What is the quality of information on social oocyte cryopreservation provided by websites of Society for Assisted Reproductive Technology member fertility clinics?

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Objective: To evaluate adequacy and adherence to American Society for Reproductive Medicine (ASRM) guidelines of internet information provided by Society for Assisted Reproductive Technology (SART)-affiliated clinics regarding social oocyte cryopreservation (SOC).
Design: Systematic evaluation of websites of all SART member fertility clinics.
Setting: The internet.
Patient(s): None.
Intervention(s): All websites offering SOC services were scored using a 0–13 scale, based on 10 questions designed to assess website quality and adherence to the ASRM/SART guidelines. The websites were analyzed independently by two authors. Whenever disagreement occurred, a third investigator determined the score.
Main Outcome Measure(s): Scores defined website quality as excellent, ≥ 9; moderate, 5–8; or poor, ≤ 4 points.
Result(s): Of the 387 clinics registered as SART members, 200 offered oocyte cryopreservation services for either medical or social reasons; 147 of these advertised SOC. The average website scores of those clinics offering SOC was 3.4 ± 2.1 (range, 2–11) points. There was no significant difference in scores between private versus academic clinics or clinics performing more or less than 500 cycles per year.
Conclusion(s): The majority of the websites do not follow the SART/ASRM guidelines for SOC, indicating that there is a need to improve the type and quality of information provided on SOC by SART member websites. (Fertil Steril® 2014;101:222–6. ©2014 by American Society for Reproductive Medicine.)
Key Words: Nonmedical oocyte cryopreservation, internet, websites

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The ability to cryopreserve oocytes efficiently has greatly improved over the last few years with the introduction of new techniques such as vitrification (1). Consequently, the clinical use of oocyte cryopreservation (OC) has been on the rise. The use of OC for fertility preservation of women with unique medical problems (e.g., cancer), as well as within ovum donation programs and for surplus oocyte storage, is widely accepted (1). However, the use of OC for fertility preservation among women desiring to extend their fertile years (i.e., social oocyte cryopreservation [SOC]) has remained a more controversial issue (2).

The recent reports showing improved fertilization and pregnancy rates of cryopreserved mature oocytes when vitrified and warmed led the practice committees of the American Society for Reproductive Medicine

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(ASRM) and the Society for Assisted Reproductive Technology (SART) to state that this technique should no longer be considered experimental (3). However, it is emphasized in the new guidelines that most of the data reported so far were derived from the experience of a few clinics with healthy young oocyte donors and limited vitrification duration (3, 4). Therefore, it is assumed that these data cannot be readily extrapolated to all clinics, different patient populations, and diverse cryopreservation protocols. Several studies suggest that success rates appear to decline with maternal age via either slow freeze or vitrification (5–7). A very recent prospective study compared IVF outcomes with vitrified oocytes versus sibling fresh oocytes in women aged 30–39 (8). The researchers showed that maternal age seemed to be the determining factor for treatment success instead of the vitrification process or the stimulation protocol, with clear advantages for younger patients. The younger group presented a statistically significant higher number of good-quality embryos and a trend towards higher implantation and clinical pregnancy rates, which was limited by the small sample size.

Despite the limited number of deliveries, it seems that there is no increased risk of congenital anomalies or differences in birth weight among those born from oocyte vitrification compared with those born from fresh IVF (9). However, long-term data on developmental outcomes and safety data in diverse populations are missing. The ASRM/SART committees concluded that in cases of elective cryopreservation to defer childbearing, the data on the safety, efficacy, cost-effectiveness, and emotional risks are insufficient to recommend SOC. Moreover, it is noted in the ASRM/SART guidelines that marketing of this technology for social purposes may give women false hope and encourage them to delay childbearing. These patients should be carefully counseled about age and clinic-specific success rates, risks, costs, and alternatives to using this approach.

Earlier guidelines from the ASRM/SART practice committee in regard to advertising and marketing by assisted reproductive technology (ART) programs (10) suggest that claims made in advertising must be supported by reliable data, "success rates" should include live-birth data if available to avoid misleading patients, and outcomes of all initiated cycles in a specific category must be reported.

In 2007, Abusief et al. (11) evaluated the compliance of SART member fertility clinic websites with ASRM/SART guidelines for general advertising of fertility treatments on websites. Adherence to guidelines was low in all categories in both private and academic clinics. General criteria for website quality assessment usually include content (reliability and accuracy), design and aesthetics (layout and interactivity), currency of information, and disclosure of author and sponsors (12).

The aim of the present study was to evaluate the way SOC services are presented on the internet by SART-affiliated clinics. These regulated clinics must have accredited laboratories and report their data annually to the U.S. government through SART. We established a scoring system that assesses the main issues noted in the ASRM/SART guidelines and applied it to appraise the current quality of data presented on the websites of all SART member ART clinics that offer SOC services.

MATERIALS AND METHODS

During November–December 2012, we systematically evaluated all SART member fertility clinic websites, as registered in the SART official website (13). If no website was identified for a clinic, we searched the web using Google and confirmed the clinic by the name of the medical director as reported to SART. The clinics were assessed for offering OC services for medical indications, social indications, or both. In addition, we noted whether the clinic was private or had an academic affiliation and the number of cycles performed per year, as reported to SART. When OC services were not noted in the main services page of the website, we used the keywords "cryopreservation," "egg freezing," and "fertility preservation" in the website's search engine, when available, to assure that we did not miss the availability of OC treatment. These keywords were obtained after random sites navigation.

The websites that offer SOC were scored using a 0–13 point scale (Table 1), which was based on 10 questions designed to assess the quality of websites for those clinics that offer SOC services and their adherence to the ASRM guidelines described

TABLE 1

Clinic scoring system for oocyte cryopreservation services.

Question	Possible score	Explanation of scoring
Is the name of the clinic clearly mentioned?	1 point	
Is contact information given?	1 point	
Is graphic explanation of the oocyte freezing process given?	1 point	
Is an explanation of the safety of the oocyte freezing process given?	2 points	Showing potential risks to the woman *or* the fetus[a]; presenting the potential risks to both the woman and the fetus
Are the source and date of the data accurately provided?	1 point	
Are explanations of success rates given?	2 points	Pregnancy rate; live birth rate
Are the data based on the clinic's experience?	1 point	
Are the success rates based on autologous oocytes?	1 point	
Is the efficacy of conceiving from frozen oocytes accurately stated according to the patient's age?	1 point	
Is the cost of the procedure given?	2 points	Global pricing; elaborate pricing

[a] Risks to the woman: ovarian hyperstimulation syndrome must be mentioned in order to receive 1 point; risks to the fetus: it must be declared that long-term developmental risks are unknown to receive 1 point.

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