

Making a Difference



ASSISTED
HUMAN
REPRODUCTION
CANADA

2010-2011

Annual Report

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Message from the Chair

As a former family physician, I know how important building a healthy family is for many Canadians. Some, however, face significant challenges, and for these Canadians assisted human reproduction (AHR) may help them reach their goal.

I am proud of the work that Assisted Human Reproduction Canada (AHRC) has done in advancing the goals, principles and laws set out in the *Assisted Human Reproduction Act*. Although provisions relating to licensing AHR related activities and collecting health reporting information were found to be unconstitutional by the Supreme Court of Canada in its opinion rendered December 22, 2010, the Agency continues to fulfil its mandate of administering the *AHR Act* for compliance with the prohibitions and to provide information to Canadian women and men who face ongoing challenges in building their families.

In 2010 - 2011, the bulk of the Agency's work, as in previous years, has been to translate scientific and social science knowledge into enhanced public understanding of fertility related issues, to leverage professional best practices and to facilitate compliance with the prohibitions. The Board is particularly pleased with the momentum achieved in a range of projects that promote health and safety in the field, from work to promote healthy singleton births to partnerships that support the gathering and analysis of data on the health impacts of assisted reproduction technologies for mothers, children and gamete donors. These initiatives are producing tangible, incremental changes that can have very real impacts on health outcomes from coast to coast, and it is a privilege for me and for my fellow Board members to be able to contribute to them.

We know from those involved first-hand how important it is that innovations in AHR are considered holistically, and that Canadians have access to unbiased information about technologies and their health, safety and social impacts. In this respect, a strong focussed federal voice is crucial—evidenced to date by how the Agency's knowledge transfer work has helped empower Canadians to make informed choices about their fertility and family-building options.

As the Government of Canada considers the SCC opinion and its impact on the future federal role in AHR, the Board remains committed to building partnerships that can make significant public health advances in the area of AHR, and to provide Canadians with accurate, impartial information that they can use to make decisions about building their families.



*Dr. John Hamm
Chairperson, Board
of Directors, AHRC*

A handwritten signature in dark ink that reads "John Hamm". The signature is written in a cursive, flowing style.

Message from the President

In 2010–2011, the Agency continued to enhance its role as a centre of expertise in assisted human reproduction (AHR) that provides accurate, unbiased information to Canadians who turn to AHR to build their families—and to young women and men who want information about fertility and health. Our dedicated staff have been able to do this along with the care and commitment of dozens of Canadians who have volunteered their time to provide advice, analysis and feedback to us.

Health professionals, as well as patients, former patients, counsellors, embryologists and persons born from AHR have provided numerous hours of support to a range of projects—from shaping patient-oriented efforts to minimize AHR-related multiple births, to tailoring the Agency's communications products to make them as effective and user friendly as possible. Internationally renowned researchers and some of Canada's leading medical minds have fine-tuned the Agency's scientific and technological horizon scanning to help translate the latest developments into information, allowing Canadians to make informed decisions about their use of assisted reproductive technologies. Cancer specialists have also come together with their obstetrical and gynaecological counterparts to map out strategies for preserving the fertility of young oncology patients. We at the Agency have all been deeply honoured by our role as a catalyst for this tremendous volunteer contribution to the health and safety of Canadians.

In addition to knowledge transfer, the Agency worked diligently to promote and monitor compliance with the *AHR Act* in order to address the needs and concerns of the Canadian AHR community. Agency staff are committed to answering questions from both the field and the public and we consistently respond informatively, courteously and in a timely manner to the many requests that have come in on our toll-free line or by e-mail.

AHRC is committed to protecting and promoting the health and safety of Canadians who turn to, or are born from, assisted human reproduction, and to increasing Canadians' knowledge of fertility and AHR issues.



Dr. Elinor Wilson
President, AHRC

A stylized, cursive signature of Elinor Wilson in black ink, set against a light blue rectangular background.

Executive Summary

Assisted Human Reproduction Canada (AHRC) attained many measurable achievements in 2010–2011, catalyzing positive change within the Canadian assisted human reproduction (AHR) community.

Throughout 2010–2011, AHRC continued with the incremental implementation of its compliance and enforcement program, focusing on compliance promotion while engaging in monitoring, verification and enforcement activities as issues and complaints were identified and brought to the Agency's attention. AHRC staff interacted frequently with health care professionals, patient support groups and individual Canadians in many different settings, working to educate and inform them of the regulatory requirements of the *AHR Act*.

