

# New national registration

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*No conflict of interest to declare*

What happened last year?



# E-mail

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**Initiative by College because of complete absence of communication by FOD/SPF and/or RIZIV/INAMI,**

We regret to inform you that the FPS Public Health has definitively decided to no longer support the BELRAP registration in its current form as of 1 January 2026. The RIZIV/INAMI and possibly other competent authorities will communicate at a later stage regarding the further course of action.


# Implications

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The website [www.belrap.be](http://www.belrap.be) will remain active for a maximum of three months next year without support.

As of 1 January 2026, BELRAP numbers will no longer need to be requested.

Outcome data from 2024 and cycle data from 2025 no longer need to be uploaded. As the calculation of reimbursable IVF cycles will only be handled via the RIZIV from July 2025 onwards, we assume that the number of reimbursable cycles for the period 01/07/2024 – 30/06/2025 may still be requested via the BELRAP register. We therefore kindly ask you to ensure that the number of reimbursable cycles for this period is correctly recorded on the BELRAP website, preferably as soon as possible. Uploading data from the first half of the IVF cycles of 2025 may still be necessary for this purpose.

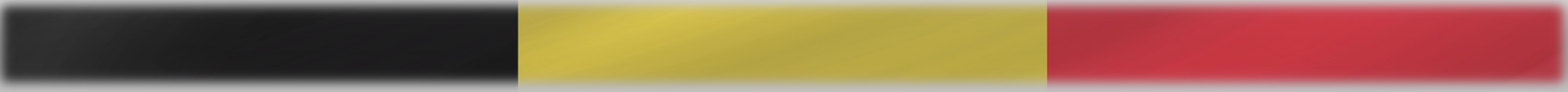


# Implications

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Please download all (centre-specific) reports you wish to retain. It is currently unclear whether these reports will remain available in the future.

The 2023 reports, which have recently been published on the website, are the final reports that will be produced by us.



# What is happening now?



# Meeting Tuesday 17 March


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Dear all,

We would like to thank you for the time you have dedicated to our meeting.

As discussed during the meeting, in the context of the further follow-up of the BELRAP register, we would like to explore the possibilities for continuing its activities in 2026 within a budget of €40,000.

As previously emphasized, it is essential for us to ensure the continuity of the register, both with regard to data availability and the further development towards a more structured and quality-oriented approach.



# Meeting Tuesday 17 March

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In this regard, we would appreciate receiving your assessment of:

1. which activities can be guaranteed within this budget (including server leasing, annual reporting, data processing, and minimal support);
2. which priorities you would propose for a transition year;
3. any conditions or limitations that should be taken into account.

Given the timeline of this dossier, we kindly ask you to provide your feedback no later than 24 March.

Thank you in advance for your cooperation.



# History of BELRAP



# Belrap

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First registration in 1989: aggregated data per center on a voluntary basis evolved to a cycle by cycle registration, mandatory and linked to IVF reimbursement (2003).

Human Reproduction, Vol.28, No.10 pp. 2709–2719, 2013

Advanced Access publication on July 2, 2013 doi:10.1093/humrep/det269

human  
reproduction

ORIGINAL ARTICLE *Infertility*

## The history of Belgian assisted reproduction technology cycle registration and control: a case study in reducing the incidence of multiple pregnancy

D. De Neubourg<sup>1,2,\*</sup>, K. Bogaerts<sup>3</sup>, C. Wyns<sup>4</sup>, A. Albert<sup>5</sup>, M. Camus<sup>6</sup>, M. Candeur<sup>7</sup>, M. Degueldre<sup>8</sup>, A. Delbaere<sup>9</sup>, A. Delvigne<sup>10</sup>, P. De Sutter<sup>11</sup>, M. Dhont<sup>11</sup>, M. Dubois<sup>12</sup>, Y. Englert<sup>9</sup>, N. Gillain<sup>5</sup>, S. Gordts<sup>13</sup>, W. Hautecoeur<sup>14</sup>, E. Lesaffre<sup>15</sup>, B. Lejeune<sup>16</sup>, F. Leroy<sup>17</sup>, W. Ombelet<sup>18</sup>, S. Perrier D'Hauterive<sup>12</sup>, F. Vandekerckhove<sup>11</sup>, J. Van der Elst<sup>19</sup>, and T. D'Hooghe<sup>1,2</sup>

**Table I** Overview of Belgian legislation relevant for MAR.

Publication in Het Belgisch Staatsblad– Le Moniteur Belge	Content	Impact on MAR
25/03/1993: 2283	Belrap statutes	Belrap is the official organ created for reporting ART in Belgium
25/03/1999: 9556	Royal decree on the standards of recognition for centres for reproductive medicine	Criteria for conducting MAR and ART are set. One of the criteria is the obligation for online registration
25/03/1999: 9552	Royal decree on quality check of medical activity in hospitals	Introduction of care programmes in medicine such as the 'Programme for MAR'
15/09/1999: 34415	Ministerial decree on the appointment of the members of the College of physicians for the care programme 'MAR'	Physicians appointed by the government are made responsible for surveillance of quality of treatment in MAR
16/06/2003: 32127	Royal decree on the determination and settlement of the financial budget for hospitals	For the first time, there is a reimbursement of the laboratory costs for ART, but this is coupled to a restriction in the number of embryos for transfer (Table II)
17/07/2007: 38575	Law of 6/7/2007 on medically assisted procreation and the destination of supernumerary embryos and gametes	Describes the frame wherein MAR can be conducted in Belgium. One aspect is that patients can only start a fresh ART cycle when there are no more frozen embryos available
14/10/2008: 55011	Royal decree on the introduction of a reimbursement for the treatment of infertility disorders in women	Fixed budgets are set for reimbursement of gonadotrophins in ART and non-ART. Registration of non-ART cycles is obligatory when gonadotrophins are used
30-12-2008: 68774	Law regarding the acquisition and use of human tissue for application in the human or for scientific research	Translation of the EU directive into Belgian legislation

ART, assisted reproduction technology; MAR, medically assisted reproduction.

