VRIJE UNIVERSITEIT BRUSSEL

Universitair Ziekenhuis Brussel

Laboratorium Kwaliteit

THE NEW SoHO REGULATION

PERSPECTIVE CLINIC

Johan Guns

DONOR PROTECTION AND EVALUATION

Articles 52, 53, 54, 55 and 56

High level standards:

- Ensure high levels of safety and protect the health of living SoHO donors by identifying and **minimising risks before, during and after the SoHO collection**, including exposure to reagents or solutions that might be harmful to health;
- Safeguard the rights of the living SoHO donor to **physical and mental integrity**, **to non-discrimination, to privacy and to the protection of the personal data** (GDPR);
- Ensuring that the donation is **voluntary and unpaid** in line with the rules on donor compensation. the SoHO entity **shall provide information** in a transparent manner to the competent authority on the details of how they have implemented the conditions laid down in national legislation;
- Conducting a donor health evaluation. The results of this **donor health evaluation need to be documented and clearly explained** to the donors.

DONOR PROTECTION AND EVALUATION

Articles 52, 53, 54, 55 and 56

High level standards (2):

- The physician referred to in Article 50 shall **approve the procedure** and criteria for SoHO donor health evaluations;

- In cases where SoHO can be donated repeatedly, and frequent donation might negatively influence the living SoHO donor's health, verify, **by means of registries** that living SoHO donors are not donating more frequently than indicated as safe in technical guidelines referred and monitor relevant health indicators to evaluate whether their health is not compromised. The SoHO entity must verify donation frequency by consulting with **interconnected donor registries** on a case-by-case basis. SoHO entities shall be in a position to demonstrate to their Health Authorities, on request, that **an appropriate procedure that mitigates such risk** is in place.

DONOR PROTECTION AND EVALUATION

Article 50 - Physician

Responsible person ⟺ Physician

S2.9 The physician must be responsible for at least the following tasks (Art. 50.2):

a. **development, review and approval of procedures** for establishing and applying TC donor eligibility criteria, procedures for TC collection and criteria for the allocation of TC;

b. **supervision of the implementation of procedures** referred to in point (a) when they are carried out by SoHO entities contracted by the SoHO establishment;

c. the **clinical aspects of investigation of suspected adverse reactions in TC donors, TC recipients and offspring** from medically assisted reproduction from the perspective of the SoHO establishment;

d. **design and supervision**, in collaboration with treating physicians, of **clinical data collection activities** to acquire evidence gathering to support applications for TCP authorisations;

e. other tasks of relevance to the **health of TC donors, TC recipients and offspring** from medically assisted reproduction of TC collected or supplied by the SoHO establishment.

DONOR PROTECTION AND EVALUATION IN MAR

Article 50 – Physician – EDQM Good practice guidelines

G30.4 **The couple (or individual) subjected to MAR treatment** should receive written and oral information (during medical consultation **with the physician**, through information sessions, leaflets, website etc.) on the following matters [16]:

- national legislation governing MAR;
- chances of success;
- testing for genetic and infectious diseases;
- full description of each stage of treatment;
- option to cryopreserve and store gametes and supernumerary embryos for future use;
- possible undesired psychological effects caused by MAR treatment;
- possible risks to the offspring resulting from MAR treatment;
- The collection of information on treatment in anational registry.

G30.16.4 **medical examination of third-party donors**: gynaecological examination and ultrasound (female donors) or genital examination (male donors).

DONOR PROTECTION AND EVALUATION IN MAR

Registries – EDQM recommendatons

R5.4 Procedures include prospective collection of donor outcome data and long-term follow-up of all donors through data collection and analysis in large registries, including measures to ensure the protection of donors ⇒ haematopoietic progenitor cell donors

BELRAP

Fertidata

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Donor complications

Donor use

DONOR PROTECTION AND EVALUATION

Articles 52, 53, 54, 55 and 56

High level standards (3):

- In cases where SoHO donation implies a significant risk to a living SoHO donor, develop and implement a **plan for monitoring the SoHO donor's health after donation**. This plan shall proportionate to the risks associated with the SoHO donation. SoHO entities shall include in the plan the time period during which the monitoring shall continue;