Building upon work from the previous year, AHRC also continued with its efforts to promote evidence-based best practices among the professional communities. In 2010–2011, AHRC provided support for the ongoing development and implementation of the Canadian framework for the prevention of AHR-related multiple births. AHRC continues to facilitate the implementation of this framework using the three pillars of Professional Education, Patient Education and Data Collection and Analysis.

Oncofertility, or the efforts aimed at fertility preservation for young cancer patients, also proved to be a key topic of interest in 2010–2011 with the Agency working to promote topically relevant discourse within the AHR and oncology communities. In 2010, AHRC hosted the Oncofertility Symposium with the express purpose of sharing knowledge and facilitating partnerships among researchers, medical practitioners and patient advocates.



Over the last year, AHRC maintained its many knowledge transfer and outreach activities, including the launch of Phase II of its public website to better apprise Canadians of the latest AHR-related innovations and scientific research. AHRC also published several informational products, including the brochures “Your guide to infertility and Assisted Human Reproduction (AHR)” and “Coping with the implications of genetic testing: A brochure for Canadians seeking assisted reproduction procedures”—the third instalment in a series of brochures developed in partnership with the Canadian Association of Genetic Counsellors.

In 2010–2011, AHRC was able to keep abreast of the rapidly-evolving AHR landscape through the ongoing efforts of the Science Advisory Panel (SAP). Created by the AHRC Board of Directors, this Panel provided the Agency with invaluable input on many AHR initiatives. Throughout the year, some SAP committee

members, along with AHRC staff, were also engaged with personnel at Statistics Canada's Health Analysis Division in the interpretation and preparation for dissemination of findings from the 2009–2010 survey data on infertility.

For 2011–2012, AHRC is focusing its efforts on knowledge transfer and the promotion of evidence-based best practices. AHRC continues to implement its Stakeholder Outreach Program, concentrating on the delivery of its Patient/Client Group Outreach Strategy, and works to integrate the results of the Canadian Community Health Survey Infertility Rapid Response Module into its health promotion and educational planning activities to increase awareness of the risk factors associated with infertility. AHRC is also maintaining its focus on activities that support the delivery of its compliance and enforcement mandate, strengthening its role to oversee and enforce the prohibitions of the *AHR Act*.



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About the Agency

Assisted Human Reproduction Canada (AHRC) was created in response to a 1993 recommendation from the Royal Commission on New Reproductive Technologies, which called for the Government of Canada to establish a national agency to provide a safe and ethical framework for assisted human reproduction (AHR) activities and related research. Legally established under the *AHR Act* in 2006 and opening its doors in 2007, AHRC is mandated to administer and enforce the *AHR Act* and related regulations in order to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted reproductive technologies (ART).

As an organization, AHRC continually monitors and evaluates AHR research and innovation, promoting only those scientific advances that

will benefit the health and safety of Canadians. AHRC also serves as a national Centre of Expertise for AHR, facilitating adoption of best practices across the country and providing accurate, unbiased information to patients, health practitioners, policy makers, and the Canadian public. In this capacity, AHRC has formed a number of collaborative partnerships and supported many educational initiatives within the AHR community.

AHRC works diligently and efficiently with a core complement of staff and is governed by a Board of Directors. These members are charged with the oversight and overall management of the Agency. For more information about the Agency, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/index-eng.php

THE SUPREME COURT OF CANADA OPINION

On December 22, 2010, the Supreme Court of Canada (SCC) rendered its opinion regarding the constitutionality of certain sections of the *AHR Act*. The SCC opinion confirmed the federal role in prohibiting undesirable activities in the field of assisted human reproduction (AHR), but considered the controlled activities and licensing provisions (other than reimbursement), as well as the provisions for the collection of health reporting information, to be unconstitutional as outside the scope of the federal criminal law power.

As the Government of Canada considers the SCC opinion and its impact on the future federal role in AHR, the Agency will continue to fulfill its mandated responsibilities.

To read the SCC opinion, please go to:

<http://scc.lexum.org/en/2010/2010scc61/2010scc61.html>

ASSISTED HUMAN REPRODUCTION CANADA'S MANDATE AND RESPONSIBILITIES

AHRC's mandate and responsibilities are set out in the *AHR Act*.
In accordance to section 24(1) of the *AHR Act*, the Agency:

- provides advice to the Minister on assisted human reproduction and other matters to which this *Act* applies;
- monitors and evaluates developments within Canada and internationally in assisted human reproduction and other matters to which this *Act* applies;
- consults persons and organizations within Canada and internationally;
- provides information to the public and to the professions respecting assisted human reproduction and other matters to which this *Act* applies, and their regulation under this *Act*, and respecting risk factors associated with infertility; and
- does anything that is reasonably necessary or incidental to achieving the Agency's objectives.



