



# Embryologists display low levels of agreement in predicting fertilization and blastocyst development success from a set of mature oocyte images, highlighting the need for a standard oocyte assessment tool

Natalie Mercuri<sup>1</sup>, Sergey Corsac<sup>2</sup>, Jullin Fjeldstad<sup>1</sup>, Nadia Siddique<sup>1</sup>, Isabel Puerta Vega<sup>1</sup>, Dan Nayot<sup>3</sup>

<sup>1</sup>Clinical Embryology and Scientific Operations, Future Fertility, Toronto, Canada <sup>2</sup>Data Science, Future Fertility, Toronto, Canada <sup>3</sup>Medical, Future Fertility, Toronto, Canada

## OBJECTIVE

To investigate the effects of a lacking standard oocyte assessment by evaluating the base level of agreement (LOA) between experienced embryologists in their predictions of fertilization and blastocyst development of metaphase II (MII) oocytes

## METHODS

### Study design

- 17 experienced embryologists
  - 3 clinics; average experience: 8.5 ± 4.3 years
- Prospectively evaluated 300 single-plane, 2-D, high-quality images of fresh denuded MII oocytes
- Blinded to true outcomes, predicted whether each oocyte would fertilize + develop into a blastocyst based on their best judgement
- Exclusion criteria was severe male factor infertility

### Statistical analysis

- Fleiss' kappa (Fk):** inter-observer LOA between all embryologists ( $\kappa=0$  is no agreement,  $\kappa=1$  is perfect agreement)
- Cohen's kappa coefficient (Ck):** LOA between 2 embryologists on predicting successful fertilization + blastocyst development ( $\kappa \leq 0.4$  is poor agreement,  $0.4 < \kappa \leq 0.75$  is fair/good agreement,  $\kappa > 0.75$  is excellent agreement)

## MAIN RESULTS

- When assessing the 300 MII oocyte images, the Embryologists had an average accuracy of:
  - 0.77, specificity of 0.41, and sensitivity of 0.86 in predicting Fertilization
  - 0.53, specificity of 0.35, and sensitivity of 0.78 in predicting Blastocyst development
- Greater lab experience was very weakly correlated with lower Fertilization + higher Blastocyst prediction accuracies (PCC= -0.13 and 0.12, respectively)
- Between all embryologists: Fair/moderate LOA on predicting Fertilization outcomes ( $F_k=0.41$ ) + Fair LOA on predicting Blastocyst development ( $F_k=0.36$ )
- Each of the 17 embryologists was compared with one another to calculate the Ck → a total of 136 LOA comparisons
  - 60 (44%) were of poor, 72 (53%) were of fair/good, and 4 (3%) were of excellent agreement for Fertilization predictions
  - 77 (57%) were of poor, 59 (43%) were of fair/good, and 0 were of excellent agreement for Blastocyst development predictions
- Similar results were found when assessing embryologists by clinic location

Embryologist

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
A	1.00	0.44	0.43	0.37	0.46	0.52	0.36	0.49	0.52	0.51	0.56	0.57	0.42	0.53	0.48	0.42	0.34
B	0.44	1.00	0.47	0.38	0.32	0.37	0.19	0.27	0.48	0.49	0.37	0.30	0.20	0.33	0.27	0.27	0.47
C	0.43	0.47	1.00	0.35	0.36	0.45	0.24	0.33	0.46	0.43	0.36	0.37	0.28	0.45	0.35	0.36	0.44
D	0.37	0.38	0.35	1.00	0.36	0.55	0.38	0.36	0.45	0.54	0.56	0.40	0.44	0.39	0.45	0.44	0.30
E	0.46	0.32	0.36	0.36	1.00	0.49	0.34	0.45	0.43	0.42	0.45	0.44	0.37	0.43	0.45	0.39	0.28
F	0.52	0.37	0.45	0.55	0.49	1.00	0.56	0.36	0.49	0.40	0.64	0.66	0.60	0.63	0.67	0.62	0.27
G	0.36	0.19	0.24	0.38	0.34	0.56	1.00	0.34	0.30	0.23	0.53	0.56	0.80	0.47	0.80	0.72	0.15
H	0.49	0.27	0.33	0.36	0.45	0.36	0.34	1.00	0.39	0.33	0.40	0.48	0.34	0.44	0.38	0.37	0.30
I	0.52	0.48	0.46	0.45	0.43	0.49	0.30	0.39	1.00	0.45	0.44	0.43	0.32	0.45	0.39	0.36	0.42
J	0.51	0.49	0.43	0.54	0.42	0.40	0.23	0.33	0.45	1.00	0.41	0.37	0.25	0.35	0.33	0.33	0.41
K	0.56	0.37	0.36	0.56	0.45	0.64	0.53	0.40	0.44	0.41	1.00	0.58	0.61	0.53	0.69	0.64	0.27
L	0.57	0.30	0.37	0.40	0.44	0.66	0.56	0.48	0.43	0.37	0.58	1.00	0.60	0.55	0.64	0.56	0.27
M	0.42	0.20	0.28	0.44	0.37	0.60	0.80	0.34	0.32	0.25	0.61	0.60	1.00	0.47	0.78	0.71	0.15
N	0.53	0.33	0.45	0.39	0.43	0.63	0.47	0.44	0.45	0.35	0.53	0.55	0.47	1.00	0.62	0.54	0.25
O	0.48	0.27	0.35	0.45	0.45	0.67	0.80	0.38	0.39	0.33	0.69	0.64	0.78	0.62	1.00	0.84	0.19
P	0.42	0.27	0.36	0.44	0.39	0.62	0.72	0.37	0.36	0.33	0.64	0.56	0.71	0.54	0.84	1.00	0.19
Q	0.34	0.47	0.44	0.30	0.28	0.27	0.15	0.30	0.42	0.41	0.27	0.27	0.15	0.25	0.19	0.19	1.00

