28,03233
		97,5	33,3299	25,26996	39,01143*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t2duration	75	2,5	,7501538	,7500005	1,379664*
		10	1,650191	1,064443	2,627088
		25	9,752951	2,071349	10,75251
		50	11,26721	10,79855	12,00104
		75	12,50289	12,0035	13,25952
		90	14,00728	13,25357	21,2675
		97,5	32,39265	15,62719	47*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
ecc1	80	2,5	16,30511	15,77978	19,14976*
		10	19,29642	18,54576	20,28288
		25	21,46548	20,04244	22,50713
		50	24,00748	23,04601	24,79469
		75	26,9253	25,58311	28,19189
		90	30,26641	27,71583	36,82019
		97,5	42,47683	31,40357	48,70425*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t3duration	67	2,5	0	0	,2499589*
		10	,2500045	0	,2501132
		25	,4978953	,2500685	,5002497
		50	,7504567	,5002883	1,49895
		75	8,502707	1,689619	12,61892
		90	14,00792	11,43615	21,75555
		97,5	27,48369	15,85754	37,24565*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
t4duration	67	2,5	0	0	,0160023*
		10	,4502307	0	1,250571
		25	3,250907	,8765998	10,08045
		50	11,50283	10,16701	13,00293
		75	13,75721	13,03241	15,11575
		90	15,55776	14,78587	18,13615
		97,5	20,81751	16,29849	22,50942*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
----------	-----	------------	---------	--	--

t5duration	64	2,5	0	0	,234283*
		10	,2499408	0	,254428
		25	,500261	,2501612	,7502515
		50	1,251835	,7503291	2,000538
		75	4,939197	2,000696	12,37025
		90	13,5059	10,14033	18,20892
		97,5	20,06729	14,15937	21,00715*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t6duration	64	2,5	0	0 0*
		10	0	0 ,4829306
		25	,5001175	,250045 ,7503266
		50	1,250242	,7504303 1,750482
		75	3,938846	1,751426 7,265368
		90	13,35774	6,202583 19,05415
		97,5	20,53875	17,87157 22,00734*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t7duration	59	2,5	0	0 0*
		10	,2500333	0 ,5000309
		25	,7501283	,252567 1,250504
		50	2,002693	1,250513 2,76535
		75	6,001658	2,77999 13,99791
		90	15,33457	9,479202 19,50808
		97,5	19,97506	15,9075 20,44163*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
t8duration	60	2,5	0	0 1,00029*
		10	1,025426	,2144206 1,986642
		25	2,654752	1,678505 5,084771
		50	9,19274	5,232293 12,62773
		75	14,56208	13,02724 18,73472
		90	21,25555	16,73396 27,31967
		97,5	29,01848	24,88694 30,75938*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
ecc3	59	2,5	7,751596	5,5 12,04296*
		10	12,16328	10,09307 14,05392
		25	15,36796	12,76148 16,24878
		50	17,25573	16,25583 21,11731
		75	28,26661	21,50869 31,09182
		90	35,47294	30,35438 39,00182
		97,5	43,14518	35,50456 46,51481*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]
s3	58	2,5	,2346805	0 1,099051*
		10	1,463438	,5420442 2,251707
		25	2,500795	2,190703 4,251478
		50	8,127325	4,254062 16,00411
		75	19,44351	16,0786 21,92081
		90	24,45381	21,18604 30,02018
		97,5	32,22731	28,62273 34,22212*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

-- Binom, Interp, --



Variable	Obs	Percentile	Centile	[95% Conf, Interval]	
t9duration	51	2,5	0	0	7,50252*
		10	8,372323	0	9,894436
		25	10,65355	8,792969	16,04856
		50	21,75683	15,05431	23,08849
		75	27,25735	23,04197	32,42749
		90	34,19434	30,74247	41,99523
		97,5	43,99759	34,92492	45,26312*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tscduration	46	2,5	3,505787	3,400733	4,532403*
		10	4,676709	3,657085	6,768173
		25	7,388117	5,493234	9,243957
		50	11,50402	9,002989	14,76369
		75	17,57629	14,51123	20,89539
		90	23,65683	19,83572	35,67123
		97,5	37,94036	25,38644	39,51593*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tsbduration	40	2,5	3,507328	3,501079	4,01955*
		10	4,045258	3,539965	6,501903
		25	6,75199	4,415354	7,637646
		50	8,877673	7,211503	10,50316
		75	12,00511	9,985911	14,25917
		90	14,6103	13,21204	35,63372
		97,5	37,65991	15,00542	38,04789*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tbduration	29	2,5	3,250782	3,250782	4,924362*
		10	4,751543	3,250782	6,001989*
		25	6,25193	4,933872	7,153104
		50	7,752351	6,677652	11,083
		75	13,22686	8,3482	17,30057
		90	17,75552	14,70539	29,79589*
		97,5	29,79589	17,3243	29,79589*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
tebduration	6	2,5	,250095	,250095	2,663049*
		10	,250095	,250095	3,227848*
		25	2,313205	,250095	7,029458*
		50	4,375268	,5251764	22,55024
		75	13,12681	3,155478	24*
		90	24	5,871598	24*
		97,5	24	11,28304	24*

\* Lower (upper) confidence limit held at minimum (maximum) of sample

Variable	Obs	Percentile	Centile	-- Binom, Interp, -- [95% Conf, Interval]	
thbduration	6	2,5	0	0	1,316202*
		10	0	0	3,132693*
		25	1,125371	0	8,707044*
		50	3,900451	,1500495	16,63064
		75	15,81793	2,612189	16,75567*
		90	16,75567	5,524024	16,75567*
		97,5	16,75567	15,65891	16,75567*

```
* Lower (upper) confidence limit held at minimum (maximum) of sample  
'  
end of do-file  
  
''  
end of do-file  
,
```

**SIBLING COMPARISON**

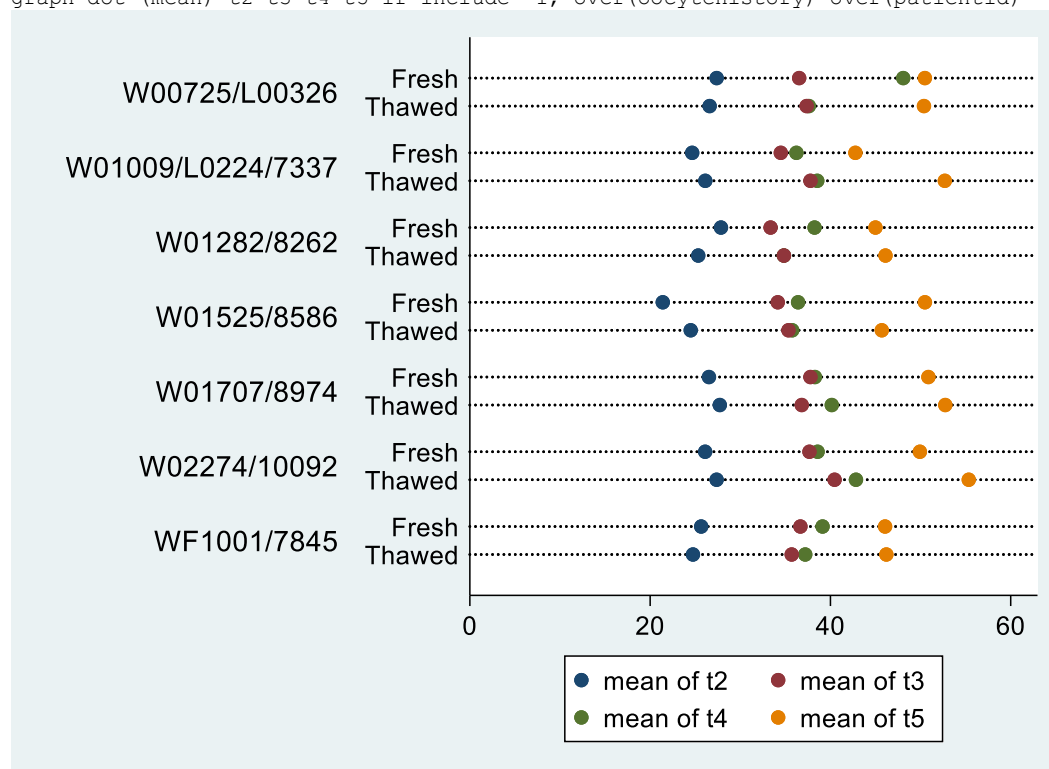
```
, tab patientid oocytehistory
```

Patient ID	Oocyte History		Total
	Fresh	Thawed	
W00725/L00326	5	2	7
W01009/L0224/7337	10	3	13
W01282/8262	4	1	5
W01525/8586	1	3	4
W01590/8499	0	4	4
W01593/8969	4	0	4
W01707/8974	3	3	6
W01772/9355	0	1	1
W01820/9235	4	0	4
W02274/10092	8	2	10
WF1001/7845	6	6	12
Total	45	25	70