The AHRC Board of Directors

First appointed in 2006 by the Governor in Council, the AHRC Board of Directors comprises a diverse group of individuals with relevant backgrounds who work to ensure that the interests of Canadians are best served by AHRC's mandate and activities. In 2010–2011, the Board met formally in three face-to-face meetings and several teleconferences, approving the Agency's annual budget and providing direction on AHRC's operational plans and procedural policies. These meetings also provided opportunities for Board members to stay informed of and provide direction to the Agency's ongoing work in the field of assisted human reproduction (AHR), specifically in the areas of oncofertility and the prevention of multiple births related to infertility treatments.

As outlined by the *AHR Act*, AHRC's Board of Directors is responsible for the overall management of the Agency, including the evaluation of the Agency's performance. In this capacity, Board members commissioned:

- an independent evaluation of AHRC (available at: www.ahrc-pac.gc.ca/v2/pubs/performance-evaluation-rendement-eng.php), with the aim of assessing the Agency's performance against its mandate as outlined by the *AHR Act* and the seven strategic directions identified at the 2009 Strategic Planning Workshop; and

- an independent audit of the Agency's financial statements for 2009–2010 in order to demonstrate to Canadians that AHRC is a sound custodian of public funds.

The independent evaluators of AHRC's performance concluded that, overall “... *the Agency has done well in establishing itself and moving forward on implementing its mandate...*”, producing “*commendable results in many areas...*”. Recommendations based on the information gathered during this evaluation were factored into the February 2011 strategic planning session of the Board of Directors. As a result of this session, Board members chose to focus on the following four key Strategic Directions to continue to implement the Agency's strategic plan:

- Compliance and Enforcement
- Best Practices
- Knowledge Transfer and Outreach
- Science

These directions are guided by the cross-cutting themes of ethics and international monitoring and collaboration, which underpin and shape the implementation of AHRC's Strategic Directions.



AHRC's Board of Directors. Top from left: *Dr. David Novak, Dr. John Hamm (Chair), Dr. Elinor Wilson (President), Dr. Albert Chudley, Ms. Theresa E. Kennedy*. Bottom from left: *Dr. Suzanne Rozell Scorsone, Dr. Joseph I.G. Ayoub*.

Strategic Directions for Assisted Human Reproduction Canada 2011–2013

- Compliance and Enforcement
- Best Practices
- Knowledge Transfer and Outreach
- Science

These directions are guided by the cross-cutting themes of ethics and international monitoring and collaboration, which underpin and shape the implementation of AHRC's Strategic Directions.



Assisted Human Reproduction Canada

Compliance and Enforcement

In 2010, Assisted Human Reproduction Canada (AHRC) entered its fourth year of administering and enforcing the *AHR Act* and related regulations, a year which culminated in the Supreme Court of Canada (SCC) opinion. During the time leading up to the SCC opinion, AHRC had established and incrementally implemented a comprehensive compliance and enforcement program to manage the potential risks faced by Canadians who use or are born of assisted reproductive technologies (ART). This program was based on the recognition that compliance could only be achieved within a new regulatory system when the requirements were clearly understood by all those subject to the legislation. AHRC introduced a compliance continuum model, which focused on compliance promotion while engaging in monitoring, verification and enforcement activities as issues and complaints were identified and brought to the Agency's attention.

Throughout 2010–2011, AHRC compliance and enforcement staff interacted frequently with health professionals, patient support groups and individual Canadians on a one-on-one basis and in small group and conference settings to educate and inform them of the regulatory requirements of the *AHR Act*. These interactions allowed the Agency to better understand and appreciate the challenges associated with regulating a field as scientifically complex as assisted human reproduction (AHR), and were also used to promote ongoing compliance with the Section 8 Consent to Use regulations. A compliance assessment project, which was undertaken

to evaluate AHRC's promotion efforts in a previous year, demonstrated a high level of compliance with these regulations among medical practitioners involved in the AHR field.