Cohen's kappa for Fertilization Prediction – Level of Agreement between Two Raters

Embryologist

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
A	1.00	0.43	0.30	0.43	0.37	0.53	0.31	0.38	0.40	0.45	0.53	0.49	0.39	0.55	0.35	0.48	0.37
B	0.43	1.00	0.40	0.44	0.34	0.27	0.24	0.30	0.43	0.54	0.41	0.37	0.31	0.42	0.24	0.42	0.42
C	0.30	0.40	1.00	0.25	0.23	0.22	0.12	0.20	0.38	0.35	0.23	0.27	0.19	0.30	0.14	0.29	0.37
D	0.43	0.44	0.25	1.00	0.45	0.33	0.22	0.26	0.36	0.51	0.41	0.37	0.27	0.37	0.23	0.41	0.45
E	0.37	0.34	0.23	0.45	1.00	0.34	0.20	0.30	0.30	0.41	0.35	0.31	0.24	0.34	0.24	0.35	0.37
F	0.53	0.27	0.22	0.33	0.34	1.00	0.52	0.35	0.28	0.36	0.57	0.49	0.53	0.51	0.57	0.52	0.26
G	0.31	0.24	0.12	0.22	0.20	0.52	1.00	0.33	0.20	0.24	0.48	0.42	0.58	0.41	0.74	0.45	0.17
H	0.38	0.30	0.20	0.26	0.30	0.35	0.33	1.00	0.40	0.32	0.42	0.52	0.40	0.43	0.32	0.44	0.29
I	0.40	0.43	0.38	0.36	0.30	0.28	0.20	0.40	1.00	0.39	0.35	0.36	0.26	0.41	0.20	0.30	0.36
J	0.45	0.54	0.35	0.51	0.41	0.36	0.24	0.32	0.39	1.00	0.46	0.39	0.34	0.38	0.26	0.43	0.44
K	0.53	0.41	0.23	0.41	0.35	0.57	0.48	0.42	0.35	0.46	1.00	0.55	0.53	0.50	0.54	0.50	0.30
L	0.49	0.37	0.27	0.37	0.31	0.49	0.42	0.52	0.36	0.39	0.55	1.00	0.55	0.52	0.43	0.54	0.28
M	0.39	0.31	0.19	0.27	0.24	0.53	0.58	0.40	0.26	0.34	0.53	0.55	1.00	0.43	0.66	0.57	0.17
N	0.55	0.42	0.30	0.37	0.34	0.51	0.41	0.43	0.41	0.38	0.50	0.52	0.43	1.00	0.39	0.43	0.36
O	0.35	0.24	0.14	0.23	0.24	0.57	0.74	0.32	0.20	0.26	0.54	0.43	0.66	0.39	1.00	0.53	0.16
P	0.48	0.42	0.29	0.41	0.35	0.52	0.45	0.44	0.30	0.43	0.50	0.54	0.57	0.43	0.53	1.00	0.29
Q	0.37	0.42	0.37	0.45	0.37	0.26	0.17	0.29	0.36	0.44	0.30	0.28	0.17	0.36	0.16	0.29	1.00

Cohen's Kappa for Blastocyst Prediction – Level of Agreement between Two Raters

## CONCLUSION

High inter-observer variability was observed among embryologists' opinions on the same MII oocytes with low LOA in predicting fertilization or blastocyst development - even within the same clinic, where standardized lab practices can be expected.

Results emphasize the need for a standard oocyte assessment tool to better evaluate oocyte quality