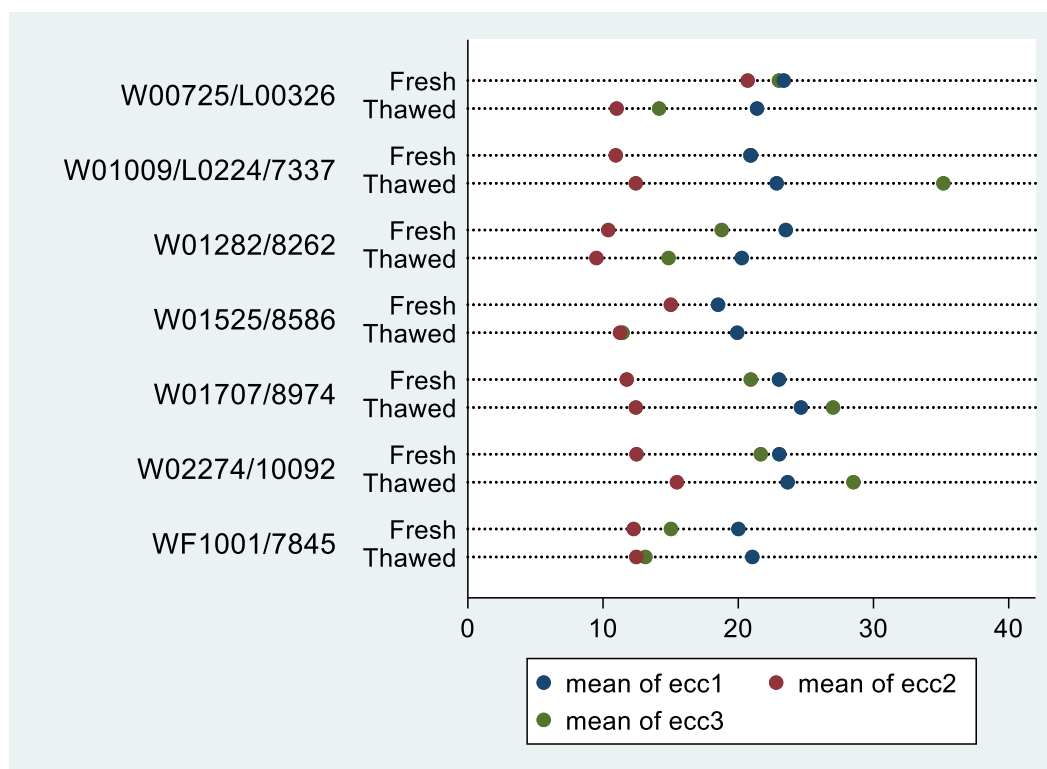
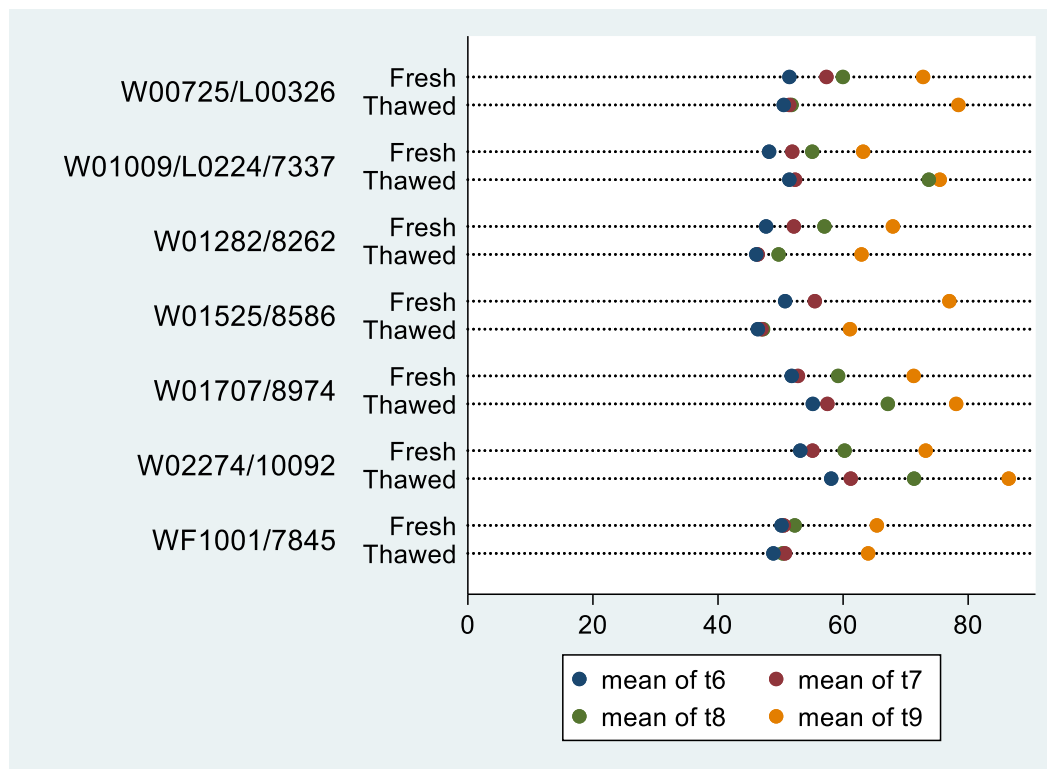
- There are 4 patients with only a single type of oocyte, Therefore they cannot be used to contrast fresh versus frozen within the same patient
- Numbers of patient and number of oocytes are very small - thus this analysis can only be considered **exploratory**

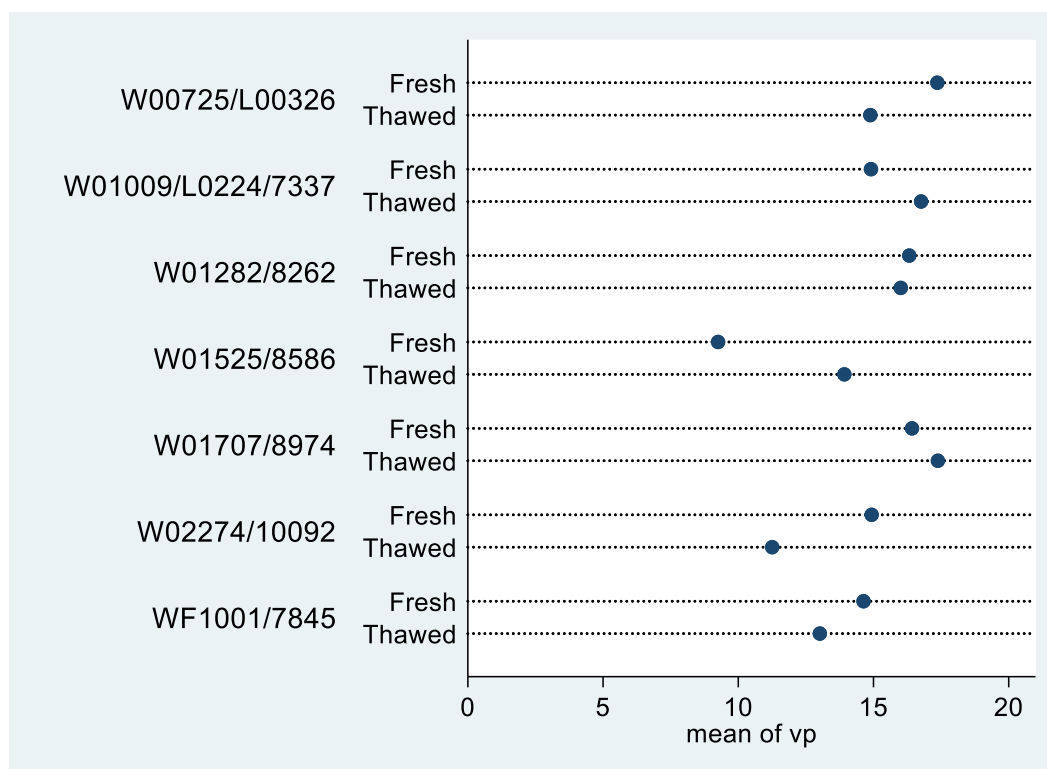
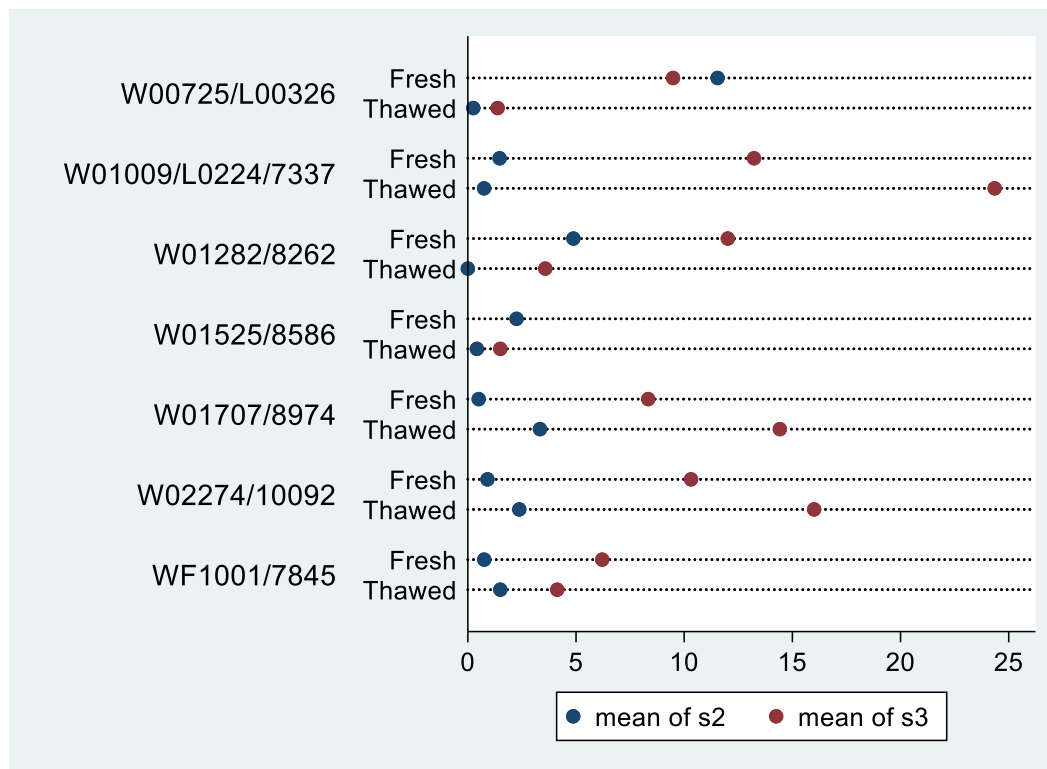
Dot plot of mean times for each patient by oocyte history ( frozen , fresh)

