|  | ATTACHMENT C8-a.  Overview of NASS Data Elements Used for Success Rates Calculations, and Publication Plan | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Data to be Reported 1 | Variable status 2  (add, drop, modify, unchanged) | Used in Success Rates Calculations 3 | ‘Other Significant Factors’ (FCSRCA) Affecting Success Rates 3 | Dissemination and Publication Plan |
|  | |  |  |  |  |  |
| 1 | | Date of cycle reporting | Add | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 2 | | NASS Patient ID | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 3 | | Patient Optional Identifiers | Modify |  |  | Optional Field for Clinic Use |
| 4 | | Date of Birth  (Patient) | Unchanged |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 5 | | Sex of patient seeking ART | Add |  | X | Supplemental Publications |
| 6 | | Cycle start date | Modify | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 7 | | Patient US Resident | Modify |  | X | ART Surveillance Summary  Supplemental Publications |
| 8 | | Patient Country of Residence (if not United States) | Unchanged |  | X | ART Surveillance Summary  Supplemental Publications |
| 9 | | Patient State of Residence | Modify |  | X | ART Surveillance Summary  Supplemental Publications |
| 10 | | Patient city of residence | Modify |  | X | ART Surveillance Summary  Supplemental Publications |
| 11 | | Patient Zip Code of residence | Modify |  | X | ART Surveillance Summary  Supplemental Publications |
| 12 | | Intended cycle type | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 13 | | Embryo or oocyte banking type | Modify | X | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 14 | | Intended duration of oocyte banking | Add |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 15 | | Intended duration of embryo banking | Add |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 16 | | Intended embryo source | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 17 | | Intended Oocyte Source and state | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 18 | | Intended Sperm Source (Partner, Donor, Mixed) | Modify |  | X | ART National Summary Report  Supplemental Publications |
| 19 | | Intended pregnancy carrier | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 20 | | Cycle type | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 21 | | Embryo source | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 22 | | Oocyte Source and state | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 23 | | Reason for ART | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 24 | | Female Patient Height | Unchanged |  | X | Supplemental Publications |
| 25 | | Female Patient Weight at the start of this cycle | Unchanged |  | X | Supplemental Publications |
| 26 | | History of cigarette smoking | Modify |  | X | Supplemental Publications |
| 27 | | Prior pregnancy | Add |  | X | ART National Summary Report  Supplemental Publications |
| 28 | | Months attempting pregnancy (if couple is not surgically sterile) | Add |  | X | Supplemental Publications |
| 29 | | Female Patient Gravidity | Modify |  | X | ART National Summary Report  Supplemental Publications |
| 30 | | Prior Full-Term Births | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 31 | | Prior Preterm Births | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 32 | | Number of Prior Stillbirths | Add |  | X | ART National Summary Report  Supplemental Publications |
| 33 | | Prior Spontaneous Abortions  (miscarriage) | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 34 | | Prior ectopic pregnancies | Add |  | X | ART National Summary Report  Supplemental Publications |
| 35 | | Prior stimulations for ART | Modify |  | X | ART National Summary Report  Supplemental Publications |
| 36 | | Prior Frozen ART Cycles | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 37 | | Prior ART cycles resulted in pregnancy | Add |  | X | ART National Summary Report  Supplemental Publications |
| 38 | | Female Patient Maximum Follicle Stimulating Hormone (FSH) Level | Modify |  | X | Supplemental Publications |
| 39 | | Anti-Mullerian Hormone (AMH) level (ng/mL) | Add |  | X | Supplemental Publications |