# Quality indicators investigated by Belrap

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Reduction in the number of multiple pregnancies while maintaining high cumulative live birth rates.

Human Reproduction, Vol.31, No.1 pp. 93–99, 2016

Advanced Access publication on November 3, 2015 doi:10.1093/humrep/dev270

human  
reproduction

ORIGINAL ARTICLE *Infertility*

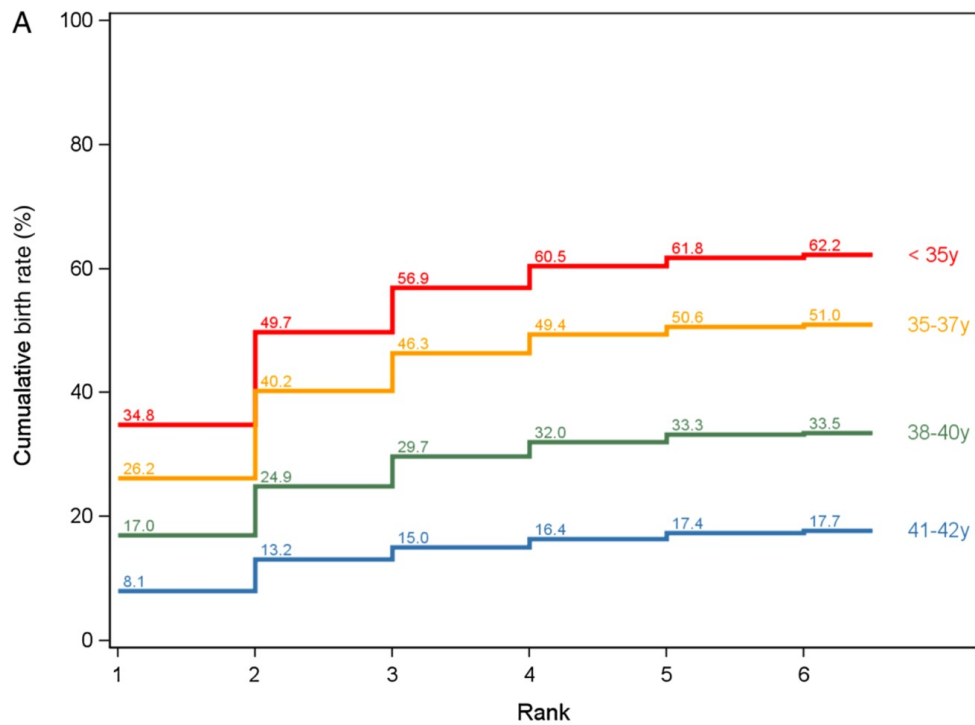
## How do cumulative live birth rates and cumulative multiple live birth rates over complete courses of assisted reproductive technology treatment per woman compare among registries?

D. De Neubourg<sup>1,\*</sup>, K. Bogaerts<sup>2</sup>, C. Blockeel<sup>3</sup>, T. Coetsier<sup>4</sup>, A. Delvigne<sup>5</sup>, F. Devreker<sup>6</sup>, M. Dubois<sup>7</sup>, N. Gillain<sup>8</sup>, S. Gordts<sup>9</sup>, and C. Wyns<sup>10</sup>

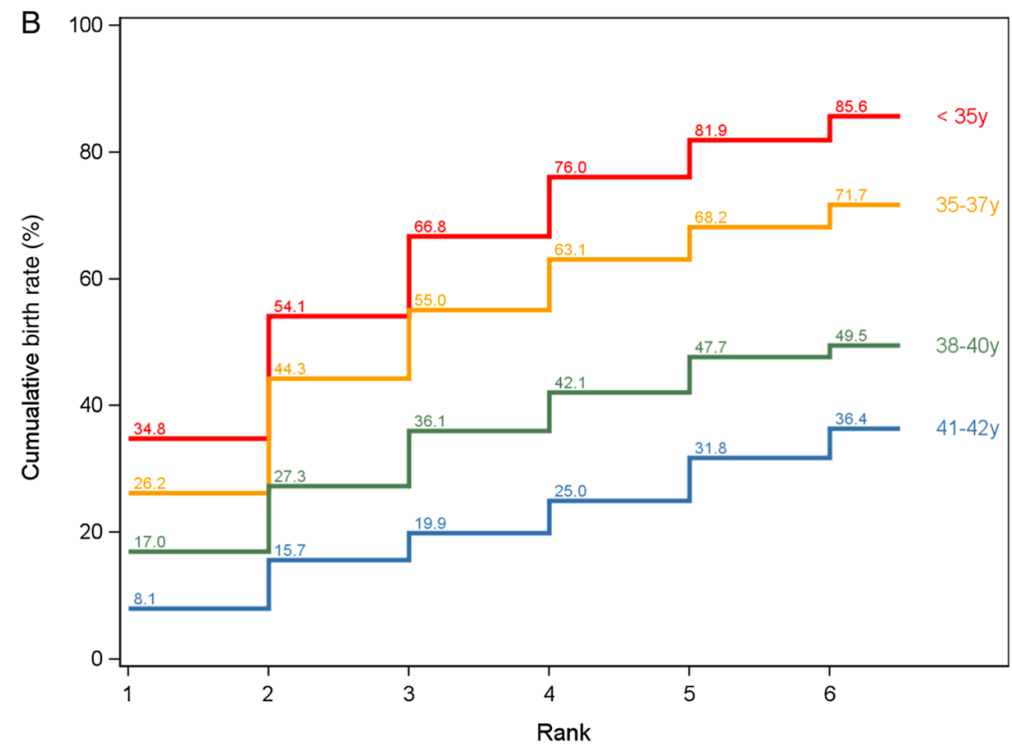
## Cumulative birth rate by age group:

For each course of treatment, the results of fresh and frozen-thawed embryo transfer cycles following an oocyte recovery are included.

