Developing a minimum data set, known as a core outcome set, for future infertility research

Core Outcome Measures for Infertility Trials (COMMIT) Steering Group

Introduction

Complex issues, including a failure to consider the perspectives of people with fertility problems when selecting outcomes, variations in outcome definitions, and outcome reporting bias, make the results of infertility research difficult to interpret.

This study developed a core outcome set to standardise outcome selection, collection, and reporting across future randomised trials and systematic reviews evaluating potential treatments for infertility.

Discussion

Embedding the core outcome set within future randomised trials and systematic reviews should ensure the comprehensive selection, collection, and reporting of a minimum data set for infertility research.

Research funding bodies, the Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT) statement, and over 80 specialty journals, including Fertility and Sterility, Human Reproduction and Human Reproduction Update have committed to implementing this core outcome set.

Methods

Healthcare professionals, researchers, and people with fertility problems were brought together in an open and transparent process including a three-round eDelphi survey (372 participants from 41 countries) and consensus development workshop (30 participants from 27 countries)1.

Results

Using formal consensus methods a core outcome set for future infertility research was agreed (figure 1).

To continue the conversation, please contact Dr James Duffy

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A core outcome set for future infertility research

- Viable intrauterine pregnancy confirmed by ultrasound (accounting for singleton, twin, and higher multiple pregnancies)
- Pregnancy loss (accounting for ectopic pregnancy, miscarriage, stillbirth, and termination of pregnancy)
- Live birth
- Gestational age at delivery
- Birth weight
- Neonatal mortality
- Major congenital anomaly

* Time to pregnancy leading to live birth should also be reported when applicable.

References