From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: FW: Monash IVF - PGTA Testing Issue [SEC=OFFICIAL]
Date: Tuesday, 20 October 2020 6:49:00 PM
Attachments: IVFDtoDOH191020.pdf

Hi [redacted]

Just to clarify, the laboratory did not initially notify the TGA of the issue. The media article was published in the Herald Sun on 10 Oct. Notification was only provided to the TGA on 16 Oct after we held a teleconference with Monash IVF. Summary below:

- TGA became aware of the issue on Wednesday, 14 Oct when we were asked to respond to a media enquiry following-up on the article in the Herald Sun.
- We had not received any reports of an adverse events from Monash IVF. NATA was initially contacted to confirm that the laboratory was accredited and the test being used was an in-house IVD. NATA was aware of the issue and was in contact with the laboratory.
- We contacted Monash IVF on 15 Oct and requested a meeting which was held on Friday, 16 Oct. The laboratory was advised that a notification of the adverse event to the TGA was required and this was submitted directly after the meeting (DIR-65968, post-market team is now following this up [redacted]

[redacted] and I had another discussion with Monash IVF this morning to confirm whether they had submitted a notification to us of the in-house IVDs they are using in their laboratory. There is a notification in our in-house IVD database and it includes the preimplantation genetic test. The laboratory appears to be compliant with the in-house IVD regulatory requirements but they are now updating the SOPs and methods to include criteria for adverse event reporting to the TGA.

Kind regards

[redacted]

From: [redacted]
Sent: Monday, 19 October 2020 4:35 PM
To: [redacted]
Subject: FW: Monash IVF - PGTA Testing Issue [SEC=UNOFFICIAL]

[redacted]

See attached – in particular the references to TGA.

[redacted]

-----Original Message-----
From: [redacted]
Sent: Monday, 19 October 2020 4:32 PM
To: [redacted]
Cc: [redacted]
Subject: FW: Monash IVF - PGTA Testing Issue [SEC=UNOFFICIAL]

Hi [redacted] & [redacted]

I understand that the TGA and NATA are reviewing this matter. Please keep us in the loop on how this progresses

[redacted]

-----Original Message-----
From: [redacted]
Sent: Monday, 19 October 2020 2:14 PM
To: [redacted]
Cc: [redacted]

[redacted]

Subject: Monash IVF - PGTA Testing Issue

19th October 2020

The Assistant Secretary

MBS Policy and Specialist Services

Commonwealth Department of Health

[redacted]

Pursuant to our discussions on Friday please find written confirmation of my advice together with some additional information updating same.

In continuance with those discussions I have forwarded the attached letter contemporaneously to [redacted] in the Minister's Office and [redacted] in the Departments Quality Pathology Section.

I have also sent copies to the two key people in Monash IVF being their [redacted] and [redacted] their [redacted]. This should assist in achieving further open correspondence as the issue progresses.

Regards

[redacted]

IVF Directors Group

Executive Committee Member

The Fertility Society of Australia
IVF Directors Group

119 Buckhurst Street,
South Melbourne VIC 3205
P: [redacted]
F:
E:

19th October 2020

The Commonwealth Department of Health
Assistant Secretary MBS Policy and Specialist Services
23 Furzer Street
Woden ACT 2606

Attention: [redacted]

Subject: Monash IVF Issue

Dear [redacted]

I refer to our discussion last Friday in response to your questions concerning the suspension by Monash IVF of an assessment technique (PGT-A Test) to detect aneuploid embryos of Assisted Reproductive Treatment (ART) patients and the circumstances surrounding that suspension, notification of relevant authorities and management of affected patients.

As indicated to you then I had spoken earlier last Friday with [redacted] the [redacted] of Monash to apprise myself of the then current position and my Friday briefing was provided to you relying on that discussion. As undertaken then, I am now able to provide you with a further update and information which may be of assistance. I have circulated this letter to Minister Hunt's [redacted] the Department's [redacted] of Pathology Quality [redacted] and [redacted] have also left the email of each party visible in my transmission of this letter to shorten the lines of future communications and provide access for expeditious confidential communications between the parties if required.