Similar to previous years, AHRC received allegations of violations of the *AHR Act*, particularly with respect to the prohibitions on payment for gametes and surrogacy services. These allegations were assessed on the facts, and resolved through a transparent and standardized process in accordance with the guiding principles of the AHRC Compliance and Enforcement Policy (available at: www.ahrc-pac.gc.ca/v2/aaa-app/alt-formats/pdf/wwwd-qnf/C-E-Policy-eng.pdf), and in conjunction with law enforcement and disciplinary authorities where warranted.

Promoting Best Practices

In modern approaches to health promotion, there are many mechanisms that can be used to effect change. In this regard, AHRC's work to date has been to enhance stakeholder education and promote high professional standards. AHRC continued to provide a strong leadership role within Canada, working diligently to catalyze positive changes in assisted human reproduction (AHR) by forming collaborative partnerships, sharing knowledge, and facilitating the uptake of best practices and guidelines based on sound scientific evidence and strong ethical principles. In addition, AHRC continued to address many complex issues related to AHR, such as the support of data collection efforts for the long-term assessment of health risks and benefits in order to provide Canadians with the information needed to make informed choices.

Multiple Births Initiative

Canada's multiple birth rates have been steadily rising in recent decades due to increasing maternal age, the use of fertility drugs, and the advent of assisted reproductive technologies (ART).¹ Multiple pregnancies are known to increase the risk of complications such as preeclampsia, heart disease, pulmonary edema and gestational diabetes.² In addition, multiple births significantly increase the risk of prematurity, low birth weight, cerebral palsy and other long-term developmental disabilities in the children.² Multiple births are also costly to the Canadian healthcare system; according to the Canadian Institute for Health Information, complications associated with prematurity, which occurs in 57% of twin births and nearly all high-order multiple births, accounts for three of Canada's top 15 most expensive health conditions.³

In Canada, nearly 30% of pregnancies conceived with the use of ART are multiple gestations. This high rate of multiple pregnancies is primarily attributable to the transfer of multiple embryos during ART cycles. Because of the health risks associated with multiple births, many countries have initiated policies to limit the number of embryos transferred per IVF cycle and promote elective single embryo transfer (eSET) in good prognosis patients.⁴ In Canada, the use of eSET

accounted for only 5.6% of all embryo transfers in fresh ART cycles in 2009.⁵ With the support of AHRC, the Canadian ART professional community took on the task of working towards change in their practices to promote the health of pregnancies achieved through the use of reproductive technologies.

In November 2009, the Canadian Fertility and Andrology Society (CFAS), the Society of Obstetricians and Gynaecologists of Canada (SOGC) and AHRC hosted a scientific roundtable of approximately 75 clinicians, researchers and other experts, with the express purpose of developing and implementing a Canadian framework for the prevention of multiple births related to assisted human reproduction (AHR). It was during this roundtable that the Canadian professional community established the three pillars of Professional Education, Patient Education and Data Collection and Analysis, noting that initiatives to address current knowledge gaps would be required in order to meet agreed upon targets.

In 2011, data will become available through the Canadian Assisted Reproductive Technologies Register for the year 2010, allowing the first measurement of progress towards the goals set after the 2009 Multiple Births Roundtable.

¹ **JL COOK, L GERAN, M ROTHERMANN. Multiple births associated with assisted human reproduction in Canada.** *Journal of Obstetrics and Gynaecology Canada* 2011; 33(6):609-616.

² **JOINT SOGC-CFAS CLINICAL PRACTICE GUIDELINES COMMITTEE. Elective single embryo transfer following in vitro fertilization.** *Journal of Obstetrics and Gynaecology Canada* 2010; 24(4):363-377.

³ **CIHI. The Cost of Acute Care Hospital Stays by Medical Condition in Canada 2004–2005.** Ottawa: Canadian Institute for Health Information; 2008.

⁴ **JL COOK, JA COLLINS, W BUCKETT, C RACOWSKY, E HUGHES, K JARVI. Assisted reproductive technology-related multiple births: Canada in an international context.** *Journal of Obstetrics and Gynaecology Canada* 2011; 33(2):159-167.

⁵ **J GUNBY. Canadian Assisted Reproductive Technologies Register: 2009 Pregnancy Outcomes.** www.cfas.ca

CANADIAN FRAMEWORK FOR THE PREVENTION OF MULTIPLE BIRTHS ASSOCIATED WITH INFERTILITY TREATMENTS: SELECTED TARGETS

- Decrease the twin rate per clinic to 25% by 2012 and 15% by 2015.
- Increase the proportion of elective single embryo transfer to at least 50% of good prognosis patients by 2012.
- Eliminate higher order multiple births due to assisted human reproduction by 2015.

