Assessment of United States fertility clinic websites according to the American Society for Reproductive Medicine (ASRM)/Society for Assisted Reproductive Technology (SART) guidelines

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Objective: To evaluate SART-member fertility clinic websites for their compliance with the 2004 ASRM/SART guidelines for advertising (which is deemed mandatory for clinic membership), to survey the general characteristics of the websites, and to assess differences between academic and private clinic websites.
Design: Cross-sectional evaluation.
Setting: The Internet.
Patients: None.
Interventions: None.
Main Outcome Measures: Eleven objective criteria based on 2004 ASRM/SART guidelines for advertising and eight objective criteria for general characteristics of fertility clinic websites.
Results: All 384 SART-registered clinics were evaluated; 289 (75.3%) had functional websites (211 private, 78 academic). Success rates were published on 51% of websites (117 private, 31 academic), the majority of which were private clinics (p=.025). The percentage of fertility clinic websites adhering to ASRM/SART guidelines was low in all categories (ranging from 2.8%-54.5% in private centers and 1.3%–37.2% in academic centers). No statistically significant difference was found in the services offered at private versus academic clinics.
Conclusion: A significant proportion of SART-member fertility clinics, both private and academic, that have websites are not following the ASRM/SART guidelines for advertising. Increased dissemination and awareness of the guidelines is warranted. (Fertil Steril® 2007;87:88–92. ©2007 by American Society for Reproductive Medicine.)

Key Words: In vitro fertilization, IVF, ART, internet, infertility, quality, advertising, guidelines, success rates

INTRODUCTION

Over the past ten years, the number of Americans online has grown dramatically, with 68% of American adults (223 million people) currently using the Internet (1). Fertility patients are no exception and frequently use the Internet as a health resource (2–8). As the number of patients seeking health information via the Internet increases, the credibility of website content has become a growing concern.

In an effort to improve accuracy of online resources for fertility patients, the Society for Assisted Reproductive Technology (SART) and the American Society for Reproductive Medicine (ASRM) adopted guidelines for advertising in 1999 (9) and revised them in 2004 (10) (Table 1). Specifically geared towards Assisted Reproductive Technology (ART) programs, the guidelines provide direction about advertising/marketing techniques and give specific information about how in vitro fertilization (IVF) outcome statistics should be reported. Furthermore, adherence to these guidelines is deemed mandatory for continued fertility clinic membership in SART (9, 10).

The objective of this study is to survey the general characteristics of SART-member clinics, evaluate their adherence to the 2004 ASRM/SART guidelines for advertising, and assess differences between academic and private clinic websites.

MATERIAL AND METHODS

During a two-month interval (February–April 2005), all 384 SART-member fertility clinic websites were evaluated. Clinic names were obtained from the 2001 SART/CDC Fertility Clinic Report (11). Clinic website addresses were obtained from the SART website (http://www.sart.org) or through an Internet search conducted by two independent researchers. Websites were surveyed for advertising the following characteristics and services: number of reproductive endocrinologists, donor egg program, embryo and oocyte cryopreservation, pre-implantation genetic diagnosis (PGD), sex selection, shared-risk financing, and 100% money-back guarantees. Shared-risk financing was defined as the practice

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TABLE 1

Summary of ASRM/SART Guidelines for Advertising by ART Programs.[a]

1. Advertising must comply with guidelines of the Federal Trade Commission.
2. Claims made in advertising must be supported by reliable data.
3. Because comparison of success rates between practices is invalid, using SART Clinic Specific Data for advertising/marketing that ranks or compares clinics or practices is unacceptable and is not permitted.
4. The advertisement must not lead patients or the public to believe that the chances for success are greater than they really are. The preferred way to avoid misleading patients or the public is to report live birth data per cycle initiated and per egg retrieval procedure. If the time period being reported is such that there are live birth data, then "success rates" used in advertising should include this live birth data.
5. Although reports may be presented in categories such as age or diagnosis, reporting of statistics must include all initiated cycles and their outcomes within that specified category and cannot selectively omit some treatments. The non-reporting of cycles, which are part of research protocols, is unacceptable.
6. The method used to calculate success rates must be clear—i.e., the terms comprising the numerator and denominator must be specified (such as live births per cycle initiated). The number of cycles that comprise both the numerator and denominator must also be reported.
7. It should be clear to patients when advertised procedures or treatments are still considered investigational or experimental. Such advertisements for investigational procedures must proceed only with the approval of a properly constituted institutional review board (IRB).
8. The practice director is held responsible for the content of all advertisements.
9. The following statement must be included when quoting program statistics: "A comparison of clinic success rates may not be meaningful because patient medical characteristics and treatment approaches may vary from clinic to clinic."

[a] Adapted from the American Society for Reproductive Medicine. Guidelines for advertising by ART programs. ASRM Practice Committee Report. Birmingham, AL: American Society for Reproductive Medicine, May 2004.

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of fixing a set price for multiple IVF cycles for a couple that meet criteria set by individual clinics.

In addition, we evaluated fertility clinic websites for their adherence to ASRM/SART guidelines (see Table 1). Websites were assessed for the presence of the following characteristics: 1) the publication of IVF success rates, 2) the presence of additional data to support the success rate given, 3) the presence of advertising/marketing that ranks or compares clinics or practices based on success rate (i.e., comparison marketing), 4) the presence of live-birth data, 5) the method used to calculate live-birth data, 6) live-birth data appropriate for the time period being reported, 7) success-rate breakdown by age, 8) success-rate breakdown by diagnosis, 9) identification of terms comprising the numerator and denominator of the success rate, 10) disclosure of the investigational or experimental nature of an advertised procedure, and 11) the publication of the SART-required disclaimer: "a comparison of success rates may not be meaningful because patient medical characteristics and treatment approaches may vary from clinic to clinic" (10). ASRM considers a procedure to be experimental until there is "1) scientific evidence indicating safety and efficacy. . ." and "2) corroboration of safety and efficacy by at least two appropriately designed, peer-reviewed, published studies by different investigator groups" (12).

Fertility clinics were considered 'academic' if they were either university based and/or part of a hospital that had a graduate medical education (GME) program (as listed within the clinic or hospital website). The number of reproductive endocrinologists listed at each clinic was also recorded.

Mann-Whitney U test was used to compare continuous variables (due to non-parametric data distribution) and the chi-square test for categorical variables. A p-value less than 0.05 was considered statistically significant.

RESULTS

A total of 384 SART-registered clinics were evaluated (286 private and 98 academic); 289 clinics (75.3%) had functional websites. Of these, 211 (73%) were private and 78 (27%) were academic.

Table 2 highlights general characteristics of fertility clinic websites. On average, there were a greater number of reproductive endocrinologists on staff at academic than at private clinics ($p<.001$). There was no statistically significant difference in the numbers of private or academic clinics offering oocyte cryopreservation or sex selection. PGD, advertised on 107 clinic websites, was a more frequently offered technology than sex selection on both private and academic websites.