**A Conservative estimate**



**B optimal estimate.**



# General overview of ART activity

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Figure 1.5 Own and recipient fresh cycles: Evolution of total number of cycles



# Belrap 2023

quality parameters

Table 4.2 Own fresh and cryo cycles: Plot of cumulative live birth rate

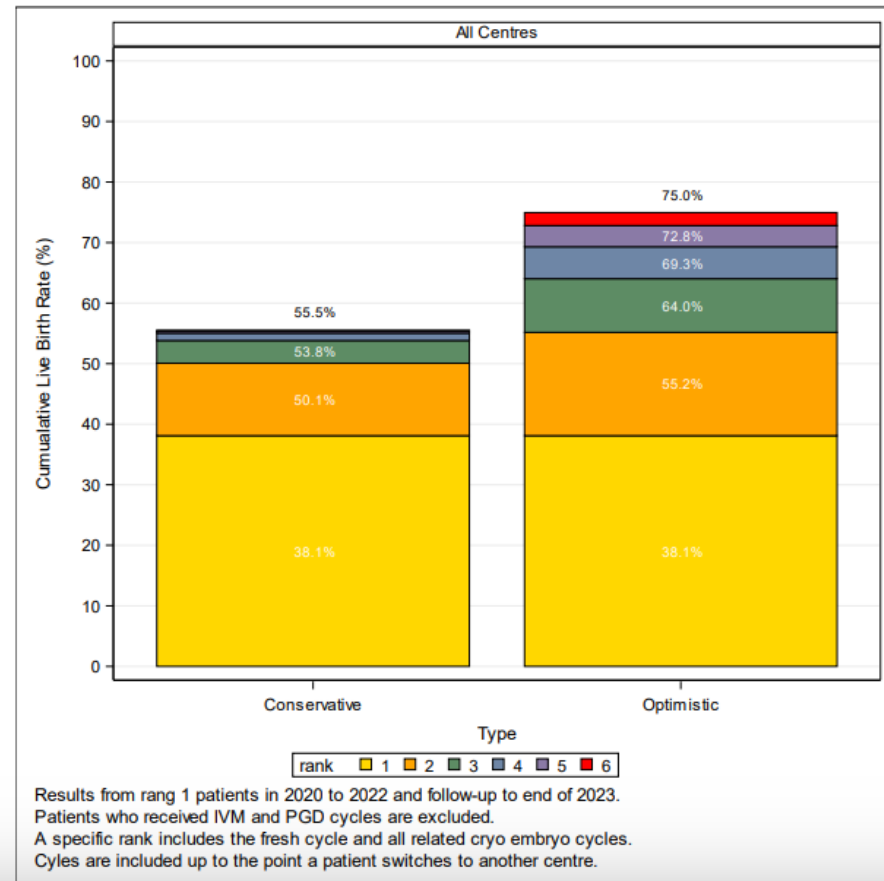
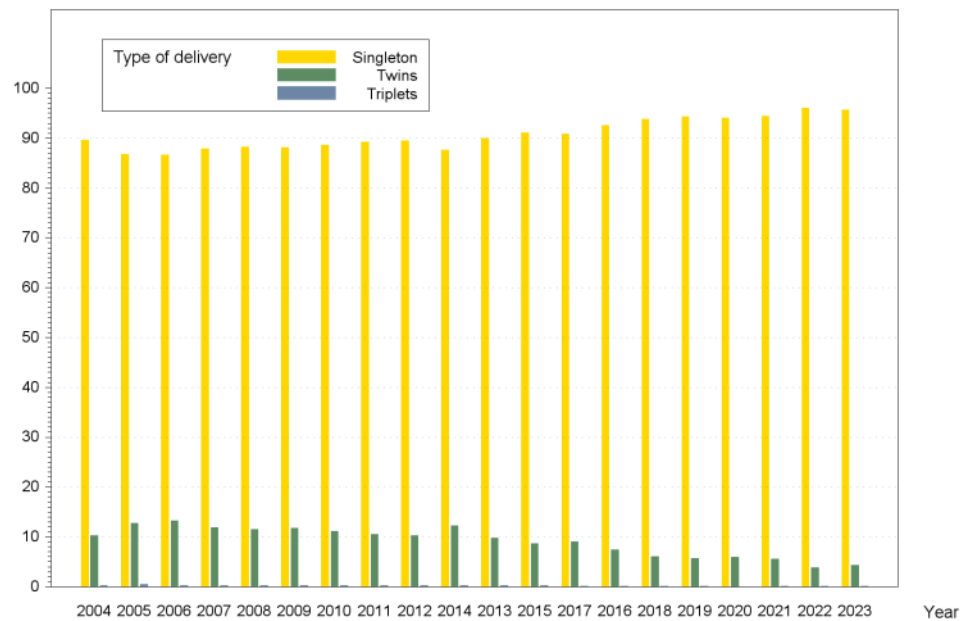


Figure 2.43 Own fresh cycles: Evolution of number of embryos transferred



Figure 2.44 Own fresh cycles: Evolution of number of single and multiple deliveries



# Publications - output

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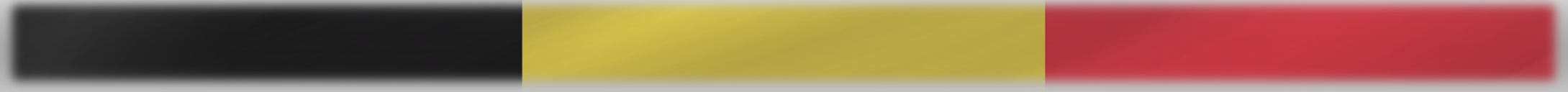
- Annual report IVF
- Annual report non-IVF
- Presentation of annual report IVF/non-IVF at BSRM.
- Individual –center specific reports (quality and individual report).
- Summary rapport (for general public 2013-2018)

Are we ready for a new  
registration of ART?