- Ensuring **full informed consent**, including information on the risks of the donation, the intended use of the SoHO, and anonymity rules in donation for MAR, more specific the possibility that the SoHO donor identity may be revealed in cases where national legislation grants that right to such offspring;

DONOR PROTECTION AND EVALUATION

Articles 52, 53, 54, 55 and 56

High level standards (4):

- For those standards concerning SoHO donor protection, or elements thereof, for which no implementing act has been adopted, SoHO entities shall take into account the most **recent technical guidelines**, as indicated on the EU SoHO Platform, as follows:
  - published by the ECDC concerning the prevention of communicable disease transmission;
  - published by the EDQM concerning SoHO donor protection other than from transmission of communicable diseases;

RECIPIENT AND OFFSPRING PROTECTION

Articles 57 and 58

High level standards:

- SoHO entities shall establish procedures achieve a high level of assurance that pathogens, toxins or genetic conditions that are potentially life-threatening, disabling or incapacitating and originate from a third-party donor, are not transmitted to SoHO recipients or offspring from medically assisted reproduction;

- **Mitigating the risk of communicable disease transmission** from donors by:

  - testing donors for communicable diseases;
  - taking other measures that reduce or eliminate potential communicable pathogens when feasible (e.g., sperm processing);
  - where risks cannot be minimised by testing, deferring donors with a high risk of transmitting a communicable disease based on their health, travel or behavioural history;

RECIPIENT AND OFFSPRING PROTECTION

ECDC public health guidance

Guidelines on the prevention of HIV transmission through substances of human origin

Technical guidelines supporting the regulation on standards of quality and safety for substances of human origin intended for human application

Requirements and recommendations

Reproductive cells: Third-party donation

Testing requirements

Required:

- All oocyte donors, at each donation, should be tested for HIV.
- All sperm donors should be tested for HIV at each donation, or in the case of serial donations, at the initial donation and at least 16 days after the last donation in the series. The second test should be done before release of any of the donations from the series of donations.

RECIPIENT AND OFFSPRING PROTECTION

ECDC public health guidance

Screening tests

Required:

- Donors should be tested with both a NAT detecting HIV-1 RNA and serological test(s) detecting antibodies against HIV-1 and HIV-2. The NAT detecting HIV-1 RNA should have a 95% LOD of 100 IU/mL or below.
- A higher LOD can be considered if justified by a documented risk assessment considering the endemicity of the disease. An update of the risk assessment should be performed in case of significant changes to the epidemiology of the disease or a transmission event from donor to recipient.
- In case of donations quarantined for 180 days or more, and if the donor is retested after the quarantine period, the donor does not need to be tested with NAT at donation and after the quarantine period, and only the serological test(s) detecting antibodies against HIV-1 and HIV-2 is required.

Additionally:

- Outcome of test results
- Criteria for donor re-entry
- Look back procedure

RECIPIENT AND OFFSPRING PROTECTION

ECDC public health guidance

Reproductive cells and tissues: within relationship use

Testing requirements

Required:

- Partners within the relationship should be tested for HIV not more than three months before collection. For additional collection, testing should be repeated no later than 24 months after the first or previous testing or when a new risk is identified and according to national legislation.

Screening tests

Required:

- The partners should be tested with an antigen-antibody combination test detecting antibodies against HIV-1 and HIV-2.

Advice and practical considerations:

- The additional use of NAT detecting HIV-1 RNA or HIV-1 and HIV-2 RNA is advised. If NAT is used, the antigen-antibody combination test can be replaced with a serological test detecting antibodies against HIV-1 and HIV-2.