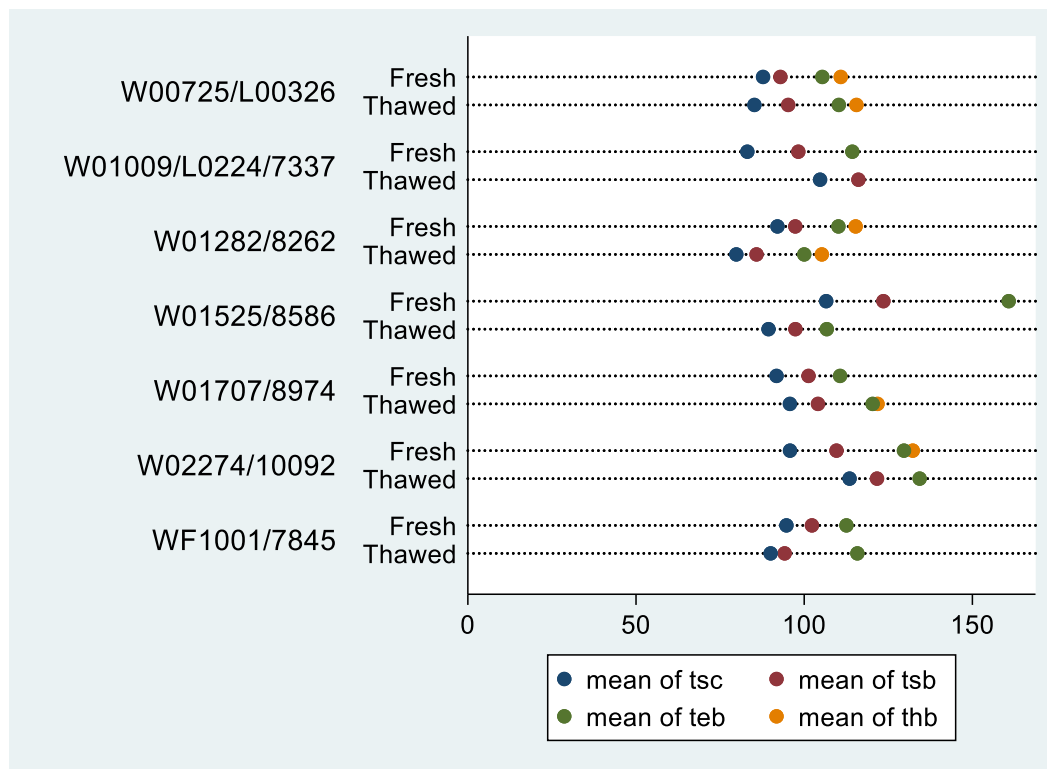
```
graph dot (mean) t2 t3 t4 t5 if include==1, over(oocytehistory) over(patientid)
```



- There is no consistent pattern, For some patients fresh have longer times and for some vice versa, Thus difference in times between oocyte type is random,
- For t3 four patients frozen id longer than fresh giving 3 patients with the opposite, 4:3 in the 7 patients is the closest you can get to 50-50 split,
- The trend within patients is fairly consistent - thus if fresh is longer than frozen it carries through to the later durations







Estimating the mean difference between fresh and frozen using the **matched design**  
**Linear regression model adjusting for clustering of values within patient**

Time points

```
, xi: regress t2 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Iooocytehis_1-2 (_Iooocytehis_1 for oocy~y==Fresh omitted)

Linear regression                                Number of obs   =          57
                                                F(1, 6)         =          0,01
                                                Prob > F         =          0,9199
                                                R-squared        =          0,0001
                                                Root MSE        =          2,9375
```

(Std, Err, adjusted for 7 clusters in patientid)

	t2	Coef,	Robust Std, Err,	t	P> t	[95% Conf, Interval]
_Iooocytehis_2		-,0694767	,6627916	-0,10	0,920	-1,691269 1,552316
_cons		25,91133	,5092781	50,88	0,000	24,66517 27,15749

- Estimate time difference between frozen and fresh for t2 is -,06?? (95%CI: -1,69 to 1,55) p=,920
- \_cons of 25,91 is the mean of t2 in the fresh oocytes and then mean of the frozen oocytes is slight less as indicated in the previous bullet,

```
, xi: regress t3 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Iooocytehis_1-2 (_Iooocytehis_1 for oocy~y==Fresh omitted)

Linear regression                                Number of obs   =          56
                                                F(1, 6)         =          0,86
                                                Prob > F         =          0,3908
                                                R-squared        =          0,0071
```

```

                                Root MSE          =          4,2721

                                (Std, Err, adjusted for 7 clusters in patientid)
-----+-----
                                |               Robust
                                |               Std, Err,          t      P>|t|      [95% Conf, Interval]
-----+-----
_Ioocytehis_2 |               ,7416968      ,8021243      0,92      0,391      -1,221031      2,704424
 _cons |               35,98439      ,6957541      51,72      0,000      34,28194      37,68683
-----+-----

```

```

, xi: regress t4 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Ioocytehis_1-2      (_Ioocytehis_1 for oocy~y==Fresh omitted)

```

```

Linear regression                                Number of obs      =          53
                                                F(1, 6)                =          0,41
                                                Prob > F                =          0,5467
                                                R-squared               =          0,0056
                                                Root MSE               =          8,3253

```

```

                                (Std, Err, adjusted for 7 clusters in patientid)
-----+-----
                                |               Robust
                                |               Std, Err,          t      P>|t|      [95% Conf, Interval]
-----+-----
_Ioocytehis_2 |      -1,264317      1,979849      -0,64      0,547      -6,108833      3,580199
 _cons |               39,37845      1,688627      23,32      0,000      35,24652      43,51037
-----+-----

```

```

, xi: regress t5 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Ioocytehis_1-2      (_Ioocytehis_1 for oocy~y==Fresh omitted)

```

```

Linear regression                                Number of obs      =          54
                                                F(1, 6)                =          1,25
                                                Prob > F                =          0,3070
                                                R-squared               =          0,0225
                                                Root MSE               =          7,1059

```

```

                                (Std, Err, adjusted for 7 clusters in patientid)
-----+-----
                                |               Robust
                                |               Std, Err,          t      P>|t|      [95% Conf, Interval]
-----+-----
_Ioocytehis_2 |       2,216414      1,985402       1,12      0,307      -2,641688      7,074517
 _cons |               47,01818      1,538749      30,56      0,000       43,253      50,78337
-----+-----

```

```

, xi: regress t6 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Ioocytehis_1-2      (_Ioocytehis_1 for oocy~y==Fresh omitted)

```

```

Linear regression                                Number of obs      =          54
                                                F(1, 6)                =          0,23
                                                Prob > F                =          0,6513
                                                R-squared               =          0,0036
                                                Root MSE               =          5,3184

```

```

                                (Std, Err, adjusted for 7 clusters in patientid)
-----+-----
                                |               Robust
                                |               Std, Err,          t      P>|t|      [95% Conf, Interval]
-----+-----
_Ioocytehis_2 |       ,655098      1,378002       0,48      0,651      -2,716752      4,026948
 _cons |               50,20374      ,9788642      51,29      0,000      47,80855      52,59894
-----+-----

```

```

, xi: regress t7 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Ioocytehis_1-2      (_Ioocytehis_1 for oocy~y==Fresh omitted)

```

```

Linear regression                                Number of obs      =          55
                                                F(1, 6)                =          0,23
                                                Prob > F                =          0,6497
                                                R-squared               =          0,0035
                                                Root MSE               =          6,4742

```

```

                                (Std, Err, adjusted for 7 clusters in patientid)
-----+-----
                                |               Robust

```

t7	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
<hr/>						
_Iooocytehis_2	-,7886997	1,650577	-0,48	0,650	-4,827517	3,250117
_cons	53,17941	,9409948	56,51	0,000	50,87688	55,48194
<hr/>						

```
, xi: regress t8 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Iooocytehis_1-2      (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs      =          55
                                                F(1, 6)            =          0,07
                                                Prob > F            =          0,7935
                                                R-squared           =          0,0029
                                                Root MSE           =          10,797
```

(Std, Err, adjusted for 7 clusters in patientid)

		Robust				
	t8	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
<hr/>						
_Iooocytehis_2		1,195911	4,369671	0,27	0,794	-9,496289 11,88811
_cons		56,90786	1,399119	40,67	0,000	53,48434 60,33138
<hr/>						

```
, xi: regress t9 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Iooocytehis_1-2      (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs      =          56
                                                F(1, 6)            =          0,51
                                                Prob > F            =          0,5030
                                                R-squared           =          0,0136
                                                Root MSE           =          10,781
```

(Std, Err, adjusted for 7 clusters in patientid)

		Robust				
	t9	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
__Iooocytehis_2		2,590795	3,63703	0,71	0,503	-6,308696 11,49029
__cons		68,44502	2,136962	32,03	0,000	63,21607 73,67398

#### DURATION

```
, xi: regress eccl i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Iooocytehis_1-2      (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs      =          54
                                                F(1, 6)            =          0,05
                                                Prob > F            =          0,8231
                                                R-squared           =          0,0010
                                                Root MSE           =          2,8136
```

(Std, Err, adjusted for 7 clusters in patientid)

		Robust				
	eccl	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
	_Iooocytehis_2	-,1811131	,7756308	-0,23	0,823	-2,079013 1,716787
	_cons	22,11847	,5775804	38,30	0,000	20,70518 23,53176

```
, xi: regress ecc2 i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory _Iooocytehis_1-2      (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs      =          53
                                                F(1, 6)            =          0,24
                                                Prob > F            =          0,6407
                                                R-squared           =          0,0032
                                                Root MSE           =          7,0234
```



(Std, Err, adjusted for 7 clusters in patientid)

		Coef,	Robust Std, Err,	t	P> t	[95% Conf, Interval]	
	ecc2						
_Iooocytehis_2		-,8080109	1,644756	-0,49	0,641	-4,832584	3,216563
_cons		13,08028	1,445829	9,05	0,000	9,542469	16,6181

```
, xi: regress ecc3 i,ooocytehistory if include==1, vce(cluster patientid)
i,ooocytehistory _Iooocytehis_1-2 (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs    =        51
                                                F(1, 6)         =         0,01
                                                Prob > F         =         0,9247
                                                R-squared        =         0,0003
                                                Root MSE        =         9,4377
```

(Std, Err, adjusted for 7 clusters in patientid)

		Coef,	Robust Std, Err,	t	P> t	[95% Conf, Interval]	
	ecc3						
_Iooocytehis_2		-,3433983	3,485334	-0,10	0,925	-8,871703	8,184906
_cons		20,33304	,9576373	21,23	0,000	17,98978	22,67629

```
, xi: regress vp i,ooocytehistory if include==1, vce(cluster patientid)
i,ooocytehistory _Iooocytehis_1-2 (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs    =         57
                                                F(1, 6)         =         0,96
                                                Prob > F         =         0,3655
                                                R-squared        =         0,0196
                                                Root MSE        =         2,7317
```

(Std, Err, adjusted for 7 clusters in patientid)

		Coef,	Robust Std, Err,	t	P> t	[95% Conf, Interval]	
	vp						
_Iooocytehis_2		-,7940657	,811317	-0,98	0,366	-2,779287	1,191155
_cons		15,32236	,4286641	35,74	0,000	14,27346	16,37126

```
, xi: regress s2 i,ooocytehistory if include==1, vce(cluster patientid)
i,ooocytehistory _Iooocytehis_1-2 (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs    =         53
                                                F(1, 6)         =         0,87
                                                Prob > F         =         0,3871
                                                R-squared        =         0,0147
                                                Root MSE        =         7,0119
```

(Std, Err, adjusted for 7 clusters in patientid)

