Bilaga till rapport

Undersökning av kromosomavvikelser i embryot vid assisterad befruktning/Effectiveness, complications and health economic and ethical aspects of preimplantation genetic testing for aneuploidy (PGT-A) during in vitro fertilisation (IVF) report 393 (2025)

Bilaga 10 Ingångsvärden för effekter i den hälsoekonomiska modellen, baserat på den systematiska översikten av effekter/Appendix 10 Input values for effects in the health economic model, based on the systematic literature review of effects

All numbers in the following table are from the meta-analyses underlying the results in Chapter 5 in the report, with the means expressed as risk ratios. For the economic

Outcome	Mean from meta-analysis	95 % confidence interval – lower value	95 % confidence interval – upper value	Result	Certainty of evidence according to GRADE
Primary outcome					
Live birth – per first planned ET	1.08	0.97	1.20	Comparable effect	Low certainty of evidence
Secondary outcomes					
Clinical pregnancies – per first performed ET	1.08	0.99	1.18	Cannot establish if there is a difference between groups	Very low certainty of evidence
Live birth – per first performed ET	1.20	1.05	1.37	Larger proportion after PGT-A	Low certainty of evidence

ET = embryo transfer; **GRADE** = Grading of Recommendations, Assessment, Development and Evaluations

The main result of the analyses presented in Chapter 5 is that the proportion of live births at the first planned embryo transfer are comparable. The proportion of pregnancies was also deemed comparable at the first planned embryo transfer. As there are different proportions of embryos being transferred in the groups, the results for the first *performed* embryo transfer were used in the calculations. Therefore, the results for pregnancies were used to model the proportion of the cohort that would become pregnant after an embryo transfer. Since the result for the primary outcome (per first *planned* embryo transfer) showed no difference in live births between the two groups, the model base case was set to yield the same number of live births per arm. This means that the relative risks for both clinical pregnancies and live births were set to 1 in the model base case.

To reflect the variation in the point estimate for the primary outcome (live births per first planned embryo transfer), sensitivity analyses for the relative risks were based on the ratio between the point estimate and lower and upper confidence interval limits, respectively, which was around 10 percent. Additionally, the relative risks were varied using 1 and 5 percent, respectively.

For women aged 35 years and above, the primary results for live birth were the same as for the overall group. No results for clinical pregnancies were available for this group. Therefore, no separate analyses with different relative risks were run for this subgroup.