For more information about the Canadian framework, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/pubs/alt-formats/pdf/pubs/framework-mult-births-cadre-naiss-mult-eng.pdf

Pillar 1: Professional Education

Since the 2009 Multiple Births Roundtable, AHRC has continued to facilitate efforts to address the targets set out by the professional community through the establishment and ongoing support of the Healthy Singleton Birth (HSB) Committee.

The HSB Committee is a multi-disciplinary group comprised of membership from the CFAS, the Canadian Paediatric Society, the College of Family Physicians of Canada, the SOGC, and the AHRC Science Advisory Panel. Through its membership, this committee has been active in its efforts to increase awareness around the issue of multiple births. As one of its first actions, the HSB Committee widely disseminated the “Prevention of Multiple Births Associated with Infertility Treatments: A Canadian Framework” in both paper format—through its inclusion in a mailing of the *Journal of Obstetrics and Gynaecology Canada*—and electronically to various professional societies and patient groups. This framework (available on the AHRC website at: www.ahrc-pac.gc.ca/v2/pubs/alt-formats/pdf/pubs/framework-mult-births-cadre-naiss-mult-eng.pdf) provides a rationale for action in the area of multiple births and an overview of the targets established by the professional

community. The HSB Committee also distributes monthly newsletters to professional societies for the purpose of maintaining this issue front and centre among AHR professionals. Committee members will also speak at the 2011 CFAS Professionals Day special symposium on the roles of different clinic members in patient education and the promotion of elective single embryo transfer (eSET) in professional practice.

For more information about the Healthy Singleton Birth Committee, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/aaa-app/pc-pc/singleton-singleton-eng.php

Pillar 2: Patient Education

As the patient education arm of the Multiple Births Initiative, the Multiple Births Patients Committee is responsible for the design and implementation of action plans to promote patient education on the health risks associated with multiple births. The committee membership, which includes an infertility counsellor and representation from various groups such as the Infertility Network, the LGBTQ Parenting Connection, the Infertility Awareness Association of Canada and Multiple Births Canada, works to assess the educational needs and decision-making tools available to those Canadians who

use assisted reproductive technologies. In 2010–2011, the Multiple Births Patients Committee provided valuable input in the following project areas:

- the development of AHRC's Patient/Client Group Outreach Strategy;
- the utility of various patient decision-making aids;
- highlighting areas of interest to Canadians on AHRC's website; and
- the inclusiveness of language and recognition of families with diverse compositions in AHR materials.

For more information about the Multiple Births Patients Committee, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/aaa-app/pc-pc/multiple-multiples-eng.php

Pillar 3: Data Collection and Analysis

In 2010, AHRC hosted a workshop on AHR/ART-related outcomes at the annual CFAS meeting. From this workshop evolved a Canadian framework for outcomes measurement, detailing the need for multi-disciplinary cooperation across the many levels of health care provision and governance. The need for the involvement of many stakeholder areas in this endeavour was reflected in the composition of the workshop planning committee, which consisted of representatives from the CFAS, the SOGC, the Public Health Agency of Canada, the Canadian Paediatric Society, the Canadian Perinatal Surveillance System, several provincial Ministries of Health, and members of the AHRC Science Advisory Panel.

AHRC continues to support the efforts of the CFAS and its partners in updating and improving the data collection infrastructure in Canada, thereby ensuring that the professional community has the required tools to accurately measure AHR/ART-related health outcomes.

The Tripartite Committee

The Tripartite Committee, consisting of representation from AHRC, the Canadian Fertility and Andrology Society (CFAS) and the Society of Obstetricians and Gynaecologists of Canada (SOGC), is a unique forum in which member organizations address areas of shared interest to enable consensus on standards of practice across Canada and to improve the patient's journey through reproductive care. The shared interests of these groups have led to the formation of additional sub-committees and initiatives for the improvement of information dissemination and for addressing collaborative goals. In the past, the Tripartite Committee has addressed such issues as:

- oncofertility;
- assisted reproduction for HIV-positive individuals;
- the development of clinical practice guidelines;
- surveys of current assisted human reproduction practices in Canada;
- altruistic donation;
- the prevention of infertility due to untreated sexually transmitted infections;
- infertility awareness; and
- the development of patient decision-making aids.

In November 2010, the Tripartite Committee focused their discussion on the effects of lifestyle factors on human fertility, paying particular attention to the issue of obesity and its resulting negative outcomes on human reproductive health and fertility. This led to an AHRC sponsored workshop entitled “The quest for pregnancy: Educating patients on lifestyle factors affecting fertility”.

