

The pros and cons of pre-implantation genetic testing for aneuploidy (PGT-A)



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For example, if you're a woman aged over 36, it can reduce the risk of miscarriage, but regardless of your age, it does not improve your overall chance of having a baby.

PGT-A is also known as **pre-implantation genetic screening (PGS).** This brochure will help you understand what's involved and whether it is worth paying for.

Here we describe the most common PGT-A technique. Some clinics are now offering a less invasive technique where, rather than removing cells from the embryo, they test the fluid that the embryo is grown in to determine if the embryo has the right number of chromosomes. Publications with information about how well this test performs are pending.

Understanding the chromosomal makeup of embryos

Each cell in the human body contains packages of genes called **chromosomes.** Normal cells have 46 chromosomes arranged in 23 pairs (half from each parent). Females have two X chromosomes, and males have one X and one Y chromosome in all their cells.

Embryos are called **euploid** if they have the right number of chromosomes and **aneuploid** if they have extra or missing chromosomes. An aneuploid embryo is unlikely to implant and if it does implant, there is a high risk of miscarriage or serious health problems if a baby is born.

How is PGT-A done?

PGT-A adds one extra step to the IVF process. Here are the steps:



Hormone stimulation

Fertility drugs are given to develop a number of eggs (stimulated cycle).



Egg retrieval

Eggs are retrieved from the ovaries and sperm are added to the eggs to create embryos.



Embryo development and biopsy

Embryos are grown in the laboratory for 5-6 days.

At this time, two types of cells are distinguishable: the cells that will develop into the placenta and the cells that will become the baby. A few cells are removed from the future placenta for genetic testing to minimise the risk that the developing fetus is harmed.



PGT-A

Chromosomal testing is performed on the cells that are removed. The time it takes to get PGT-A results can vary from days to weeks and depends on the method used and where the testing takes place. Embryos are frozen until test results are available.



Embryo transfer If the test shows that there is one or more normal embryos, one is thawed and transferred to the woman's uterus. Any remaining normal embryos will be kept frozen for transfer later if the first transfer does not lead to a pregnancy.



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Advantages and disadvantages

It is important to know that **PGT-A does not guarantee the birth of a healthy baby.** Women who become pregnant are advised to undergo prenatal testing (e.g. DNA testing or chorionic villus sampling) to confirm PGT-A results.

Here are some of the advantages and disadvantages of PGT-A. For more detailed information and to find out if PGT-A is for you, please speak to your doctor or genetic counsellor.

Please note: You cannot choose the sex of your baby through PGT-A. Sex selection is only allowed when an embryo is tested to avoid passing on a genetic condition which only affects boys or girls.

Advantages

PGT-A reduces the risk of having a child with a chromosomal abnormality.

- For women who have had unexplained miscarriages, PGT-A can reduce the risk of future miscarriages.
- PGT-A can reduce the risk of having to make difficult decisions about whether to terminate or continue a pregnancy where the fetus has a chromosomal abnormality.¹
- For women over the age of 36 PGT-A can reduce the risk of miscarriage and the number of embryo transfers to achieve a pregnancy.^{2,3}

Disadvantages

- PGT-A does not increase the overall chance of having a baby.⁴
- PGT-A is expensive and is in addition to the costs of IVF. The cost of PGT-A is not covered by Medicare.
- Embryos may not survive the biopsy procedure.⁵
- Due to technical challenges, there is a small chance that the test results may not reflect the true health of the embryo.
- Some embryos have a mixture of normal and abnormal cells. This is called mosaicism. This can cause a false positive or false negative PGT-A result.⁶
 - A false positive result means that the few cells that are tested show abnormalities, while the remaining cells are chromosomally normal. Based on the test result, an embryo that may have led to the birth of a healthy baby may be discarded.
 - A false negative result means that the few cells that are tested are normal while the remaining cells are chromosomally abnormal. Based on the test result, a chromosomally abnormal embryo may be transferred.
- Sometimes no embryo is suitable for transfer. Your doctor will discuss your results and options with you.
- Embryos may not survive the thawing process.

References

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- ⁴ Homer HA. Preimplantation genetic testing for aneuploidy (PGT-A): The biology, the technology and the clinical outcomes. Aust N Z J Obstet Gynaecol. 2019;59(2):317-24.
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- Victor, A.R., Tyndall, J.C., Brake, A.J., Lepkowsky, L.T., et al. (2019). One hundred mosaic embryos transferred prospectively in a single clinic: exploring when and why they result in healthy pregnancies. Fertility and Sterility, 111(2):280-93.



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Where can I go for more information?

Your fertility specialist and genetic counsellor can answer any questions you may have.

For more information regarding PGT-A

VARTA booklet on PGT-A

www.varta.org.au/sites/varta/files/public/Images/Understanding%20the%20genetic%20health%20of%20embry-os%20-%20preimplantation%20genetic%20testing%20for%20aneuploidy.pdf

What is PGT?

https://learn.genetics.utah.edu/content/disorders/whatispgt/



The **Victorian Assisted Reproductive Treatment Authority** is an independent statutory authority funded by the Victorian Department of Health and Human Services.

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