		Coef,	Robust Std, Err,	t	P> t	[95% Conf, Interval]	
	s2						
_Iooocytehis_2		-1,733682	1,859447	-0,93	0,387	-6,283584	2,81622
_cons		3,121729	1,640372	1,90	0,106	-,8921177	7,135575

```
, xi: regress s3 i,ooocytehistory if include==1, vce(cluster patientid)
i,ooocytehistory _Iooocytehis_1-2 (_Iooocytehis_1 for oocy~y==Fresh omitted)
```

```
Linear regression                                Number of obs    =         53
                                                F(1, 6)         =         0,61
                                                Prob > F         =         0,4640
                                                R-squared        =         0,0093
                                                Root MSE        =         9,5567
```

(Std, Err, adjusted for 7 clusters in patientid)

		Coef,	Robust Std, Err,	t	P> t	[95% Conf, Interval]	
	s3						
_Iooocytehis_2		-1,889754	2,417038	-0,78	0,464	-7,804033	4,024526

```

      _cons |    10,28928    1,196068    8,60    0,000    7,362608    13,21595
-----+-----
, xi: regress tsc i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory  _Iocytehis_1-2      (_Iocytehis_1 for oocy~y==Fresh omitted)

Linear regression                               Number of obs   =        57
                                                F(1, 6)             =        0,58
                                                Prob > F             =       0,4767
                                                R-squared            =       0,0303
                                                Root MSE            =       10,136

(Std, Err, adjusted for 7 clusters in patientid)

```

Timepoints again???

```

-----+-----
      |      |      Robust
      |      |      Std, Err,
      |      |      t      P>|t|      [95% Conf, Interval]
-----+-----
_Iocytehis_2 | 3,685095  4,856713    0,76    0,477    -8,198854    15,56904
      _cons | 90,65698  2,714583   33,40    0,000    84,01464    97,29933
-----+-----

```

```

, xi: regress tsb i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory  _Iocytehis_1-2      (_Iocytehis_1 for oocy~y==Fresh omitted)

Linear regression                               Number of obs   =        56
                                                F(1, 6)             =        0,00
                                                Prob > F             =       0,9521
                                                R-squared            =       0,0002
                                                Root MSE            =       10,722

(Std, Err, adjusted for 7 clusters in patientid)

```

```

-----+-----
      |      |      Robust
      |      |      Std, Err,
      |      |      t      P>|t|      [95% Conf, Interval]
-----+-----
_Iocytehis_2 | ,2859981  4,568769    0,06    0,952   -10,89338    11,46537
      _cons | 101,5853  2,667923   38,08    0,000    95,05716    108,1135
-----+-----

```

```

, xi: regress teb i,oocytehistory if include==1, vce(cluster patientid)
i,oocytehistory  _Iocytehis_1-2      (_Iocytehis_1 for oocy~y==Fresh omitted)

Linear regression                               Number of obs   =        37
                                                F(1, 6)             =        0,65
                                                Prob > F             =       0,4501
                                                R-squared            =       0,0274
                                                Root MSE            =       12,631

(Std, Err, adjusted for 7 clusters in patientid)

```

```

-----+-----
      |      |      Robust
      |      |      Std, Err,
      |      |      t      P>|t|      [95% Conf, Interval]
-----+-----
_Iocytehis_2 | -4,323163  5,352723   -0,81    0,450   -17,4208    8,774479
      _cons | 118,4363  4,991224   23,73    0,000   106,2232   130,6494
-----+-----

```

#### Comment

- In none of the times were there any indication of effect of frozen on the times,
- Small study
- The hypothesis tested in the regression models is that of different times for frozen, We found no difference but one cannot conclude equivalence since that is a different hypothesis,
- You can only say that in this exploratory sample of 7 patients the differences in time between frozen and fresh oocytes were random,

**95% MEDIAN REGRESSION ANALYSIS****ALL**

```
, foreach var of varlist pronucleitime tpb2 tpna tpnf t2 t3 t4 t5 t6 t7 t8 t9 tsc tsb
tb
> teb thb {
  2,   qreg `var' group, quantile(50) level(95)
  3,   *margins, at(group=(0 1))
,   }
```

Median regression  
 Raw sum of deviations 616,0256 (about 18,074328)  
 Min sum of deviations 615,4392  
 Number of obs = 1,573  
 Pseudo R2 = 0,0010

pronucleit~e	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	,0844174	,0182382	4,63	0,000	,0486437 ,1201911
_cons	18,07021	,0057619	3136,15	0,000	18,05891 18,08151

Median regression  
 Raw sum of deviations 861,0283 (about 3,6963178)  
 Min sum of deviations 858,4033  
 Number of obs = 1,459  
 Pseudo R2 = 0,0030

tpb2	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	,3354284	,1242625	2,70	0,007	,091676 ,5791809
_cons	3,676244	,03412	107,74	0,000	3,609314 3,743173

Median regression  
 Raw sum of deviations 1217,331 (about 7,3683253)  
 Min sum of deviations 1208,349  
 Number of obs = 1,494  
 Pseudo R2 = 0,0074

tpna	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,086313	,2064332	5,26	0,000	,6813832 1,491243
_cons	7,329371	,0565214	129,67	0,000	7,218501 7,440241

Median regression  
 Raw sum of deviations 1844,787 (about 23,155426)  
 Min sum of deviations 1826,594  
 Number of obs = 1,499  
 Pseudo R2 = 0,0099

tpnf	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	2,237471	,3877379	5,77	0,000	1,476904 2,998039
_cons	23,10119	,095534	241,81	0,000	22,9138 23,28859

Median regression  
 Raw sum of deviations 1892,536 (about 25,874121)  
 Min sum of deviations 1874,423  
 Number of obs = 1,499  
 Pseudo R2 = 0,0096

t2	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	2,282675	,4070348	5,61	0,000	1,484255 3,081094
_cons	25,80631	,0963541	267,83	0,000	25,61731 25,99532

Median regression  
 Raw sum of deviations 2349,581 (about 36,850527)  
 Min sum of deviations 2346,823  
 Number of obs = 1,491  
 Pseudo R2 = 0,0012

t3	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,746933	,4922031	3,55	0,000	,781448 2,712418
_cons	36,83479	,1125778	327,19	0,000	36,61396 37,05562

Median regression  
 Number of obs = 1,487

Raw sum of deviations 2548,995 (about 37,759234)  
Min sum of deviations 2516,259 Pseudo R2 = 0,0128

t4	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	3,264669	,5698302	5,73	0,000	2,146911 4,382426
_cons	37,65565	,1279737	294,25	0,000	37,40462 37,90668

Median regression Number of obs = 1,479  
Raw sum of deviations 3328,757 (about 49,669782)  
Min sum of deviations 3322,473 Pseudo R2 = 0,0019

t5	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,653201	,7642442	2,16	0,031	,1540815 3,15232
_cons	49,63217	,168622	294,34	0,000	49,3014 49,96293

Median regression Number of obs = 1,483  
Raw sum of deviations 3459,949 (about 50,980027)  
Min sum of deviations 3437,633 Pseudo R2 = 0,0064

t6	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	2,948957	,7092847	4,16	0,000	1,557647 4,340266
_cons	50,88729	,1540987	330,23	0,000	50,58501 51,18956

Median regression Number of obs = 1,475  
Raw sum of deviations 3886,869 (about 52,537271)  
Min sum of deviations 3867,587 Pseudo R2 = 0,0050

t7	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	3,015519	,8289924	3,64	0,000	1,389388 4,641651
_cons	52,39317	,1753584	298,78	0,000	52,04919 52,73715

Median regression Number of obs = 1,474  
Raw sum of deviations 5063,995 (about 54,612091)  
Min sum of deviations 5022,905 Pseudo R2 = 0,0081

t8	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	7,227214	1,242304	5,82	0,000	4,790338 9,66409
_cons	54,51545	,2527227	215,71	0,000	54,01972 55,01119

Median regression Number of obs = 1,474  
Raw sum of deviations 5112,576 (about 68,660553)  
Min sum of deviations 5105,273 Pseudo R2 = 0,0014

t9	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,984464	1,222191	1,62	0,105	-,4129576 4,381885
_cons	68,52028	,248631	275,59	0,000	68,03257 69,00799

Median regression Number of obs = 1,466  
Raw sum of deviations 6181,41 (about 83,923056)  
Min sum of deviations 6117,587 Pseudo R2 = 0,0103

tsc	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	8,140324	1,817895	4,48	0,000	4,574368 11,70628
_cons	83,49568	,3456525	241,56	0,000	82,81766 84,17371

Median regression Number of obs = 1,441

Raw sum of deviations 5195,889 (about 97,348355)  
 Min sum of deviations 5144,219 Pseudo R2 = 0,0099

tsb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	7,212165	1,703879	4,23	0,000	3,869812	10,55452
_cons	97,24725	,3044288	319,44	0,000	96,65007	97,84442

Median regression Number of obs = 1,357  
 Raw sum of deviations 5519,58 (about 105,56599)  
 Min sum of deviations 5483,417 Pseudo R2 = 0,0066

tb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	7,137972	1,989425	3,59	0,000	3,235285	11,04066
_cons	105,3701	,3415605	308,50	0,000	104,7001	106,0402

Median regression Number of obs = 989  
 Raw sum of deviations 3858,13 (about 112,03987)  
 Min sum of deviations 3837,527 Pseudo R2 = 0,0053

teb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	4,436407	1,798244	2,47	0,014	,9075866	7,965228
_cons	111,8455	,3079282	363,22	0,000	111,2412	112,4497

Median regression Number of obs = 143  
 Raw sum of deviations 577,3394 (about 114,76014)  
 Min sum of deviations 570,6745 Pseudo R2 = 0,0115

thb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	8,027658	3,225051	2,49	0,014	1,651953	14,40336
_cons	114,4	,6606085	173,17	0,000	113,094	115,706

```

ICSI,
,   foreach var of varlist pronucleitime tpb2 tpna tpnf t2 t3 t4 t5 t6 t7 t8 t9 tsc
tsb t
> b   teb thb {
    2,   qreg `var' group if fertilizationmethod=="ICSI", quantile(50) level(95)
    3,   *margins, at(group=(0 1))
,   }

```

```

Median regression                               Number of obs =          996
Raw sum of deviations 407,1218 (about 18,054461)
Min sum of deviations 406,6169                  Pseudo R2      =          0,0012

```

pronucleit~e	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	,0814897	,018156	4,49	0,000	,0458612 ,1171182
_cons	18,05011	,0070224	2570,37	0,000	18,03633 18,06389

```

Median regression                               Number of obs =          927
Raw sum of deviations 498,6355 (about 3,5937189)
Min sum of deviations 494,7235                  Pseudo R2      =          0,0078

