Society for Assisted Reproductive Technology and assisted reproductive technology in the United States: a 2016 update

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The Society for Assisted Reproductive Technology (SART) was established within a few years of assisted reproductive technology (ART) in the United States, and has not only reported on the evolution of infertility care, but also guided it toward improved success and safety. Moving beyond its initial role as a registry, SART has expanded its role to include quality assurance, data validation, practice and advertising guidelines, research, patient education and advocacy, and membership support. The success of ART in this country has greatly benefited from SART's role, as highlighted by a series of graphs. SART continues to set the standard and lead the way. (Fertil Steril® 2016;106:541–6. ©2016 by American Society for Reproductive Medicine.)

Key Words: SART, IVF, history of IVF, SART Registry

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The progress made in infertility care in the United States is inextricably linked to the membership and activities of the Society for Assisted Reproductive Technology (SART), the professional organization formed 30 years ago to collect and report on its treatment outcomes. In this two-part paper, we first review the evolution of the society from its origin as a registry to its current multifaceted mission and then describe the progression of care as captured by the registry.

PART 1: THE SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY

Founding

In 1981, shortly after the birth of Elizabeth Carr, the first in vitro fertilization (IVF) child born in the United States, Dr. Howard Jones gathered the leading practitioners of the 5 existing US IVF programs (Norfolk, Vanderbilt, the University of Texas at Houston, University of Southern California, and Yale) to discuss establishing a national registry of IVF attempts and outcomes. Two years later, in 1985, Drs. Alan DeCherney and Richard Marrs founded the Society for Assisted Reproductive Technology (SART) as a special interest group in the American Fertility Society (now the American Society for Reproductive Medicine [ASRM]) for that purpose (1). Initially, the data were tabulated at the clinic level and reported at the national level. Individual clinics could measure comparisons to national outcomes and the public could see what was happening broadly within the United States. National reports were made public by way of annual publications in *Fertility and Sterility*. Subsequent modifications to reporting

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included a transition to both cycle-specific reporting and public reporting of outcomes at the individual clinic level, as required by the Fertility Clinic Success Rate and Certification Act of 1992 (Public Law No. 102-493, October 24, 1992) (2).

Over the years that followed, SART's activities have expanded well beyond the simple collection of assisted reproductive technology (ART) outcomes.

Current Scope

As of 2014, SART had 375 member clinics in the United States accounting for 83% of all clinics required to report and 91% of all reported ART cycles. The organization is led by an executive council of 28 professionals who sit on 15 committees populated by another 80 professional volunteers. The senior executive roles are elected and term-limited, which enhances the credibility of SART's operations. The only permanent employee is an administrator. SART also has contracts with a researcher and database administrator. The company providing database administration is also an active participant in developing specifications and custom software to meet the current needs of comprehensive data collection. SART's mission is to "promote and advance the standards for the practice of assisted reproductive technology to the benefit of our patients, members, and society at large."

"Setting the Standard"

Setting the standard is a primary means by which SART achieves its mission. The committees involved with this activity include:

- Practice Committee. This committee develops and issues guidance for evidence based care. Currently more than 60 documents have been released and are accessible online in the members section of the SART website (www.sart.org/members).
- Quality Assurance Committee (QA). QA is one of the most direct ways through which SART accomplishes its stated mission. The registry allows for measurement of clinical effectiveness of care, measurement of safety and harm, and assessment of the quality of care. This committee surveys outcomes each year to identify clinics with below average performance. The committee reaches out to the identified clinics and offers remediation if the issue has not already been addressed. If performance does not improve over successive years, loss of membership can occur. QA metrics currently focus on low pregnancy rates and high rates of multiple pregnancies.
- Advertising Committee. SART has developed advertising guidelines to assure fairness and accuracy. One of the guidelines prohibits direct clinic-to-clinic comparisons of outcome data. This committee continually reviews member websites (155 were reviewed in 2015), and fields complaints of violations from members and patients. Current guidelines require the posting of the full Clinic Summary Report (CSR) to ensure fair and full outcome disclosures. With the expansion of the CSR, a new set of guidelines will be forthcoming.
- Validation Committee. This committee works with the Centers for Disease Control and Prevention (CDC) to ensure that data reported by clinics to the registries (SART Clinical Outcomes Reporting System [CORS] or National ART Surveillance System [NASS]) are accurate. Twenty clinics are visited each year. Low error rates have been found. SART's validation process goes beyond CDC's validation efforts. SART collects additional data fields requiring independent validation. Moreover, the Executive Council has authorized the Validation Committee to develop "triggers" to perform on site validation of "outliers" not based solely on below average outcomes, but also inexplicable ones. Validation is an important part of any medical registry, but is exceedingly important when submitted data are publically reported at the clinic level.
- Membership Committee. This committee evaluates the credentials of the primary professionals in each practice to ensure reproductive endocrinology and infertility (REI) board certification, lab accreditation, and compliance with advertising guidelines. While SART works hard to retain all members, membership has been revoked for persistently poor clinical performance, loss of accreditation, violation of advertising guidelines, and failing to report outcomes.

Membership Support

In addition to setting the standard, SART supports its members via:

- SART website. SART has developed a comprehensive website that serves the needs of both patients and members (in a members-only section). It has recently been updated to be more informative and patient focused. This redesign was done in coordination with ASRM's information technology team.
- Find a Clinic. The SART website includes a tool for patients to find SART member clinics throughout the United States and to request information from those clinics.
- Informed Consents. SART has developed model consents for routine IVF as well as its variants: egg donation, donor egg recipient, cryopreservation (both eggs and embryos), and gestational carrier. Disposition documents for eggs and embryos have also been developed. These are available in both English and Spanish in an editable format to permit adjustment for local needs.
- Research. SART makes its large dataset available to members upon approval of their research plan. It has developed an online "portal" to make requesting datasets easier. Twenty-five requests were received in 2015. Since 2006, SART has funded an epidemiologist to study ART outcomes and to develop National Institutes of Health (NIH)-funded research. Taken together, more than 60 publications have used the SART database. Findings from these studies have influenced practice guidelines, and is a primary means by which SART guides practice.
- Government relations. SART has collaborated with the CDC since the initiation of the Fertility Clinic Success Rate & Certification Act of 1992, and continues to strive for a