# New National Registration

- New initiative
- Not intended to replace BELRAP
- Coordinated by the BSRM (non-governmental)
- Financed by the Industry
- Purpose
  - Scientific data collection for participating centres and industry
- All centres are invited to participate
  - Voluntary basis
  - Ad hoc basis



# A Survey among our A and B centres



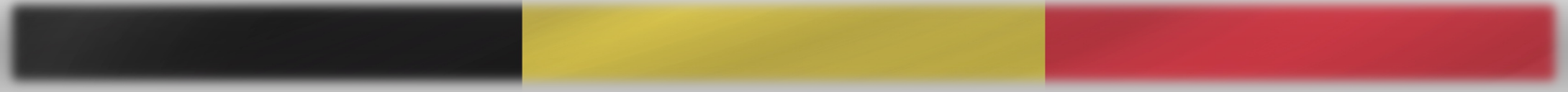
## Dutch Speaking B-centres: (7/9)

- Life, HH Leuven : Sylvie Gordts
- AZ St-Jan Brugge : Arne van de Vijver
- UZ Antwerpen : Diane De Neubourg
- UZ Brussel : Herman Tournaye
- UZ Gent : Dominic Stoop
- ZAS Middelheim : Ingrid Inion
- ZOL, Genk : Nathalie Dhont
- UZ Leuven : No reply
- Jan Palfijn Gent : No reply



## French Speaking B-centres: (9/9)

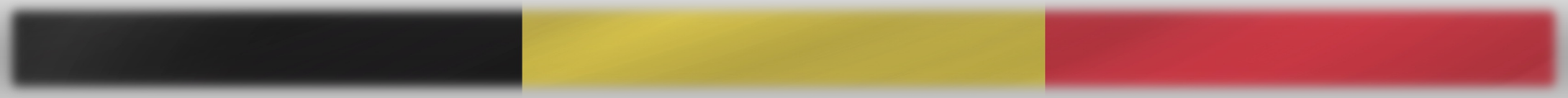
- Grand Hopital de Charleroi : Valérie Luyckx
- Chirec : Romain Imbert
- Vivalia Luxembourg : Alain Claudot
- Clinique CHC Montlegia : Annick Delvigne
- H. de la Citadelle, Liège : Laurie Henry
- Clinic. Univ. Saint-Luc : Christine Wyns
- CHRSM – Site Meuse : Marie Hoslet
- CHU Saint-Pierre : Candice Autin
- ULB Erasme : Catherine Houba



# Dutch Speaking A-centres:

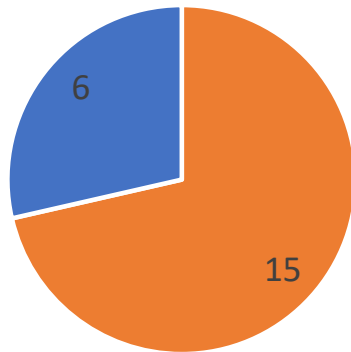
- Jessa ziekenhuis : Koen Magerman/Sofie Hulsbosch
- Imeldaziekenhuis : Sofie Pelckmans
- AZ Delta : Veerle Dewulf
- St Jan Brussel : Luc Meeuwis
- AZ Klina : Olena Zemtsova