Aneuploid embryos contain an abnormal number of chromosomes and are less likely to achieve a successful full-term pregnancy and live birth of an abnormality free baby.[1]

[1] Marc A Fritz and Leon Speroff, Clinical Gynaecologic Endocrinology and Infertility (Lippincott Williams & Wilkins, Ninth ed, 2019) 1215-1216; Lee, Evelyn et al., 'The clinical effectiveness of preimplantation genetic diagnosis for aneuploidy in all 24 chromosomes (PGD-A): systematic review' (2015) 30(2) *Human Reproduction* 473-483; Rubio, Carmen et al., 'In vitro fertilization with preimplantation genetic diagnosis for aneuploidies in advanced maternal age: a randomized, controlled study' (2017) 107(5) *Fertility and Sterility* 1122-1129; Spinella, Francesca et al., 'Extent of chromosomal mosaicism influences the clinical outcome of in vitro fertilization treatments' (2018) 109(1) *Fertility and Sterility* 77-83.

Techniques to detect aneuploid embryos are used where there is either a history of miscarriage, evidence to support the view that there is a level of risk of miscarriage or evidence of a genetic issue.

Until the introduction of the PGT-A Test the only available test for aneuploid embryos was a biopsy that requires embryologists to remove cells from the embryo for testing. Not all embryos are suitable for biopsy and this meant that to undertake biopsy testing on such embryos would render them unviable and unsuitable for use in an ART treatment.

Monash IVF are accredited by NATA to perform Preimplantation Genetic Testing for chromosome copy number analysis as well as karyomapping for known single gene disorders. Monash IVF's NATA accreditation number is 20111, and site number is 23708.

The PGT-A Test was developed by Monash IVF and trialled and tested by both authoritative external and suitably qualified internal review processes prior to introducing the technique to clinical practice.

The PGTA-A Test was then employed in clinical treatments for patients where there was a risk of aneuploid embryos and where the embryos were not suitable for use of the traditional biopsy method.

In use in the clinic environment the doctors and scientists at Monash IVF detected results which differed from their expectations based on the initial development data. The PGT-A Test was detecting a higher rate of aneuploid embryos than the clinical research projected.

The use of, and reliance on the results of, the PGT-A Test in patient treatments was immediately discontinued and the TGA, the National Association of Testing Authorities (NATA) and the Reproductive Technology Accreditation Committee (RTAC) were all promptly notified of the issue and the measures being implemented by Monash IVF to address same.

It is possible that some embryos which were not aneuploid may have been disposed of in the belief that they were in fact aneuploid. I am not aware of any false negative PGA-A Test results. Patients affected by the issue have been progressively notified by Monash IVF and offered counselling, further treatment free of cost to them; or such other measures that address their particular needs. This process is ongoing.

I am advised that the TGA, NATA and RTAC have all indicated to Monash IVF that they are currently meeting all expectations relating to notifications and responses. This is of course an ongoing process and Monash IVF assure me they are using an over-thorough approach in ensuring that the welfare of patients receives the utmost priority and all regulatory and professional standards are met or exceeded. Monash IVF's open approach policy is in accordance with industry and profession best practices.

I have advised Monash IVF, pursuant to our Friday discussion, that in continuance with your advice any treatments or medical support provided to affected patients as part of remedial or replacement treatment in any restitution arrangement by Monash IVF or its clinicians does not qualify for a patient rebate under the Medical Benefits Schedule.

The current reporting in the media contains inaccuracies, errors and some completely fabricated assertions; not something regrettably we are unused to in the media reporting in IVF matters. I am advised that the most recent assertions in some media today that Monash IVF disposed of embryos known to be viable is totally without foundation and absolutely false. It will cause much unnecessary distress to patients. We appreciate the opportunity you have provided to ensure that you, the Department and the Minister's office remain well informed of the facts and across developments as they occur.

Yours truly

[redacted]

IVF Directors Group
Executive Committee Member

cc. [redacted]

[redacted] Minister Hunt
DOH Director PQ Section
Monash IVF
Monash IVF