For more information about the Tripartite Committee, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/aaa-app/pc-pc/tripartite-tripartite-eng.php

Oncofertility

Ongoing medical advancements in cancer detection and treatment have increased the survival rate of young cancer patients to 83%, offering new hope for a full life and the potential for a family.⁶ The long-term survival of many of these patients has also led to increased awareness of the adverse effects of cancer treatments on human health, including reproductive health and fertility.⁷

Oncofertility—a term which encompasses those efforts aimed at the preservation of fertility for young cancer patients—is a burgeoning area of reproductive science. As such, AHRC quickly recognized the need to ensure the safety of newly developing techniques and to disseminate accurate, timely information, thereby promoting informed decision-making on the part of Canadian cancer patients. In 2010, AHRC hosted the Oncofertility Symposium, a meeting which gathered 45 selected individuals from across the country to represent the many facets of the cancer patients' journey to fertility preservation. Symposium participants, which included oncologists, nurses, psychologists, fertility physicians, embryologists, ethicists and patient advocates, gathered with the express purpose of sharing knowledge and facilitating partnerships for the development and promotion of future research initiatives. In this capacity, AHRC has continued to support localized efforts to improve information and the uptake of new advancements.

To view the meeting report of the Oncofertility Symposium, please go to: www.ahrc-pac.gc.ca/v2/pubs/alt-formats/pdf/pubs/young-cancer-jeunes-atteints-eng.pdf

FERTILITY PRESERVATION FOR CANCER PATIENTS

Options to preserve fertility are dependent upon the age and sex of the patient seeking treatment and can include:

- sperm banking;
- testicular biopsy or microsurgical removal of sperm from the testes;
- in vitro fertilization and embryo freezing;
- egg-freezing;
- ovarian cortex biopsy; and
- non-stimulated oocyte retrieval followed by in vitro maturation of oocytes and freezing.

⁶ CANADIAN CANCER STATISTICS 2009. Special Topic: Cancer in Adolescents and Young Adults. Toronto: Canadian Cancer Society, 2009.

⁷ For more information, please visit fertilefuture.ca

Knowledge Transfer and Outreach

As a centre of expertise, Assisted Human Reproduction Canada (AHRC) is committed to providing credible, evidence-based information on the assisted human reproduction (AHR) issues that matter most to Canadians. In past years, AHRC has worked closely with regulators, professionals and patient groups, both within Canada and abroad, to successfully disseminate relevant information and promote informed decision-making on the part of those who provide or make use of AHR services.

In 2010–2011, the Agency continued with these important public outreach and education functions, including the launch of Phase II of its public website in September 2010. This interactive, easy-to-use site allows AHRC to communicate with Canadians and provide comprehensive, up-to-date information on specific AHR issues, the *AHR Act* and the Agency's ongoing responsibilities and activities. New website additions include a "Features" section, which highlights information on fertility and multiple births, and the informative "Science Snapshots". Prepared by members of the AHRC Science Advisory Panel, these snapshots provide

short, topically relevant summaries of AHR-related scientific research with the aim of demystifying the often complex literature. To view a complete listing of these snapshots, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/aaa-app/www-qsn/board-conseil/sap-pas/snapshots-instantanes/index-eng.php

In 2010–2011, AHRC also published the brochures "Your guide to infertility and Assisted Human Reproduction (AHR)" and "Coping with the implications of genetic testing: A brochure for Canadians seeking assisted human reproduction procedures"—the third instalment in a series of brochures developed in partnership with the Canadian Association of Genetic Counsellors. The Agency also supported the distribution of the DVD "Considering your options for embryo transfer: Understanding the issues", which was produced by the Fertility Clinic at the London Health Sciences Centre. All of these informational products are available on the AHRC website at: www.ahrc-pac.gc.ca/v2/pubs/index-eng.php

AHRC EDITORIAL COMMITTEE

The Editorial Committee offers relevant, high quality input and feedback on AHRC's public communications products and provides strategic advice to best target AHRC's efforts to reach those Canadians with an interest in assisted human reproduction (AHR). Committee membership encompasses a range of individuals with experience in AHR, such as counsellors, patients, donor-conceived individuals, embryologists, gynaecologists and nurses.