| 40 | | Date of Birth  (Oocyte source) | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 41 | | Oocyte source ethnicity | Modify |  | X | Supplemental Publications |
| 42 | | Oocyte source race | Modify |  | X | Supplemental Publications |
| 43 | | Pregnancy carrier | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 44 | | Pregnancy carrier date of birth | Modify |  | X | Supplemental Publications |
| 45 | | Pregnancy carrier Ethnicity | Modify |  | X | Supplemental Publications |
| 46 | | Pregnancy carrier Race | Modify |  | X | Supplemental Publications |
| 47 | | Sperm source | Modify |  | X | ART National Summary Report  Supplemental Publications |
| 48 | | Sperm source date of birth | Add |  | X | Supplemental Publications |
| 49 | | Sperm source Ethnicity | Add |  | X | Supplemental Publications |
| 50 | | Sperm source Race | Add |  | X | Supplemental Publications |
| 51 | | Medications given to stimulate follicular development | Unchanged |  | X | ART Clinic Success Rates Report  Supplemental Publications |
| 52 | | Oral medications given | Modify |  | X | Supplemental Publications |
| 53 | | Medications containing FSH | Modify |  | X | Supplemental Publications |
| 54 | | Medications with LH/HCG activity | Add |  | X | Supplemental Publications |
| 55 | | GnRH Protocol | Modify |  | X | Supplemental Publications |
| 56 | | Cycle cancelled before retrieval | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 57 | | Date of Cancellation | Unchanged |  | X | Supplemental Publications |
| 58 | | Reason for Cancel | Modify |  | X | ART National Summary Report  Supplemental Publications |
| 59 | | Date of Oocyte Retrieval | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 60 | | Number of Patient Oocytes Retrieved | Unchanged |  | X | Supplemental Publications |
| 61 | | Number of Donor Oocytes Retrieved | Unchanged |  | X | Supplemental Publications |
| 62 | | Use of retrieved oocytes | Modify |  | X | ART Clinic Success Rates Report  Supplemental Publications |
| 63 | | Number of Fresh Oocytes Cryopreserved | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 64 | | Complications of stimulation or retrieval | Add |  | X | Supplemental Publications |
| 65 | | Type of complications related to ovarian stimulation or oocyte retrieval | Modify |  | X | Supplemental Publications |
| 66 | | Hospitalization for Complication | Modify |  | X | Supplemental Publications |
| 67 | | Sperm State | Add |  | X | Supplemental Publications |
| 68 | | Sperm Collection Method (Ejaculation, Epididymal Aspiration, Testicular Biopsy, Electroejaculation, Retrograde Ejaculation) | Modify |  | X | Supplemental Publications |
| 69 | | Use of Intracytoplasmic Sperm Injection | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 70 | | Indication for ICSI | Add |  | X | ART National Summary Report  Supplemental Publications |
| 71 | | In vitro maturation used? | Modify |  | X | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 72 | | PGD or PGS performed on embryos | Unchanged |  | X | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 73 | | Total 2PN | Add |  | X | Supplemental Publications |
| 74 | | Pre-implantation genetic diagnosis (PGD) or screening (PGS) reason | Modify |  | X | Supplemental Publications |
| 75 | | Pre-implantation genetic diagnosis or screening technique | Add |  | X | Supplemental Publications |
| 76 | | Use of Assisted Hatching | Modify |  | X | ART National Summary Report  Supplemental Publications |
| 77 | | Research cycle | Add |  | X | ART Clinic Success Rates Report  ART National Summary Report  ART Surveillance Summary  Supplemental Publications |
| 78 | | Study type | Modify |  | X | ART Clinic Success Rates Report  Supplemental Publications |
| 79 | | Transfer attempted | Modify | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 80 | | Reason transfer not attempted | Add |  | X | ART National Summary Report  Supplemental Publications |
| 81 | | Transfer Date | Unchanged |  | X | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 82 | | Endometrial Thickness | Add |  | X | Supplemental Publications |
| 83 | | Number of Fresh Embryos Transferred to Uterus | Unchanged | X | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 84 | | Elective single embryo transfer (fresh transfers) | Unchanged | X | X | ART Clinic Success Rates Report  ART National Summary Report  ART Surveillance Summary  Supplemental Publications |