No response from French Speaking A-centres

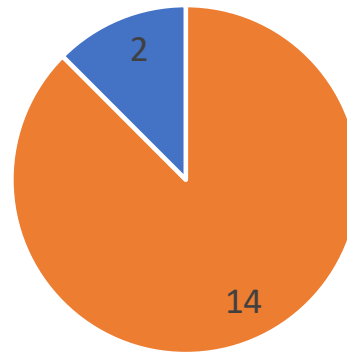


1. To what extent does your centre have an interest in participating in this initiative?

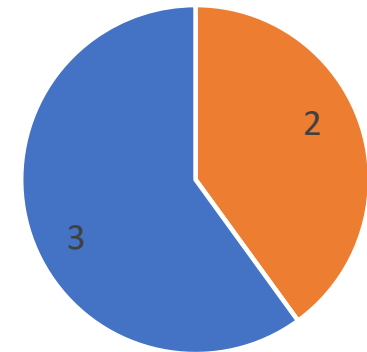
All Centers



B-centers



A-centers

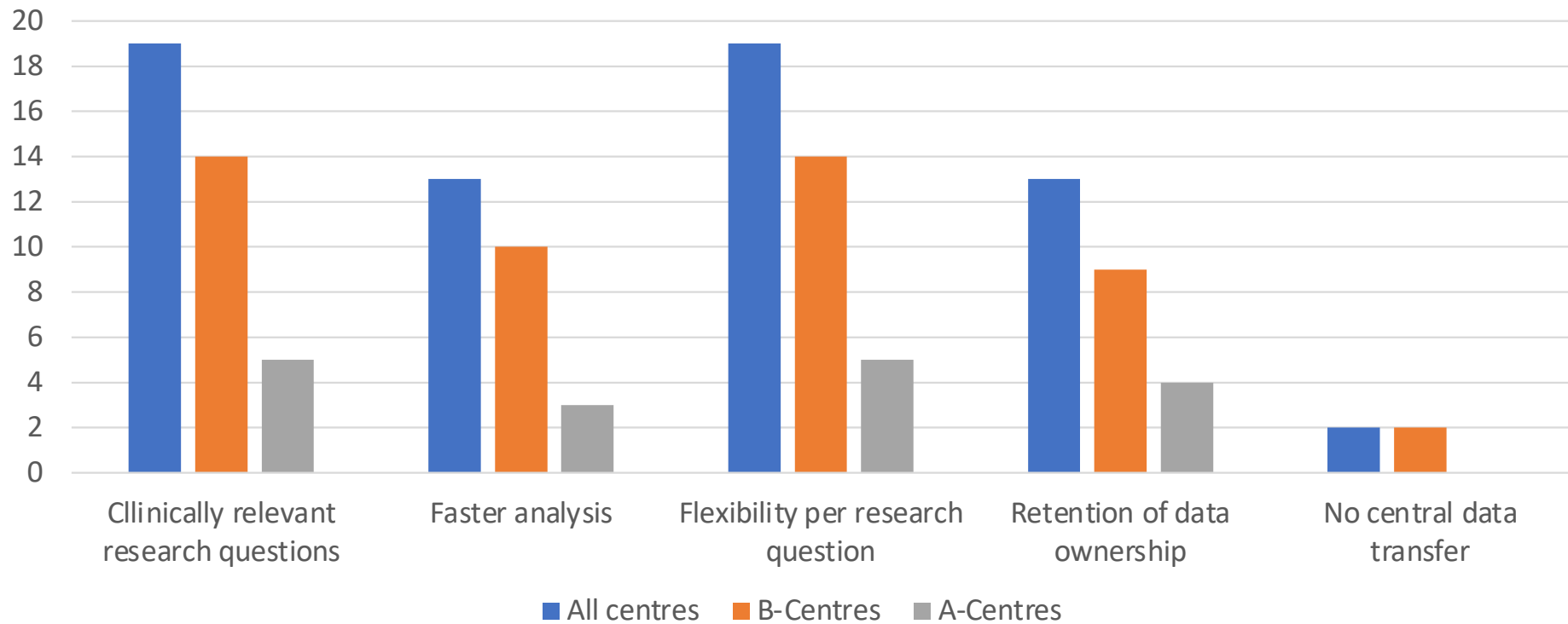


Very interested Moderately Interested

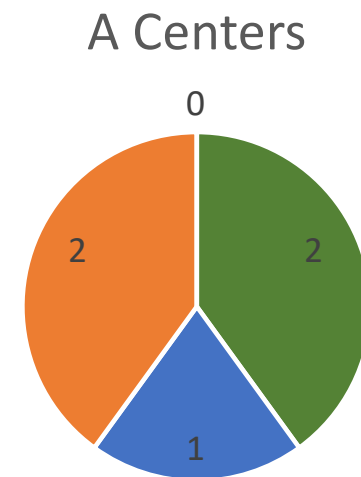
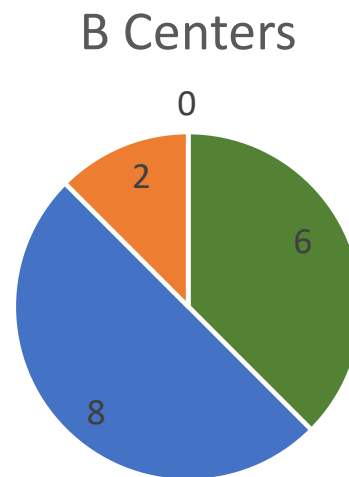
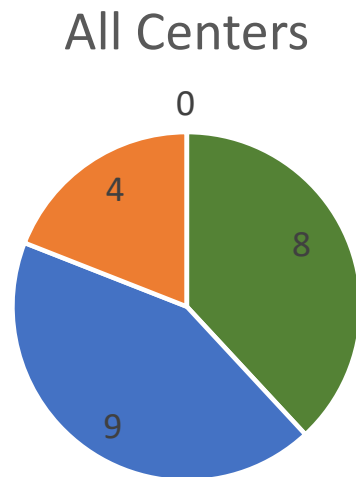
Very interested Moderately Interested

