

Top 10 Priorities for Future Infertility Research: An International Consensus Development Study

Duffy et al. (2020)

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For which topic were research priorities identified?

male infertility, female and unexplained infertility, medically assisted reproduction and ethics, access and organization of care

In which location was the research priority setting conducted?

international

Why was it conducted at all?

The ultimate aim of infertility research is to improve clinical practice and optimize the chances of people with fertility problems achieving parenthood. For this to be possible, research needs to address questions that are pertinent to people with infertility, be conducted using appropriate methods, and be reported in a comprehensive, transparent and accessible manner (Duffy et al., 2017). The first step in research production is to identify appropriate questions.

What was the objective?

to develop future research priorities for male infertility, female and unexplained infertility, medically assisted reproduction, and ethics, access and organization of care

What was the outcome?

a ranking list of 40 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group established, stakeholders and partner organizations identified. Step 2: survey: collecting research questions, 423 potential research questions were submitted, additionally research recommendations were identified from a systematic review of clinical practice guidelines and Cochrane systematic reviews, a further 236 potential research questions were identified. Step 3: data processing: duplicates removed, check against evidence, resulting in 231 confirmed research uncertainties. Step 4: interim ranking: list of 231 research uncertainties, top 15 research uncertainties in each category moved forward. Step 5: final prioritization: workshop: using nominal group technique, small group discussions and small group rankings, final ranking of the top 10 research priorities for each of the four categories (male infertility, female and unexplained infertility, medically assisted reproduction and ethics, access and organization of care)

Which stakeholders took part?

Healthcare professionals, people with fertility problems, health care funders, healthcare regulators, researchers. Survey: 388 participants: 153 patients, 179 healthcare professionals (39 embryologists, 71 fertility specialists, 44 gynecologists, 25 others), 28 researchers. Interim ranking: 317 participants: 119 patients, 143 healthcare professionals (26 embryologists, 64 fertility specialists, 28 gynecologists, 25 others), 28 researchers. Workshop: 41 participants: 14 patients, 19 healthcare professionals (4 embryologists, 6 fertility specialists, 6 gynecologists, 3 others), 7 researchers.

How were stakeholders recruited?

Healthcare professionals, including embryologists, fertility specialists and gynecologists, were recruited through the British Fertility Society, Core Outcomes in Women's Health (CROWN) initiative, Cochrane Gynaecology and Fertility Group, Fertility and Sterility Forum, Reproductive Medicine Clinical Study Group and Royal College of Obstetricians and Gynecologists. People with fertility problems were recruited through Fertility Europe, an umbrella organization of more than 20 European patient organizations, including Fertility Network UK and Freya, Fertility New Zealand, RESOLVE: The National Infertility Association, and the Women's Voices Involvement Panel hosted by the Royal College of Obstetricians and Gynecologists. Other people could register to participate, including healthcare funders, healthcare regulators and researchers. Recruitment was supported by an active social media campaign. Potential participants received an explanatory video abstract, a plain-language summary and survey instructions.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of healthcare professionals, people with fertility problems and