RECIPIENT AND OFFSPRING PROTECTION

ECDC public health guidance

RECIPIENT AND OFFSPRING PROTECTION

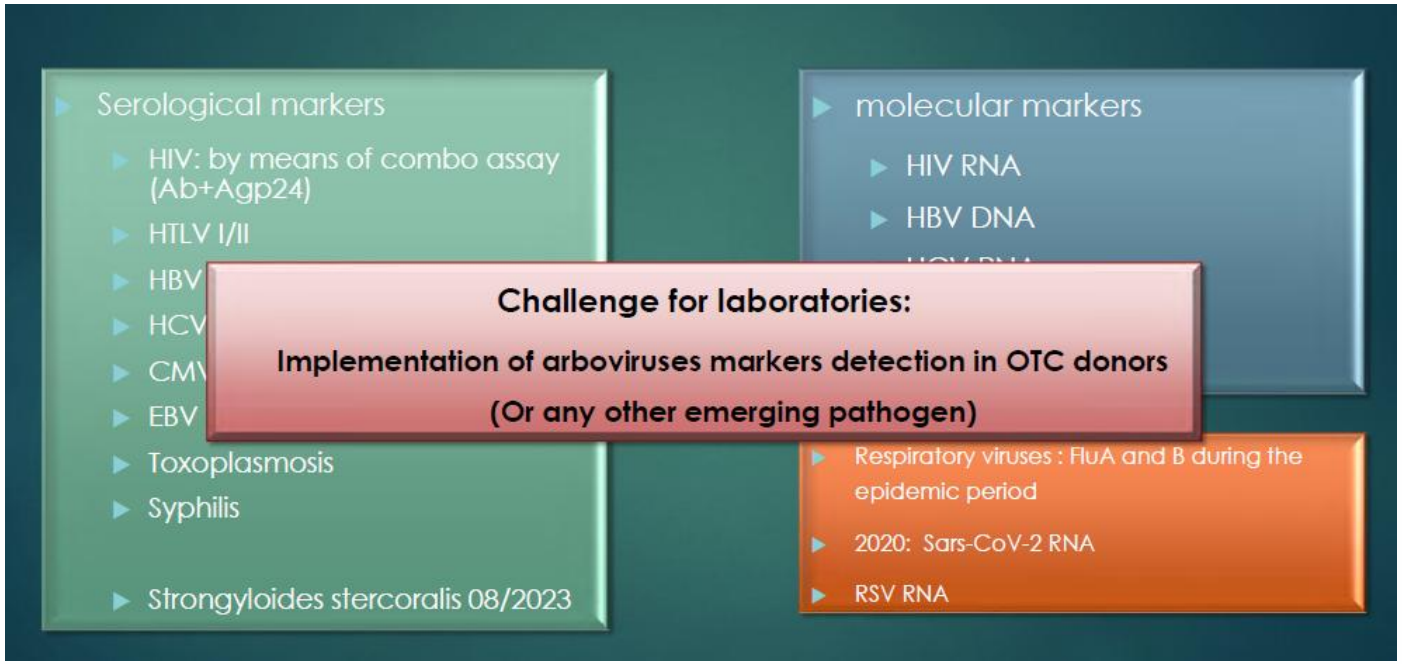
ECDC public health guidance

Expert panel established: Jan 2026

Aedes-borne viruses (DENV, CHIKV, ZIKV)
- Meetings: Apr – Nov 26
- Guidelines: Nov 27
- Potentially 1 guideline (TBC)

WNV
- Meetings: Dec 26 – Apr 27
- Guideline: Jun 28

TBEV and CCHFV
- Meetings: May – Dec 27
- Guidelines: Dec 28
- Potentially 1 guideline (TBC)



RECIPIENT AND OFFSPRING PROTECTION

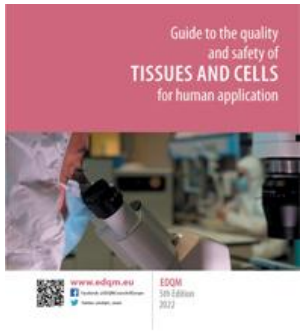
Articles 57 and 58

High level standards:

- Testing of SoHO donors for communicable diseases in laboratories duly **accredited, certified or authorised**, by using certified and validated testing methods or, when not feasible, by using other methods validated by those laboratories;
- **Mitigating the risk of transmission of serious genetic conditions**. Routinely testing donors for certain serious genetic conditions;
- Where donor gametes are to be used in combination with the recipient's own gametes and the recipient has a family history of a serious genetic condition, testing the recipient and the donor to ensure matching that prevents the condition from occurring in the offspring;

TESTING LABORATORIES

Entity – Service Level Agreements



G12.1 All establishments that process TC should have access to the services of a microbiology laboratory,
licensed or accredited to relevant national or international standards, and should have access to the advice of a suitably qualified expert microbiologist.