Very interested Moderately Interested

## 2. Which elements are most appealing to you?

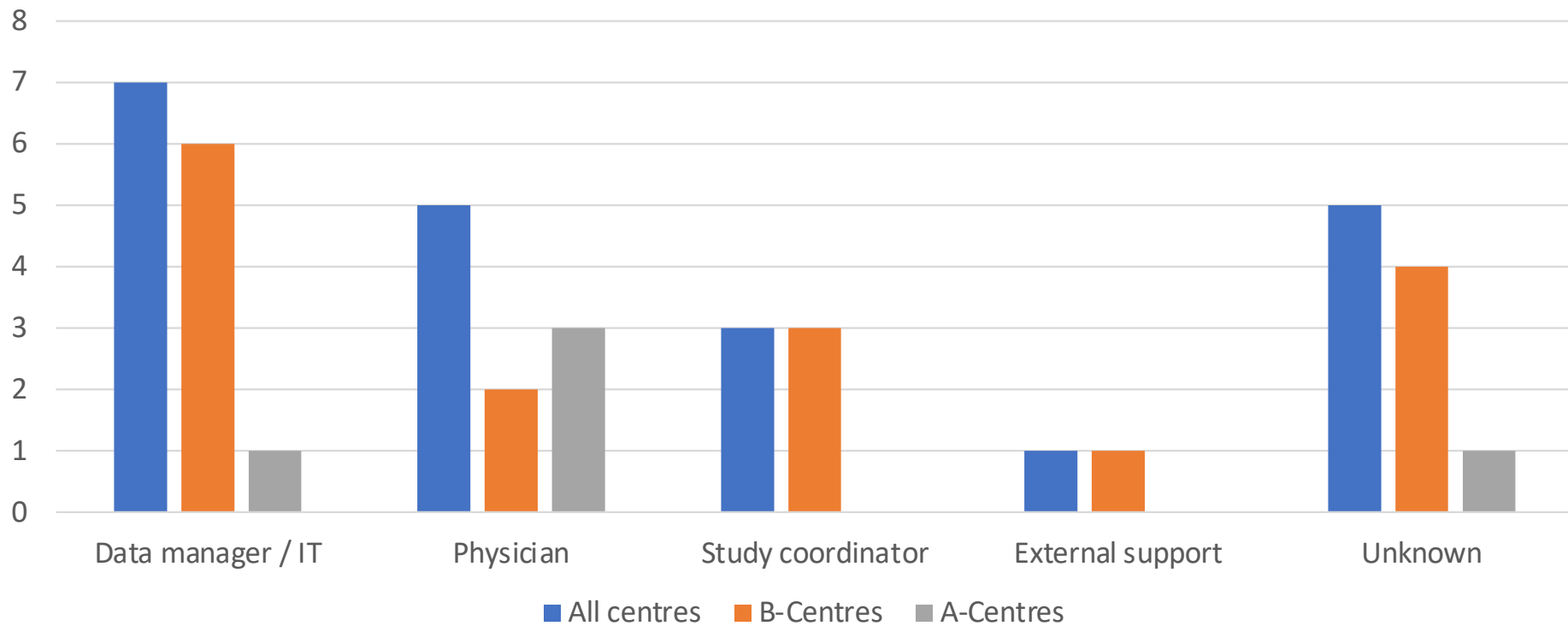


3. Do you consider it technically feasible to perform local queries on your electronic patient record system?

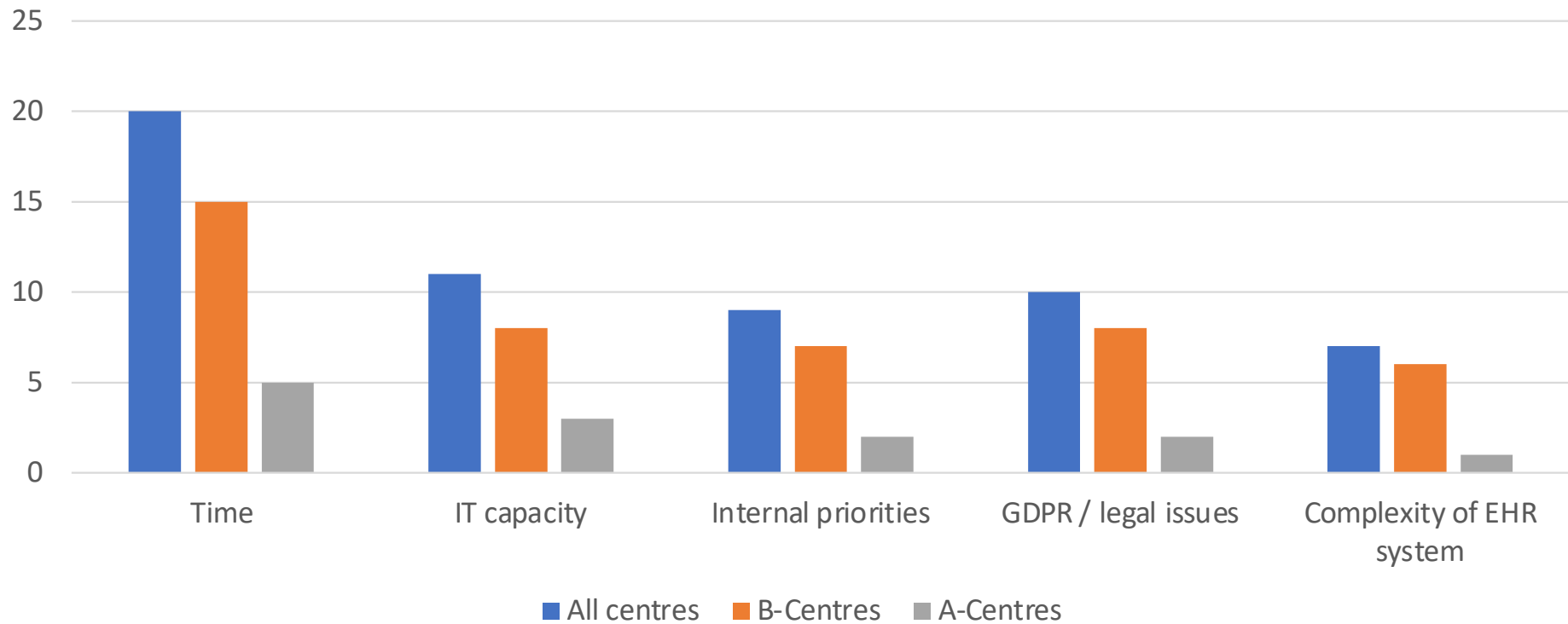


■ Yes ■ Yes, with support ■ Unsure ■ No ■ Yes ■ Yes, with support ■ Unsure ■ No ■ Yes ■ Yes, with support ■ Unsure ■ No

## 4. Who would be involved in the implementation?

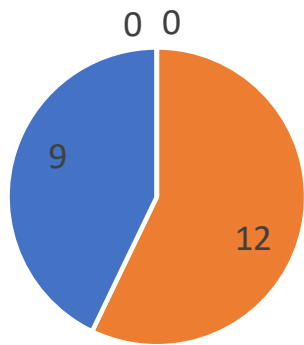


# 5. What are the main limiting factors?



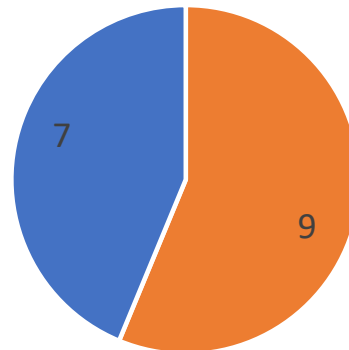
# 6. Is it important that participation can be decided per research question?