For more information about the Editorial Committee, please visit the AHRC website at: <http://www.ahrc-pac.gc.ca/v2/aaa-app/pc-pc/editorial-editorial-eng.php>

Patient/Client Group Outreach Strategy

Outreach is an important aspect of AHRC's mandate and, as such, the Agency actively engages patients, health professionals and other stakeholders within the assisted human reproduction (AHR) community to better understand their perspectives and expectations relative to its own objectives and responsibilities. In 2009, AHRC developed a Stakeholder Outreach Strategy to support its knowledge transfer program of becoming a "centre of expertise and focal point of AHR information for policy makers, practitioners, patients, offspring born of AHR procedures, researchers and the Canadian public".

In 2010, AHRC went on to create a specific and specialized strategy to recognize the importance of patients, clients, their families and the organizations that represent them. The Patient/Client Group Outreach Strategy is an ongoing effort that allows the Agency to work collaboratively with various patient/client groups to identify key initiatives and address their needs. AHRC is working to strengthen existing relationships with current patient groups, while identifying new groups in order to gain a broader perspective of AHR issues across Canada. The key objectives are:

- to educate patients/clients about AHRC's roles and responsibilities;
- to engage patients/clients in public awareness and communication initiatives;
- to encourage the integration of AHRC's messages into patient/client initiatives;
- to ensure that AHRC's activities address patient/client interests and needs;
- to support an inclusive and diverse cross section of patients/clients; and
- to ensure information on AHR is evidence-based, clearly communicated and accessible to the general public.

To view the Patient/Client Group Outreach Strategy, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/pubs/outreach-strategy-strategie-sensibilisation-eng.php

Science, Research and Innovation

Assisted Human Reproduction Canada (AHRC) is extremely fortunate to have attracted many volunteers with a myriad of expertise to its committees over the years. In coordinating these committees, AHRC is able to provide accurate and up-to-date information to stakeholders regarding current practices in assisted human reproduction (AHR) and innovations on the horizon of this rapidly-evolving area. In addition, committee members provide AHRC with valuable insight to issues of interest to the clinical and scientific communities represented, allowing the Agency to facilitate initiatives to enhance knowledge transfer among the various professional fields.

The Science Advisory Panel

Established in 2008, the Science Advisory Panel (SAP) was created by the AHRC Board of Directors to provide ongoing, timely advice to the Board and, by extension, to the Agency on key themes in AHR science. Consisting of fourteen members, the SAP includes noted experts in many diverse areas, including molecular biology, genetics, epidemiology, psychology, embryology and clinical medicine—with many members contributing their knowledge and expertise to both clinical and research teams. As a collective, SAP members have published over 1100 peer-reviewed articles and book chapters; possess over 20 post-graduate degrees; and four members currently hold Canada Research Chairs. Given this breadth of expertise, the SAP forms the foundation upon which AHRC continues to build its capacity as centre of expertise.

Through its continuous efforts, the SAP has actively kept abreast of the rapidly-evolving science in the area of reproductive medicine and infertility treatment. The Panel maintains ongoing vigilance in Horizon Scanning—a

process whereby new scientific innovations and best practices in the area of AHR are systematically identified and assessed—and has provided AHRC with valuable input into various AHR initiatives. For example, some of the SAP members and AHRC staff are currently engaged with the Statistics Canada Health Analysis Division in the interpretation and preparation for dissemination of findings from the infertility data collected by the 2009–2010 Canadian Community Health Survey Infertility Rapid Response Module. For more information, please go to: www.statcan.gc.ca/daily-quotidien/101213/dq101213e-eng.htm

The SAP has also continued to update their scientific review summaries as new literature emerges and will be working to provide up-to-date overviews of these subject areas for public education through the AHRC website.

For more information about AHRC's Science Advisory Panel, please visit the AHRC website at: www.ahrc-pac.gc.ca/v2/aaa-app/www-qsn/board-conseil/sap-pas/index-eng.php

THE SCIENCE ADVISORY PANEL

In 2010–2011, the Science Advisory Panel added several new scientific reviews to its pre-existing inventory of over 20 topic areas, including:

- the vitrification of oocytes;
- the psychological aspects of infertility treatment; and
- the long-term health of patients treated for infertility.



AHRC in 2011–2012

Working Together for Healthy Outcomes

By maintaining its momentum through 2010–2011, Assisted Human Reproduction Canada (AHRC) was able to attain measurable achievements in many key areas and is now positioned as a focal point for assisted human reproduction (AHR) information and knowledge exchange for all stakeholders. AHRC continues to leverage the expertise of its Science Advisory Panel (SAP), supporting SAP activities such as Horizon Scanning, while publicly disseminating the resultant knowledge through its website and communications products. Ongoing support is also provided by the Agency to topic-specific professional practice workshops to improve health outcomes and to those committees dedicated to the evidence-based best practice of AHR in Canada. This includes the continued support of the Healthy Singleton Birth Committee in its mandate to promote the use of single embryo transfer, thereby eliminating the preventable risks associated with ART-related multiple births.