```

tpb2	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	,4413803	,1201845	3,67	0,000	,2055143 ,6772463
_cons	3,560619	,0410224	86,80	0,000	3,480111 3,641126

```

Median regression                               Number of obs =          945
Raw sum of deviations 750,2846 (about 7,2830534)
Min sum of deviations 740,7368                  Pseudo R2      =          0,0127

```

tpna	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,171087	,2085288	5,62	0,000	,7618523 1,580321
_cons	7,209845	,0711454	101,34	0,000	7,070224 7,349467

```

Median regression                               Number of obs =          936
Raw sum of deviations 1166,938 (about 23,135415)
Min sum of deviations 1150,082                  Pseudo R2      =          0,0144

```

tpnf	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,531166	,3912677	3,91	0,000	,7633005 2,299032
_cons	23,05097	,120651	191,05	0,000	22,8142 23,28775

```

Median regression                               Number of obs =          931
Raw sum of deviations 1189,458 (about 25,851282)
Min sum of deviations 1171,536                  Pseudo R2      =          0,0151

```

t2	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	2,284657	,4206748	5,43	0,000	1,459074 3,11024
_cons	25,69095	,1256061	204,54	0,000	25,44444 25,93745

```

Median regression                               Number of obs =          923
Raw sum of deviations 1480,922 (about 36,801186)
Min sum of deviations 1476,906                  Pseudo R2      =          0,0027

```

t3	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]
group	1,84142	,5392633	3,41	0,001	,783093 2,899748
_cons	36,7403	,1557562	235,88	0,000	36,43462 37,04598

```

Median regression                               Number of obs =          917
Raw sum of deviations 1604,934 (about 37,683111)

```

Min sum of deviations 1573,869				Pseudo R2	=	0,0194
t4	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	3,268878	,5628089	5,81	0,000	2,164332	4,373425
_cons	37,51578	,1587953	236,25	0,000	37,20414	37,82743
Median regression				Number of obs	=	915
Raw sum of deviations 2098,802 (about 49,685473)				Pseudo R2	=	0,0026
Min sum of deviations 2093,385						
t5	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	1,446404	,7924884	1,83	0,068	-,1089062	3,001715
_cons	49,67274	,2207555	225,01	0,000	49,23949	50,10599
Median regression				Number of obs	=	914
Raw sum of deviations 2144,224 (about 51,086308)				Pseudo R2	=	0,0093
Min sum of deviations 2124,216						
t6	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	2,869014	,7467786	3,84	0,000	1,40341	4,334618
_cons	50,9251	,2051839	248,19	0,000	50,52242	51,32779
Median regression				Number of obs	=	910
Raw sum of deviations 2433,861 (about 52,632555)				Pseudo R2	=	0,0074
Min sum of deviations 2415,741						
t7	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	2,981352	,9003867	3,31	0,001	1,214271	4,748433
_cons	52,42734	,2424825	216,21	0,000	51,95144	52,90323
Median regression				Number of obs	=	907
Raw sum of deviations 3098,44 (about 54,929337)				Pseudo R2	=	0,0124
Min sum of deviations 3059,987						
t8	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	7,146366	1,27634	5,60	0,000	4,641435	9,651297
_cons	54,5963	,3309998	164,94	0,000	53,94668	55,24591
Median regression				Number of obs	=	907
Raw sum of deviations 3116,058 (about 68,644957)				Pseudo R2	=	0,0025
Min sum of deviations 3108,21						
t9	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	2,064437	1,275735	1,62	0,106	-,439306	4,568181
_cons	68,44031	,3308429	206,87	0,000	67,791	69,08962
Median regression				Number of obs	=	900
Raw sum of deviations 3777,648 (about 83,358787)				Pseudo R2	=	0,0189
Min sum of deviations 3706,177						
tsc	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	8,505921	1,905607	4,46	0,000	4,76596	12,24588
_cons	83,13009	,4624342	179,77	0,000	82,22251	84,03767
Median regression				Number of obs	=	884

Raw sum of deviations 3183,368 (about 97,549109)  
Min sum of deviations 3134,061 Pseudo R2 = 0,0155

tsb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	7,137105	1,684095	4,24	0,000	3,831805	10,44241
_cons	97,32231	,3841663	253,33	0,000	96,56832	98,07629

Median regression Number of obs = 832  
Raw sum of deviations 3451,31 (about 105,63158)  
Min sum of deviations 3414,903 Pseudo R2 = 0,0105

tb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	7,163575	2,163678	3,31	0,001	2,916652	11,4105
_cons	105,3445	,4744177	222,05	0,000	104,4133	106,2757

Median regression Number of obs = 622  
Raw sum of deviations 2509,82 (about 111,99442)  
Min sum of deviations 2487,975 Pseudo R2 = 0,0087

teb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	4,574492	1,722102	2,66	0,008	1,192632	7,956352
_cons	111,7074	,3718457	300,41	0,000	110,9771	112,4376

Median regression Number of obs = 99  
Raw sum of deviations 372,1796 (about 114,13766)  
Min sum of deviations 364,1368 Pseudo R2 = 0,0216

thb	Coef,	Std, Err,	t	P> t	[95% Conf, Interval]	
group	8,532569	3,374816	2,53	0,013	1,834494	15,23064
_cons	113,8951	,8308222	137,09	0,000	112,2461	115,544

,





```
3, margins, at(group=(0 1))
4, }
```

Median regression Number of obs = 1,573  
Raw sum of deviations 616,0256 (about 18,074328)  
Min sum of deviations 615,4392 Pseudo R2 = 0,0010

<b>pronucleit~e</b>	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	,0844174	,0183744	4,59	0,000	,0541763	,1146584
_cons	18,07021	,005805	3112,89	0,000	18,06066	18,07977

Adjusted predictions Number of obs = 1,573  
Model VCE : IID

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	18,07021	,005805	3112,89	0,000	18,05883	18,08159
2	18,15463	,0174333	1041,37	0,000	18,12046	18,1888

Median regression Number of obs = 1,459  
Raw sum of deviations 861,0283 (about 3,6963178)  
Min sum of deviations 858,4033 Pseudo R2 = 0,0030

<b>tpb2</b>	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	,3354284	,1269509	2,64	0,008	,1264799	,5443769
_cons	3,676244	,0348582	105,46	0,000	3,618871	3,733617

Adjusted predictions Number of obs = 1,459  
Model VCE : IID

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	3,676244	,0348582	105,46	0,000	3,607923	3,744564
2	4,011672	,1220714	32,86	0,000	3,772416	4,250928

Median regression Number of obs = 1,494  
Raw sum of deviations 1217,331 (about 7,3683253)  
Min sum of deviations 1208,349 Pseudo R2 = 0,0074

<b>tpna</b>	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	1,086313	,1994412	5,45	0,000	,7580579	1,414569
_cons	7,329371	,054607	134,22	0,000	7,239495	7,419248

Adjusted predictions  
Model VCE : IID

Number of obs = 1,494

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at						
1		7,329371	,054607	134,22	0,000	7,222344 7,436399
2		8,415685	,1918199	43,87	0,000	8,039725 8,791645

Median regression  
Raw sum of deviations 1844,787 (about 23,155426)  
Min sum of deviations 1826,594

Number of obs = 1,499

Pseudo R2 = 0,0099

tpnf		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group		2,237471	,4020478	5,57	0,000	1,575752 2,899191
_cons		23,10119	,0990598	233,20	0,000	22,93815 23,26423

Adjusted predictions  
Model VCE : IID

Number of obs = 1,499

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at						
1		23,10119	,0990598	233,20	0,000	22,90704 23,29535
2		25,33866	,3896532	65,03	0,000	24,57496 26,10237

Median regression  
Raw sum of deviations 1892,536 (about 25,874121)  
Min sum of deviations 1874,423

Number of obs = 1,499

Pseudo R2 = 0,0096

t2		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group		2,282675	,4217911	5,41	0,000	1,58846 2,976889
_cons		25,80631	,0998473	258,46	0,000	25,64198 25,97065

Adjusted predictions  
Model VCE : IID

Number of obs = 1,499

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	25,80631	,0998473	258,46	0,000	25,61062	26,00201
2	28,08899	,4098027	68,54	0,000	27,28579	28,89219

Median regression  
Raw sum of deviations 2349,581 (about 36,850527)  
Min sum of deviations 2346,823  
Number of obs = 1,491  
Pseudo R2 = 0,0012

t3	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	1,746933	,4958886	3,52	0,000	,9307612	2,563105
_cons	36,83479	,1134208	324,76	0,000	36,64811	37,02147

Adjusted predictions  
Model VCE : IID  
Number of obs = 1,491

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	36,83479	,1134208	324,76	0,000	36,61249	37,05709
2	38,58172	,4827434	79,92	0,000	37,63556	39,52788

Median regression  
Raw sum of deviations 2548,995 (about 37,759234)  
Min sum of deviations 2516,259  
Number of obs = 1,487  
Pseudo R2 = 0,0128

t4	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	3,264669	,5925153	5,51	0,000	2,289459	4,239878
_cons	37,65565	,1330683	282,98	0,000	37,43664	37,87466

Adjusted predictions  
Model VCE : IID  
Number of obs = 1,487

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at						
1		37,65565	,1330683	282,98	0,000	37,39484 37,91646
2		40,92032	,5773796	70,87	0,000	39,78868 42,05196

```
Median regression                                     Number of obs =      1,479
Raw sum of deviations 3328,757 (about 49,669782)
Min sum of deviations 3322,473                      Pseudo R2      =      0,0019
```

t5	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group	1,653201	,7700868	2,15	0,032	,3857259 2,920676
_cons	49,63217	,1699111	292,11	0,000	49,35251 49,91182

```
Adjusted predictions                                Number of obs      =      1,479
Model VCE      : IID
```

```
Expression    : Linear prediction, predict()
```

```
1,_at        : group          =          0
```

```
2,_at        : group          =          1
```

	Delta-method				
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at					
1	49,63217	,1699111	292,11	0,000	49,29915 49,96519
2	51,28537	,7511085	68,28	0,000	49,81322 52,75752

```
Median regression                                     Number of obs =      1,483
Raw sum of deviations 3459,949 (about 50,980027)
Min sum of deviations 3437,633                      Pseudo R2      =      0,0064
```

t6	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group	2,948957	,7083737	4,16	0,000	1,783056 4,114857
_cons	50,88729	,1539008	330,65	0,000	50,63399 51,14059

```
Adjusted predictions                                Number of obs      =      1,483
Model VCE      : IID
```

```
Expression    : Linear prediction, predict()
```

```
1,_at        : group          =          0
```

```
2,_at        : group          =          1
```