All Centers



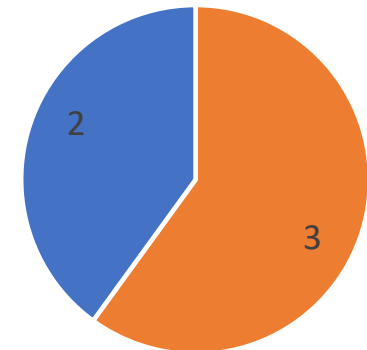
■ Yes, necessary ■ Yes, desirable  
■ Neutral ■ No

B-centers



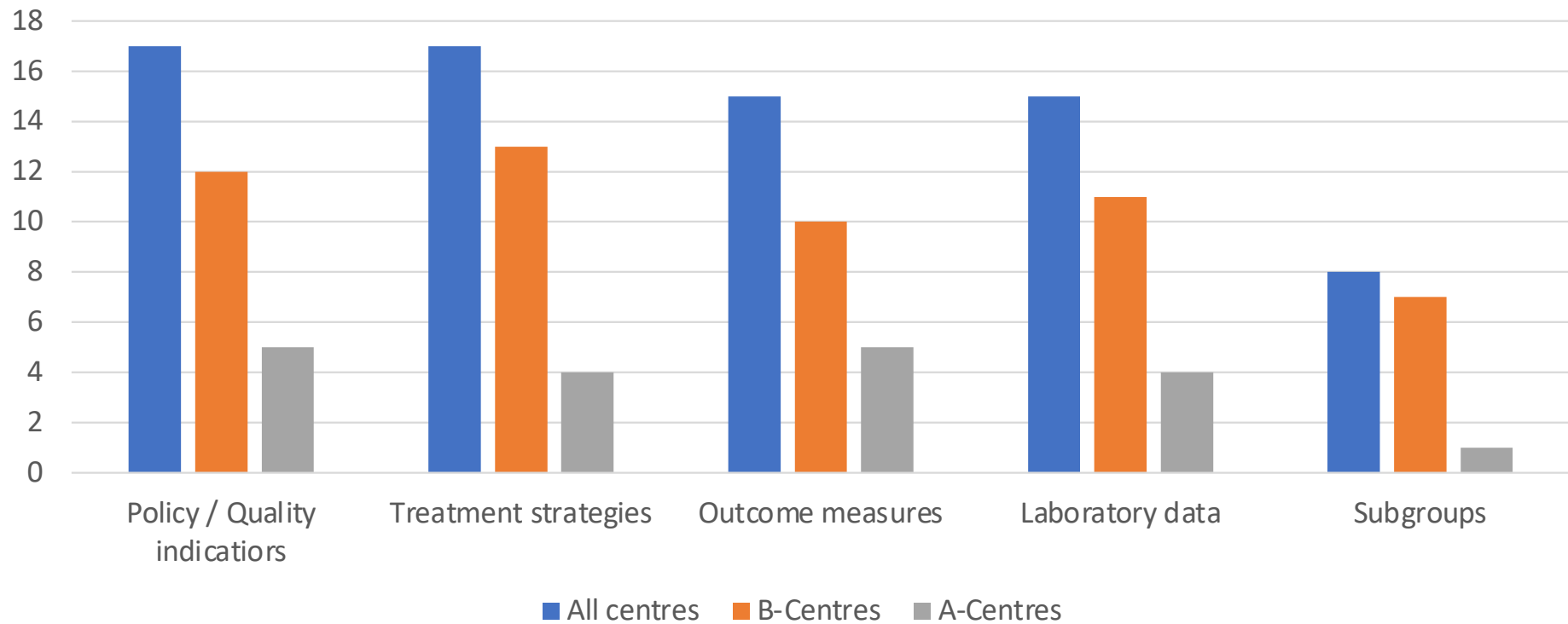
■ Yes, necessary ■ Yes, desirable

A-centers

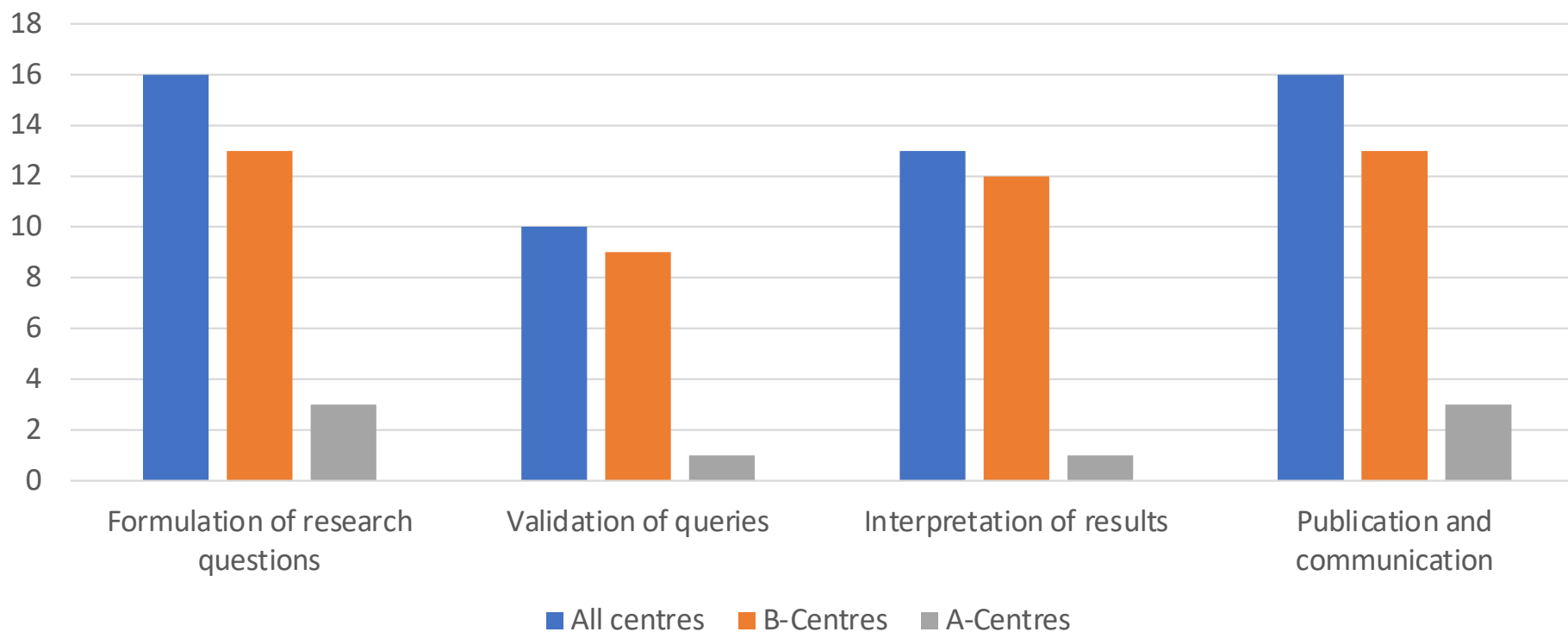


■ Yes, necessary ■ Yes, desirable

## 7. Which types of research questions are most relevant?



# 8. I would like to be involved in...

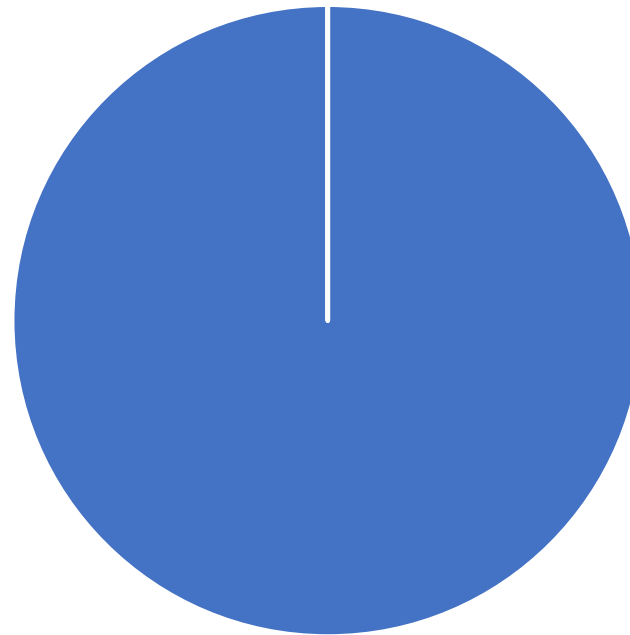


# 9. Which conditions are essential for participation? (open question)

- Practical means put in place for encoding results (need for a study coordinator, IT management). For us, this is the most limiting factor for participation in this project
- Do not use the data for commercial or journalistic purposes
- Provide IT logistical support, available staff hours
- Time, funding
- Obtain approval from the hospital's Data Protection Officer (DPO).  
Have a right to review the proposed research and the results obtained.  
No obligation to participate in every proposed study, even if one gives a general agreement to participate in the initiative
- To be defined depending on the research question if the involvement of centre B is essential and whether it excludes participation of centre A or not. Reasonable availability/ease of access to the data.  
Sufficient timeframe for completion. Shared/discussed initiative between stakeholders from several centres.  
Participation of a 'sufficient' number of centres. Anonymous data analysis.  
Respect authorship rules in case of data publication
- No missing data
- If data are analysed per centre, a minimum number of cases (n) would be needed for statistical validity.  
If n is too small, this may incorrectly produce very good or very bad values that have no real meaning
- Clear agreement BSRM / pharmaceutical industry support and fertility centre involved
- Sufficient IT support  
Coordination with EHR providers (e.g. IDEAS, ...)
- IT: need for digital record / IDEAS  
GDPR / ethical approval
- Efficient method for data entry

- That the research questions and data/outcomes remain under the control of BSRM
- Efficient input options  
Technical communication (electronic data transfer?)  