As outreach represents an important part of its mandate, AHRC continues with the implementation of its Stakeholder Outreach Program, focusing on the delivery of the Patient/Client Group Outreach Strategy to better understand the needs and concerns of stakeholders and patients. In collaboration with other government departments, agencies and organizations, AHRC is also working to integrate the results of the Canadian Community Health Survey Infertility Rapid Response Module into its health promotion

and educational activity planning in order to increase awareness of the risk factors associated with infertility. AHRC will also disseminate information about key topics of interest, including: educational materials about the risk factors associated with multiple births and the benefits of elective single embryo transfer; a brochure series addressing the topic of counselling; and fact sheets explaining what stakeholders need to know with regards to the prohibitions of the *AHR Act*.

AHRC is maintaining its focus on activities that support the delivery of its compliance and enforcement mandate—responding to all alleged violations of the *AHR Act*'s prohibitions that are brought to its attention in a timely and accessible manner. Continued compliance is also supported through ongoing monitoring and promotion, increasing the number of communications to relevant parties and the public about compliance issues.

As the Government of Canada considers the Supreme Court of Canada opinion and its impact on the future federal role in AHR, the Agency continues to fulfill its mandated objectives and responsibilities to advance the health, safety, dignity and rights of Canadians building their families through assisted reproductive technologies and of those born from such technologies.

Financial Outlook

Since its inception, the expenditures of Assisted Human Reproduction Canada (AHRC) have been well below its annual parliamentary allocation of approximately \$10.5M. In the fiscal year 2010–2011 (April 01, 2010 to March 31, 2011), AHRC spent approximately \$5.17M of its allocated budget. The unspent portion of the Agency's approved budget for 2010–2011 was returned to the consolidated revenue fund of the Government of Canada. While AHRC is authorized to spend \$10.5M in the fiscal year 2011–2012, the AHRC Board of Directors has approved an annual budget of approximately \$4.99M.

AHRC continues to operate in a fiscally responsible manner, maintaining staffing at a level commensurate with the Agency's mandate. AHRC has been authorized to staff 44 full-time equivalent (FTEs) employees for 2011–2012 but anticipates having a complement of approximately 15 FTE employees. Further details on AHRC's financial statements can be found in the 2011–2012 Report on Plans and Priorities, which is available at: www.tbs-sct.gc.ca/rpp/2011-2012/inst/rap/rap00-eng.asp



Do You Want to Learn More About AHRC?

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View AHRC's reports and publications

Departmental Performance Report

2009–2010 Departmental Performance Report
www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/rap/rap00-eng.asp

Report on Plans and Priorities

2011–2012 Report on Plans and Priorities
www.tbs-sct.gc.ca/rpp/2011-2012/inst/rap/rap00-eng.asp

AHRC: A Chronicle 2007–2010

www.ahrc-pac.gc.ca/v2/pubs/chronicle-chronologie-eng.php

AHRC Winter 2010/Spring 2011 Newsletter

www.ahrc-pac.gc.ca/v2/pubs/alt-formats/pdf/pubs/newsletter/winter-hiver-2010-spring-printemps-2011-eng.pdf

Performance Evaluation

Assisted Human Reproduction Canada's (AHRC) Performance Evaluation
www.ahrc-pac.gc.ca/v2/pubs/performance-evaluation-rendement-eng.php

AHR Reports and Publications

Prevention of Multiple Births Associated with Infertility Treatments: A Canadian Framework
www.ahrc-pac.gc.ca/v2/pubs/framework-mult-births-cadre-naiss-mult-eng.php

Measurement of Assisted Human Reproduction Outcomes in Canada—A discussion paper prepared for participants of the 2010 Outcomes Table
www.ahrc-pac.gc.ca/v2/pubs/moc-erc-eng.php

Oncofertility in Canada: Building Connections for the Preservation of Fertility for Young Cancer Patients
www.ahrc-pac.gc.ca/v2/pubs/young-cancer-jeunes-atteints-eng.php

Altruistic Sperm Donation in Canada: an Iterative Population-Based Analysis
www.ahrc-pac.gc.ca/v2/pubs/di_id-eng.php