	Delta-method				
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at					
1	50,88729	,1539008	330,65	0,000	50,58565 51,18893
2	53,83625	,6914534	77,86	0,000	52,48102 55,19147

```
Median regression                                     Number of obs =      1,475
Raw sum of deviations 3886,869 (about 52,537271)
Min sum of deviations 3867,587                      Pseudo R2      =      0,0050
```

t7	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group	3,015519	,8467276	3,56	0,000	1,6219 4,409139
_cons	52,39317	,1791099	292,52	0,000	52,09837 52,68796

Adjusted predictions  
Model VCE : IID

Number of obs = 1,475

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		52,39317	,1791099	292,52	0,000	52,04212	52,74422
2		55,40869	,827567	66,95	0,000	53,78669	57,03069

Median regression  
Raw sum of deviations 5063,995 (about 54,612091)  
Min sum of deviations 5022,905

Number of obs = 1,474

Pseudo R2 = 0,0081

t8		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group		7,227214	1,219013	5,93	0,000	5,220853	9,233575
_cons		54,51545	,2479845	219,83	0,000	54,1073	54,92361

Adjusted predictions  
Model VCE : IID

Number of obs = 1,474

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		54,51545	,2479845	219,83	0,000	54,02941	55,00149
2		61,74266	1,193523	51,73	0,000	59,4034	64,08193

Median regression  
Raw sum of deviations 5112,576 (about 68,660553)  
Min sum of deviations 5105,273

Number of obs = 1,474

Pseudo R2 = 0,0014

t9		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group		1,984464	1,19258	1,66	0,096	,0216082	3,947319
_cons		68,52028	,2426073	282,43	0,000	68,12098	68,91959

Adjusted predictions  
Model VCE : IID

Number of obs = 1,474

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	68,52028	,2426073	282,43	0,000	68,04478	68,99578
2	70,50475	1,167643	60,38	0,000	68,21621	72,79328

Median regression  
Raw sum of deviations 6181,41 (about 83,923056)  
Min sum of deviations 6117,587  
Number of obs = 1,466  
Pseudo R2 = 0,0103

tsc	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	8,140324	1,87342	4,35	0,000	5,056872	11,22378
_cons	83,49568	,3562099	234,40	0,000	82,9094	84,08197

Adjusted predictions  
Model VCE : IID  
Number of obs = 1,466

Expression : Linear prediction, predict()

1,\_at : group = 0  
2,\_at : group = 1

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		83,49568	,3562099	234,40	0,000	82,79753	84,19384
2		91,63601	1,839243	49,82	0,000	88,03116	95,24086

Median regression  
Raw sum of deviations 5195,889 (about 97,348355)  
Min sum of deviations 5144,219  
Number of obs = 1,441  
Pseudo R2 = 0,0099

tsb	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	7,212165	1,69683	4,25	0,000	4,41933	10,005
_cons	97,24725	,3031694	320,77	0,000	96,74826	97,74624

Adjusted predictions  
Model VCE : IID  
Number of obs = 1,441

Expression : Linear prediction, predict()

1,\_at : group = 0  
2,\_at : group = 1

		Delta-method				
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at						
1		97,24725	,3031694	320,77	0,000	96,65305 97,84145
2		104,4594	1,669527	62,57	0,000	101,1872 107,7316

Median regression	Number of obs =	1,357
Raw sum of deviations 5519,58 (about 105,56599)		
Min sum of deviations 5483,417	Pseudo R2 =	0,0066

tb	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	7,137972	1,924016	3,71	0,000	3,971083	10,30486
_cons	105,3701	,3303305	318,98	0,000	104,8264	105,9138

Adjusted predictions	Number of obs	=	1,357
Model VCE : IID			

Expression : Linear prediction, `predict()`

```
1, _at      : group      =      0
```

$$2, \text{ at } \quad : \text{ group} \quad = \quad 1$$

	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
at						
1	105,3701	,3303305	318,98	0,000	104,7227	106,0176
2	112,5081	1,895447	59,36	0,000	108,7931	116,2231

Median regression	Number of obs =	989
Raw sum of deviations 3858,13 (about 112,03987)		
Min sum of deviations 3837,527	Pseudo R2 =	0,0053

<b>teb</b>	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	4,436407	1,785961	2,48	0,013	1,496002	7,376812
_cons	111,8455	,305825	365,72	0,000	111,342	112,349

Adjusted predictions	Number of obs	=	989
Model VCE : IID			

Expression : Linear prediction, `predict()`

$$1, \text{ at } : \text{group} = 0$$
$$2, \text{ at } : \text{ group} = 1$$

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		111,8455	,305825	365,72	0,000	111,2461	112,4449
2		116,2819	1,759582	66,08	0,000	112,8332	119,7306

Median regression	Number of obs =	143
Raw sum of deviations 577,3394 (about 114,76014)		
Min sum of deviations 570,6745	Pseudo R2 =	0,0115

thb	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	8,027658	2,902999	2,77	0,006	3,221069	12,83425
_cons	114,4	,5946405	192,39	0,000	113,4154	115,3846





**Comparison of groups for ICSI used in both groups - no other method**

```
, save "C:\Projekte\Dylan Ramsay\combined,dta"
file C:\Projekte\Dylan Ramsay\combined,dta saved
```

```
, tab fertilizationmethod group
```

Fertilization Method	group		Total
	0	1	
Both IVF/ICSI	134	2	136
ICSI	848	166	1,014
IMSI	226	0	226
IVF	209	0	209
Unknown	0	8	8
Total	1,417	176	1,593,

**Equivalence tested for green participants**

```
, foreach var of varlist pronucleit time tpb2 tpna tpf t2 t3 t4 t5 t6 t7 t8 t9 tsc
tsb t
> b teb thb {
2, qreg `var' group if fertilizationmethod=="ICSI", quantile(50) level(90)
3, margins, at(group=(0 1))
4, }
```

```
Median regression                                Number of obs =          996
Raw sum of deviations 407,1218 (about 18,054461)
Min sum of deviations 406,6169                    Pseudo R2      =          0,0012
```

pronucleit~e	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	,0814897	,0191363	4,26	0,000	,0499839	,1129955
_cons	18,05011	,0074015	2438,70	0,000	18,03792	18,0623

```
Adjusted predictions                                Number of obs =          996
Model VCE      : IID
```

```
Expression      : Linear prediction, predict()
```

```
1, _at          : group =          0
```

```
2, _at          : group =          1
```

	Delta-method			z	P> z	[95% Conf, Interval]	
	Margin	Std, Err,					
_at							
1	18,05011	,0074015	2438,70	0,000	18,0356	18,06462	
2	18,1316	,017647	1027,46	0,000	18,09701	18,16619	

```
Median regression                                Number of obs =          927
Raw sum of deviations 498,6355 (about 3,5937189)
Min sum of deviations 494,7235                    Pseudo R2      =          0,0078
```

tpb2	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	,4413803	,1240825	3,56	0,000	,2370782	,6456824
_cons	3,560619	,0423528	84,07	0,000	3,490885	3,630353

```
Adjusted predictions                                Number of obs =          927
Model VCE      : IID
```

```
Expression      : Linear prediction, predict()
```

```
1,_at      : group      =      0
2,_at      : group      =      1
```

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		3,560619	,0423528	84,07	0,000	3,477609	3,643629
2		4,001999	,1166306	34,31	0,000	3,773407	4,230591

```
Median regression                                Number of obs =      945
Raw sum of deviations 750,2846 (about 7,2830534)
Min sum of deviations 740,7368                  Pseudo R2      =      0,0127
```

tpna		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group		1,171087	,2077928	5,64	0,000	,8289617	1,513211
_cons		7,209845	,0708942	101,70	0,000	7,09312	7,326571

```
Adjusted predictions                                Number of obs =      945
Model VCE      : IID
```

```
Expression    : Linear prediction, predict()
```

```
1,_at      : group      =      0
2,_at      : group      =      1
```

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		7,209845	,0708942	101,70	0,000	7,070895	7,348795
2		8,380932	,195325	42,91	0,000	7,998102	8,763762

```
Median regression                                Number of obs =      936
Raw sum of deviations 1166,938 (about 23,135415)
Min sum of deviations 1150,082                  Pseudo R2      =      0,0144
```

tpnf		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group		1,531166	,4112918	3,72	0,000	,8539796	2,208353
_cons		23,05097	,1268257	181,75	0,000	22,84216	23,25979

```
Adjusted predictions                                Number of obs =      936
Model VCE      : IID
```

```
Expression    : Linear prediction, predict()
```

```
1,_at      : group      =      0
2,_at      : group      =      1
```

		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at							
1		23,05097	,1268257	181,75	0,000	22,8024	23,29955
2		24,58214	,3912496	62,83	0,000	23,8153	25,34898

```
Median regression                                Number of obs =      931
```

Raw sum of deviations 1189,458 (about 25,851282)  
 Min sum of deviations 1171,536 Pseudo R2 = 0,0151

t2	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	2,284657	,4243891	5,38	0,000	1,585902	2,983412
_cons	25,69095	,1267151	202,75	0,000	25,48231	25,89958

Adjusted predictions Number of obs = 931  
 Model VCE : IID

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	25,69095	,1267151	202,75	0,000	25,44259	25,9393
2	27,97561	,4050301	69,07	0,000	27,18176	28,76945

Median regression Number of obs = 923  
 Raw sum of deviations 1480,922 (about 36,801186)  
 Min sum of deviations 1476,906 Pseudo R2 = 0,0027

t3	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	1,84142	,5185335	3,55	0,000	,9876498	2,695191
_cons	36,7403	,1497688	245,31	0,000	36,49371	36,9869

Adjusted predictions Number of obs = 923  
 Model VCE : IID

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	36,7403	,1497688	245,31	0,000	36,44676	37,03384
2	38,58172	,4964336	77,72	0,000	37,60873	39,55471

Median regression Number of obs = 917  
 Raw sum of deviations 1604,934 (about 37,683111)  
 Min sum of deviations 1573,869 Pseudo R2 = 0,0194

t4	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	3,268878	,5796396	5,64	0,000	2,31449	4,223267
_cons	37,51578	,1635441	229,39	0,000	37,2465	37,78506