| 85 | | Quality of embryo (fresh transfers) | Add |  | X | ART National Summary Report  Supplemental Publications |
| 86 | | Number of Fresh Embryos Cryopreserved | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 87 | | Number of Thawed Embryos Transferred to Uterus | Unchanged | X | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 88 | | Elective single embryo transfer (frozen transfers) | Modify | X | X | ART Clinic Success Rates Report  ART National Summary Report  ART Surveillance Summary  Supplemental Publications |
| 89 | | Quality of embryo (frozen transfers) | Add |  | X | ART National Summary Report  Supplemental Publications |
| 90 | | Date of oocyte retrieval (thawed embryos) | Add | X |  | ART Clinic Success Rates Report  ART National Summary Report  Supplemental Publications |
| 91 | | Number of Thawed Embryos Cryopreserved (re-frozen) | Unchanged |  | X | ART National Summary Report  Supplemental Publications |
| 92 | | Number of Oocytes or embryos Transferred to Fallopian Tubes | Modify | X | X | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 93 | | Outcome of Treatment (Not Pregnant, Biochemical Pregnancy, Ectopic Pregnancy, Clinical Intrauterine Gestation, Heterotopic Pregnancy, Unknown) | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  Supplemental Publications |
| 94 | | Maximum Number of Fetal Hearts Observed on Ultrasound | Modify | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 95 | | Ultrasound Date | Modify |  | X | Supplemental Publications |
| 96 | | Monochorionicity | Add |  | X | Supplemental Publications |
| 97 | | Outcome of Pregnancy (Live birth, Stillbirth, Spontaneous Abortion, Induced Abortion, Maternal Death Prior to Birth, Unknown) | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 98 | | Date of Pregnancy Outcome | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 99 | | Method of delivery | Add |  | X | Supplemental Publications |
| 100 | | Source of information on pregnancy outcome | Unchanged |  | X | Supplemental Publications |
| 101 | | Number of Infants Born | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  Data Validation  ART Surveillance Summary  Supplemental Publications |
| 102 | | Birth outcome for Each Infant | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  ART Surveillance Summary  Supplemental Publications |
| 103 | | Gender for each liveborn or stillborn infant | Unchanged |  | X | Supplemental Publications |
| 104 | | Birth weight for Each Live-born and Stillborn Infant | Unchanged | X |  | ART Clinic Success Rates Report  ART National Summary Report  ART Surveillance Summary  Supplemental Publications |
| 105 | | Birth Defects Diagnosed for Each Live-born and Stillborn Infant (Genetic Defect/Chromosomal Abnormality, Cleft Lip or Palate, Neural Tube Defect, Cardiac Defect, Limb Defect, Other Defect) | Modify |  | X | Supplemental Publications |
| 106 | | Lab Upper Normal Limit for that FSH level | Drop |  |  |  |
| 107 | | Lab upper normal FSH unknown | Drop |  |  |  |
| 108 | | FSH Unknown | Drop |  |  |  |
| 109 | | Patient Maximum Estradiol Level | Drop |  |  |  |
| 110 | | Lab Upper Normal Limit for that Estradiol Level | Drop |  |  |  |
| 111 | | Number of Fresh Embryos Transferred to Fallopian Tubes | Drop |  |  |  |
| 112 | | Number of Thawed Embryos Transferred to Fallopian Tubes | Drop |  |  |  |
| 113 | | Surgical Sterilization—Patient or Partner | Drop |  |  |  |
| 114 | | Was an Ultrasound Performed? | Drop |  |  |  |
| 115 | | Donor medicated to stimulate follicular development | Drop |  |  |  |
| 116 | | Donor medications containing clomiphene | Drop |  |  |  |
| 117 | | Donor clomiphene dosage | Drop |  |  |  |
| 118 | | Donor medications containing FSH | Drop |  |  |  |
| 119 | | Donor GnRH protocol | Drop |  |  |  |
| 120 | | Patient smoked 100 cigarettes during life | Drop |  |  |  |
| 121 | | Average daily cigarettes smoked | Drop |  |  |  |

See Attachment C6 for Detailed Item Descriptions

See Attachment C6 for detailed justification of changes, including citations from scientific literature

See Attachment C8-b for Success Rate Calculations and methodology