Intended Use

The HCV VL assay, performed on GeneXpert® Instrument Systems, is designed for the rapid quantitation of Hepatitis C Virus (HCV) RNA in human serum or plasma (EDTA) from HCV-infected individuals. The test utilizes automated reverse transcriptase polymerase chain reaction (RT-PCR) using fluorescence to detect the RNA of interest for the quantitation of HCV.

The HCV VL assay quantifies HCV genotypes 1–6 over the range of 10 to 100,000,000 IU/mL. The HCV VL assay is intended for use as an aid in the management of HCV infected patients undergoing antiviral therapy. The test measures HCV RNA levels at baseline and during treatment and can be utilized to predict sustained and nonsustained virological responses to HCV therapy.

Results from the HCV VL assay may also be used to confirm HCV infection in anti-HCV positive individuals. In anti-HCV positive individuals who test negative for HCV RNA, use of another HCV antibody assay may be considered for distinction between true HCV exposure and biologic false positivity. Repeat HCV RNA testing may be indicated in cases that have had HCV exposure in the last 6 months or have clinical evidence of HCV disease.

The Xpert HCV VL assay is intended to be used by laboratory professionals or specifically-trained healthcare workers.

The assay is not intended to be used as a donor screening test for HCV.

EU-IVDR 2017/746

G12.7 Considering the nature of the collected TC and any subsequent processing step, the microbiological testing approach should follow the procedures outlined in *Ph. Eur.*, specifically sections 2.6.1, 2.6.13 or 2.6.27. Deviations from such standards should be justified, and alternative test methods should be validated in accordance with *Ph. Eur.* 5.1.6.

RECIPIENT AND OFFSPRING PROTECTION

EDQM TC guide 6th edition – GPGs – G30.16.7 genetic screening:

G30.16 In order to donate his/her sperm/oocytes/embryos, the potential donor should undergo:

G30.16.7 genetic screening:

- G30.16.7.1 only recessive severe genetic conditions with a well-defined phenotype, high penetrance and a high carrier frequency in the general population should be the focus of genetic screening;
- G30.16.7.2 X-linked diseases should also be performed in female donors;
- G30.16.7.3 known recessive carrier status should not be an exclusion criterion except for linked diseases, which will be the reason for exclusion;
- G30.16.7.4 only variants with clear pathogenicity should be reported;
- G30.16.7.5 third-party donors should be encouraged to inform the SoHO entities or establishments, if they are diagnosed with a genetic abnormality after the collection of donated gametes.

SERIOUS ADVERSE REACTION

Definition

'SAR' means an adverse reaction that results in any of the following:

a) death;
b) life-threatening, disabling or incapacitating condition, including transmission of a pathogen or of a toxic substance that might cause such condition;
c) transmission of a genetic disorder that:
    i. in the case of medically assisted reproduction with third-party donation, resulted in pregnancy loss or might result in a life-threatening, disabling or incapacitating condition in the offspring from medically assisted reproduction; or
    ii. in the case of medically assisted reproduction in the context of within-relationship use, resulted in pregnancy loss or might result in a life-threatening, disabling or incapacitating condition in the offspring from medically assisted reproduction, due to a pre-implantation genetic test error;
d) hospitalisation or prolongation of hospitalisation;
e) the need for a major clinical intervention to prevent or reduce the effects of any of the results referred to in points (a) to (d);
f) prolonged sub-optimal health of a SoHO donor following single or multiple SoHO donations.

SERIOUS ADVERSE EVENT

Definition

'SAE' means an adverse reaction that results in any of the following:

a) inappropriate SoHO distribution;
b) a defect posing a risk to SoHO recipients or SoHO donors is detected in one SoHO entity that would have implications for other SoHO recipients or SoHO donors because of shared practices, services, supplies or critical equipment;
c) loss of a quantity of SoHO that causes human applications to be postponed or cancelled;
d) loss of highly matched SoHO or SoHO for autologous use;
e) a mix-up of reproductive SoHO in such a way that an oocyte is fertilised with sperm from a person other than the intended person, or reproductive SoHO are applied to a SoHO recipient other than the intended SoHO recipient;
f) loss of the traceability of SoHO.

THANKS

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