Adjusted predictions Number of obs = 917  
 Model VCE : IID

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				[95% Conf, Interval]	
		Margin	Std, Err,	z	P> z		
_at							
1		37,51578	,1635441	229,39	0,000	37,19524	37,83632
2		40,78466	,5560894	73,34	0,000	39,69475	41,87458

Median regression  
Raw sum of deviations 2098,802 (about 49,685473)  
Min sum of deviations 2093,385  
Number of obs = 915  
Pseudo R2 = 0,0026

t5		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group		1,446404	,7968138	1,82	0,070	,1344311	2,758378
_cons		49,67274	,2219604	223,79	0,000	49,30728	50,0382

Adjusted predictions  
Model VCE : IID  
Number of obs = 915

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				[95% Conf, Interval]	
		Margin	Std, Err,	z	P> z		
_at							
1		49,67274	,2219604	223,79	0,000	49,23771	50,10777
2		51,11914	,765275	66,80	0,000	49,61923	52,61906

Median regression  
Raw sum of deviations 2144,224 (about 51,086308)  
Min sum of deviations 2124,216  
Number of obs = 914  
Pseudo R2 = 0,0093

t6		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group		2,869014	,7325623	3,92	0,000	1,662831	4,075197
_cons		50,9251	,2012779	253,01	0,000	50,59369	51,25651

Adjusted predictions  
Model VCE : IID  
Number of obs = 914

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

		Delta-method				[95% Conf, Interval]	
		Margin	Std, Err,	z	P> z		

_at						
1	50,9251	,2012779	253,01	0,000	50,53061	51,3196
2	53,79412	,7043684	76,37	0,000	52,41358	55,17465

Median regression  
Raw sum of deviations 2433,861 (about 52,632555)  
Min sum of deviations 2415,741  
Number of obs = 910  
Pseudo R2 = 0,0074

t7	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group	2,981352	,8773213	3,40	0,001	1,536813 4,425891
_cons	52,42734	,2362707	221,90	0,000	52,03831 52,81636

Adjusted predictions  
Model VCE : IID  
Number of obs = 910

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method				
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at					
1	52,42734	,2362707	221,90	0,000	51,96425 52,89042
2	55,40869	,8449075	65,58	0,000	53,7527 57,06468

Median regression  
Raw sum of deviations 3098,44 (about 54,929337)  
Min sum of deviations 3059,987  
Number of obs = 907  
Pseudo R2 = 0,0124

t8	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group	7,146366	1,303658	5,48	0,000	4,999842 9,292891
_cons	54,5963	,3380844	161,49	0,000	54,03963 55,15297

Adjusted predictions  
Model VCE : IID  
Number of obs = 907

Expression : Linear prediction, predict()

1,\_at : group = 0

2,\_at : group = 1

	Delta-method				
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]
_at					
1	54,5963	,3380844	161,49	0,000	53,93366 55,25893
2	61,74266	1,259057	49,04	0,000	59,27496 64,21037

Median regression  
Raw sum of deviations 3116,058 (about 68,644957)  
Min sum of deviations 3108,21  
Number of obs = 907  
Pseudo R2 = 0,0025

t9	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]
group	2,064437	1,27895	1,61	0,107	-,0414045 4,170279

_cons		68,44031	,3316767	206,35	0,000	67,89419	68,98643
-----							
Adjusted predictions					Number of obs	=	907
Model VCE : IID							
Expression : Linear prediction, predict()							
1,_at	:	group	=	0			
2,_at	:	group	=	1			
-----							
		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
-----							
_at							
1		68,44031	,3316767	206,35	0,000	67,79023	69,09038
2		70,50475	1,235194	57,08	0,000	68,08381	72,92568
-----							

Median regression				Number of obs =		900	
Raw sum of deviations 3777,648 (about 83,358787)							
Min sum of deviations 3706,177				Pseudo R2		= 0,0189	
-----							
tsc		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
-----							
group		8,505921	1,890018	4,50	0,000	5,393907	11,61793
_cons		83,13009	,4586514	181,25	0,000	82,37489	83,88528
-----							

Adjusted predictions				Number of obs		=	900
Model VCE : IID							
Expression : Linear prediction, predict()							
1,_at		: group	=	0			
2,_at		: group	=	1			
-----							
		Delta-method					
		Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
-----							
	_at						
	1		83,13009	,4586514	181,25	0,000	82,23115 84,02903
	2		91,63601	1,833523	49,98	0,000	88,04237 95,22965
-----							

Median regression					Number of obs =	884	
Raw sum of deviations 3183,368 (about 97,549109)							
Min sum of deviations 3134,061					Pseudo R2	=	0,0155
-----							
tsb		Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
-----							
group		7,137105	1,695046	4,21	0,000	4,346071	9,92814
_cons		97,32231	,3866646	251,70	0,000	96,68563	97,95898
-----							

Adjusted predictions				Number of obs		=	884
Model VCE : IID							
Expression : Linear prediction, predict()							
1,_at	:	group	=	0			

2, \_at : group = 1

		Delta-method				[95% Conf, Interval]	
		Margin	Std, Err,	z	P> z		
_at							
1		97,32231	,3866646	251,70	0,000	96,56446	98,08015
2		104,4594	1,650355	63,30	0,000	101,2248	107,694

Median regression  
Raw sum of deviations 3451,31 (about 105,63158)  
Min sum of deviations 3414,903  
Number of obs = 832  
Pseudo R2 = 0,0105

tb	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	7,163575	2,139589	3,35	0,001	3,640331	10,68682
_cons	105,3445	,469136	224,55	0,000	104,572	106,117

Adjusted predictions  
Model VCE : IID  
Number of obs = 832

Expression : Linear prediction, predict()

1, \_at : group = 0

2, \_at : group = 1

		Delta-method				[95% Conf, Interval]	
		Margin	Std, Err,	z	P> z		
_at							
1		105,3445	,469136	224,55	0,000	104,425	106,264
2		112,5081	2,087523	53,90	0,000	108,4166	116,5996

Median regression  
Raw sum of deviations 2509,82 (about 111,99442)  
Min sum of deviations 2487,975  
Number of obs = 622  
Pseudo R2 = 0,0087

teb	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	4,574492	1,812987	2,52	0,012	1,587931	7,561053
_cons	111,7074	,39147	285,35	0,000	111,0625	112,3523

Adjusted predictions  
Model VCE : IID  
Number of obs = 622

Expression : Linear prediction, predict()

1, \_at : group = 0

2, \_at : group = 1

		Delta-method				[95% Conf, Interval]	
		Margin	Std, Err,	z	P> z		
_at							
1		111,7074	,39147	285,35	0,000	110,9401	112,4746
2		116,2819	1,770218	65,69	0,000	112,8123	119,7514



```
-----
Median regression                                Number of obs =          99
  Raw sum of deviations 372,1796 (about 114,13766)
  Min sum of deviations 364,1368                Pseudo R2      =          0,0216
```

<b>thb</b>	Coef,	Std, Err,	t	P> t	[90% Conf, Interval]	
group	8,532569	3,27981	2,60	0,011	3,08574	13,9794
_cons	113,8951	,8074335	141,06	0,000	112,5542	115,236

```
Adjusted predictions                                Number of obs =          99
Model VCE      : IID
```

```
Expression    : Linear prediction, predict()
```

```
1,_at         : group          =          0
```

```
2,_at         : group          =          1
```

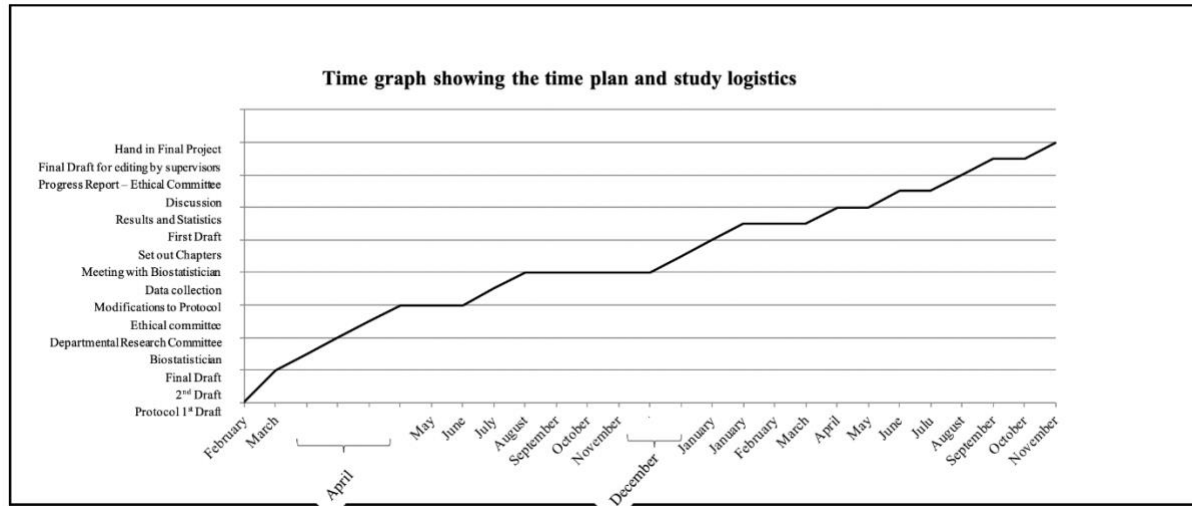
	Delta-method					
	Margin	Std, Err,	z	P> z	[95% Conf, Interval]	
_at						
1	113,8951	,8074335	141,06	0,000	112,3125	115,4776
2	122,4277	3,178869	38,51	0,000	116,1972	128,6581

```
,
end of do-file
```

```
,
end of do-file
```

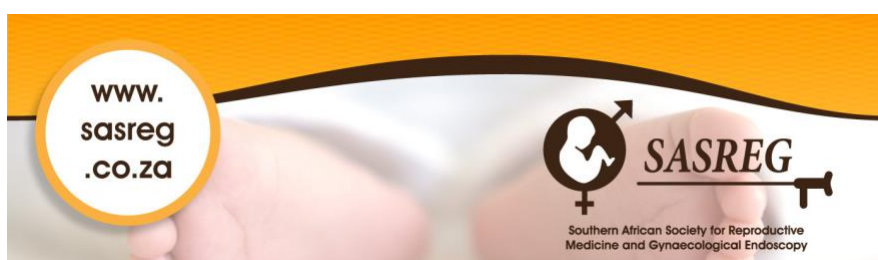
```
,
```

## Appendix Q: Time plan and logistics



## Appendix R: Budget and Funding 2018/2019

D RAMSAY SU 18170560						
HRECIETHICS APPLICATION						
ESTIMATED BUDGET						
SELF FUNDED DEGREE PURPOSE BUDGET FOR MASTERS THROUGH STELLENBOSCH UNIVERSITY						
Reason	Distance (km)	Fuel Cost (R/km)	Maintenance (R/km)	Occurance (days)	Years of study	Cost
Petrol from Cape Town to Wijnland, Stellenbosch	49	R 100,00	R 100,00	62	2	R 120,00
Petrol from Cape Town to Aevitas, Pinelands	10	R 100,00	R 100,00	180	2	R 100,00
Petrol from Cape Town to BH, Belville	25	R 100,00	R 100,00	120	2	R 100,00
TOTAL BUDGET FOR 2018 AND 2019						R 300,00



Date: 01 March 2019

Dear Dylan Ramsay

**CONGRATULATIONS!** It is a pleasure to inform you that you have been selected to be a recipient of the **Merck Serono Scholarship as a student in Reproductive Biology – 2019/2020**

**Grant Information:**

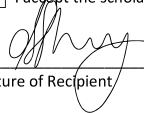
R40 000 per year for 2 years to be utilized as supervised.