Option to choose participation
- The requested data must be in our database.
- Sufficient funding and technical assistance at project start-up and support for the coordinating team within BSRM.
- Given the current political context, the absolute priority is GDPR compliance and maintaining cohesion among the centres. This initiative is an excellent starting point for the project.  
Further details will be provided depending on the proposals.
- GDPR
- See participation conditions. Avoid questions aimed at comparing centre results given the differences in treated populations (T1 and under 36 years old without electronic medical record data is insufficient for comparability; cumulative results are not a solution to compensate for population differences).
- Limitations of the data should be considered (compared to the centre's own data) if only a few centres are involved.
- The quality of the obtained data will depend very strongly on the input into the electronic medical record (EMR). Therefore, it is best to clearly indicate what should be entered into the EMR and how. This should not become a BELRAP 2.0, where, for example, letrozole cannot be entered because it is not available in the system. The system should be as performant as possible. IT support is essential.
- Financial support for fertility centres for hiring coordinators, data processing, IT, etc - Time efficiency and user-friendliness.
- Given the voluntary participation, a sufficiently large "coverage" of the ART field / number of cycles will be needed for the initiative to be relevant.  
If Belrap continues to exist, care must be taken to avoid having two systems running in parallel.
- A meaningful initiative.
- As a smaller A centre, we have limited personnel for this type of work. Personally, I find the initiative very interesting as it allows the professional community to collaborate on research questions
- A stepwise introduction with a group of interested participants will probably be advisable
- "Doubts about feasibility? We are open to the trial..."

10. Do you want to stay informed about this project?



■ Yes ■ no

Next: A Survey among our  
Industrial partners



Your thoughts?