- R30 000 for personal use
- R10 000 to be used for any research needs throughout the year – these purchases will be determined by your supervisor – DR ML de Beer
  - Any funds not used at end of year will be paid over to you in December of the year.

Merck Serono would also like to congratulate you on your success and is committed towards continued education in the field of reproductive health.

**Important:**

- In order for the scholarship grant to be paid out, you must return a signed copy of this letter as proof that you have accepted the scholarship.
- To be eligible for the scholarship, you must be considered a student in good standing by your institution.
- Please supply SASREG with your banking details if you have not yet done so for the transfer of funds.

<input type="checkbox"/>	I do not accept the scholarship because _____
<input checked="" type="checkbox"/>	I accept the scholarship.
	
Signature of Recipient _____	
Date <b>05/03/2019</b>	

Yours sincerely



Dr Sulaiman Heylen  
SASREG President

**EXECUTIVE COMMITTEE**

**President**

Dr Sulaiman Heylen

**Vice-President**

Dr Danie Botha

**Honorary Secretary**

Lydia Els-Smit

**Honorary Treasurer**

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Dr Noluyolo Sigcu  
Dr Nomathamsanqa Matebese  
Mr Gerhard Boshoff  
(Embryologist SIG)  
Ms Karin Schwenke  
(Nurses SIG)  
Dr Karin Barkema  
(Councillors SIG)

**SECRETARIAT**

Turners Secretariat (Pty) Ltd  
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International Federation of  
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Dr Sulaiman Heylen

## Appendix S: HREC approval letter



27/11/2018

**Project Reference #:** 7454

**Ethics Reference #:** S18/06/120

**Title:** TIME-LAPSE ANALYSIS AND MORPHOKINETIC EVALUATION OF FRESH VS VITRIFIED OOCYTES, INCLUDING DONOR AND SIBLING OOCYTE CYCLES

Dear Mr Dylan Ramsay ,

Your amendment request # 1 dated 17- Oct-2018 refers.

The Health Research Ethics Committee (HREC) reviewed and approved the amended documentation through an expedited review process.

The following amendment was reviewed and **approved**:

- To include ONLY the morphogenetic data from time lapse incubated embryo development at the Wijnland Fertility clinic.

Correspondingly the protocol version 2 dated 17 October, 2018 had been **approved**.

### **Where to submit any documentation**

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Please remember to use your **Project ID** [7454 ] and ethics reference number S18/06/120 on any documents or correspondence with the HREC concerning your research protocol.

The Health Research Ethics Committee complies with the SA National Health Act No. 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles, Structures and Processes 2015 (Department of Health).

Yours sincerely,

Mrs. Melody Shana,  
coordinator,  
HREC1.

*National Health Research Ethics Council (NHREC) Registration Numbers: REC-130408-012 for HREC1 and REC-230208-010 for HREC2*

*Federal Wide Assurance Number: 00001372*

*Institutional Review Board (IRB) Number: IRB0005240 for HREC1*

*Institutional Review Board (IRB) Number: IRB0005239 for HREC2*

## Appendix T: HREC progress report



23/07/2019

**Project ID:** 7454

**Ethics Reference No:** S18/06/120

**Title:** Time-lapse analysis and morphokinetic evaluation of fresh vs. vitrified oocytes, including donor and sibling oocyte cycles.

Dear Mr Dylan Ramsay

Your request for extension/annual renewal of ethics approval dated 17/07/2019 12:03 refers.

The Health Research Ethics Committee reviewed and approved the annual progress report you submitted through an expedited review process.

The approval of this project is extended for a further year.

**Approval date:** 23 July 2019

**Expiry date:** 22 July 2020

Kindly be reminded to submit progress reports two (2) months before expiry date.

### Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Please remember to use your Project Id 7454 and ethics reference number S18/06/120 on any documents or correspondence with the HREC concerning your research protocol.

Yours sincerely,

Mrs. Ashleen Fortuin  
Health Research Ethics Committee 1 (HREC1)

National Health Research Ethics Council (NHREC) Registration Number:  
REC-130408-012 (HREC1)•REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372  
Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:  
IRB0005240 (HREC1)•IRB0005239 (HREC2)

*The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the [World Medical Association \(2013\). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects](#); the South African [Department of Health \(2006\). Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa \(2nd edition\)](#); as well as the Department of Health (2015). [Ethics in Health Research: Principles, Processes and Structures \(2nd edition\)](#).*

*The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.*

Appendix U: Normative value infographics

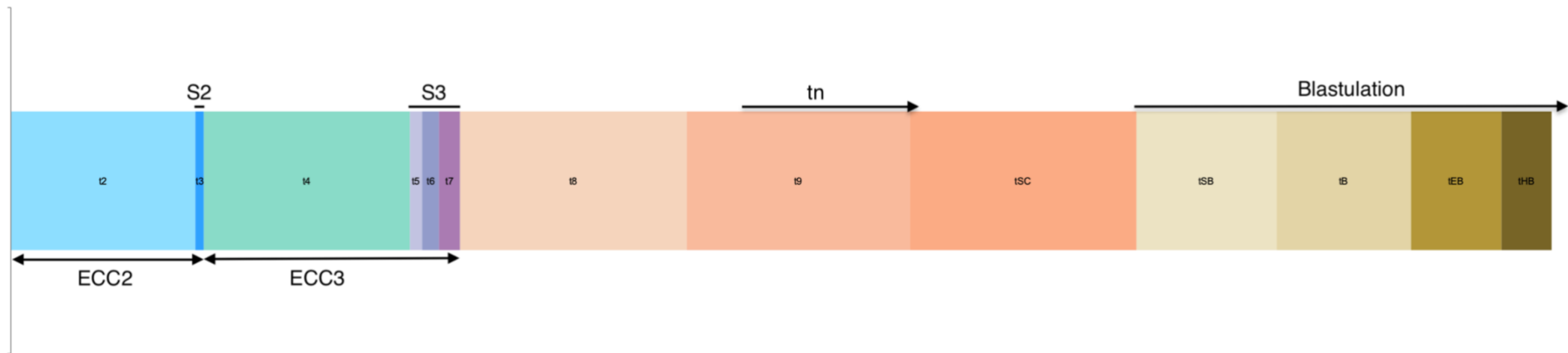


Figure 12: Normative population timeline



Figure 13: Normative population cell cycle timeline

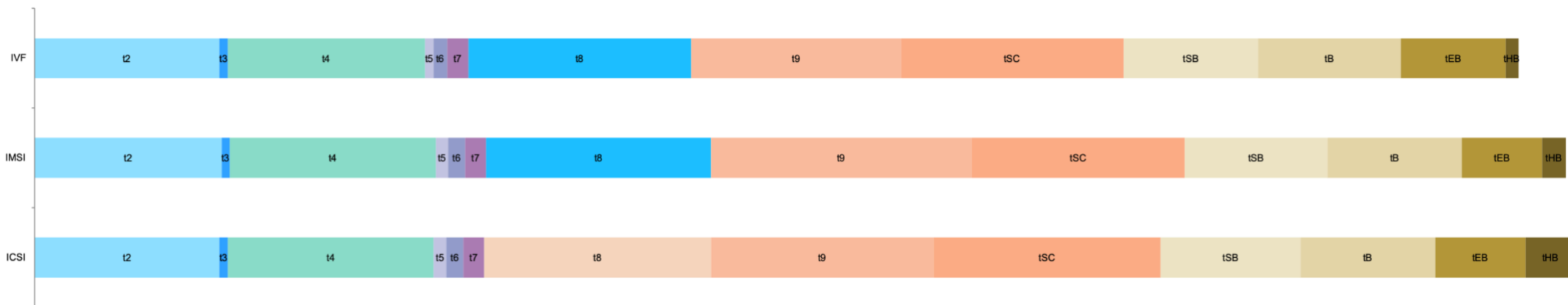


Figure 15: Cell stage durations for normative population by fertilization method

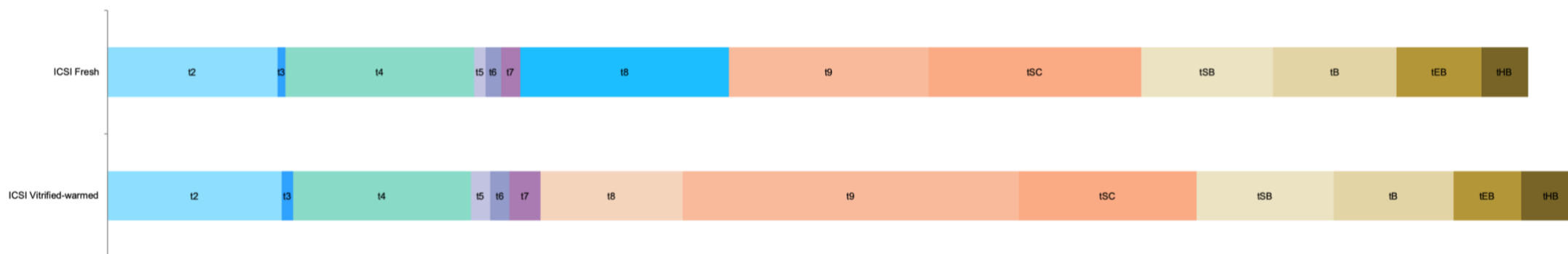



Figure 19: Durations of fresh vs vitrified/warmed oocyte populations

## Appendix V: Turnitin report




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