

SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) POLICY FOR ADVERTISING BY ART PROGRAMS

Revised July 2022

Reporting assisted reproductive technology (ART) outcomes is mandated by the *1992 Fertility Clinic Success Rate and Certification Act* (1). The general public, including patients and referring physicians, has the right to know pregnancy and multiple pregnancy rates from ART procedures such as in-vitro fertilization (IVF). These statistics are displayed on public websites (*www.sart.org*, *www.cdc.gov*) and are updated annually. Accurate, transparent, and truthful reporting of data assists in forming realistic expectations and promotes patient confidence in the integrity of the ART field. SART implements this advertising policy in order to preserve truth in advertising in the ART field and promote public confidence in services rendered by its member clinics.

Adherence to this advertising policy is a requirement for membership in SART. SART clinics should minimize the appearance of commercialization of reproductive services and maximize the profession's sensitivity to its patients' needs, as well as maintain collegiality and respect with its fellow member clinics.

Advertising is the act of attracting public attention to a product, service, or business, whether by print (e.g. newspapers, magazines, flyers), broadcast (e.g. radio, television, podcast), verbal (e.g. lectures, seminars), or via the electronic media (e.g. Websites, blogs, e-mail, chat rooms, and social media such as YouTube, Instagram, FaceBook, Twitter and Snapchat).

1. Advertising by SART members must comply with guidelines of the Federal Trade commission (FTC) (2).

2. The advertisement must not lead the reader to believe that the chances of success are greater than they really are. Displaying success data on a clinic's website is not mandated by SART. However, if a clinic chooses to present success data, it must include AT MINIMUM a **direct link to the practice's clinic summary report (CSR) on SART.org website**. This link must be PROMINENTLY DISPLAYED, at the top of the clinic's success rate presentation. This link must precede other supplemental data presentations.

3. We strongly suggest that such a link be the one and only presentation of "success rates". However, at the discretion of the practice, it may present supplemental success data as long as ALL the following conditions are met:

a. The one-page CSR summary sheet ("Simple Report"), available on the clinic's SART CSR (click on "Simple Report" at the top of the page), is displayed first, along with a prominently-displayed link to the clinic's SART CSR.

b. Statistics presented are consistent with SART format (see below): **live birth data per cycle start (intended retrieval) must be prominently depicted first, followed (if desired) by live births per egg retrieval and per embryo transfer in each**

recognized SART age category. No partial presentation that omits live births per cycle start (intended retrieval) data is allowed.

c. Success data must be presented in a comprehensible format that allows the reader to have a clear understanding of the likelihood of having a live birth per attempted ART cycle and must clearly demonstrate the likelihood that an attempted cycle will NOT result in a live birth.

REQUIRED SUPPLEMENTAL DATA FORMAT:

a. If a SART member clinic chooses to display its success rates on its website or on any other advertising tools (e.g. brochures, YouTube videos, commercials, podcasts, Twitter, blogs), **it must include a direct link to its own data from the SART Clinic Specific Report (CSR)** on *www.SART.org*. Such link must be **prominently displayed** at the top of the document presentation. Additional supplemental data that is in agreement with section e below can then follow if the practice so chooses.

b. If a specific data point is comprised of less than 20 cycle starts (intended retrievals), BOTH the numerator (live births) and denominator must be reported.

c. If the data point is comprised of 20 or more cycle starts, the denominator (number of cycle starts) AND percent success (live births) must be reported. See **addendum C** for examples of appropriate reporting.

d. The one-page CSR summary sheet (“Simple Report”), available on the clinic’s SART CSR, must be displayed first, before any additional data.

e. **Supplemental success data format:** If the clinic chooses to display more current data than what is on the SART website or cumulative data of several prior years, it must be displayed in SART format (ALL live births per cycle start, retrieval, and transfer). If no live birth data is available from the program yet, clinical pregnancy rates as defined by SART must be displayed.

f. The standard SART definition of pregnancy must be used in the presentation (3). Clinical or ongoing pregnancy is defined as evidence of pregnancy by ultrasound visualization of a gestational sac. It includes ectopic pregnancies. Multiple gestational sacs in one patient are counted as ONE clinical pregnancy. Biochemical pregnancies should not be counted as clinical pregnancies. Implantation rates should not be included, as they do not always correlate with live birth and may be misleading.

g. This applies to all forms of presentations including video, website, printed media and/or social media postings.

h. Supplemental success statistics on the website must be updated annually within **30 days** of the official release of that year’s SART data to the public (e.g., if 2020 data is released February 15th, all website supplemental information must be updated by March 15th at the latest).

4. Claims made in advertising must be supported by verifiable published data. Because practice patterns and patient demographics differ among clinics, claims of superiority are not verifiable and are prohibited. See **Addendum A** for examples.

5. Statements denigrating other ART programs are prohibited.

6. Ranking programs is prohibited as it implies superiority of one program over another, disregarding variances in demographics and case difficulty. Specific data used in advertising/marketing that ranks or compares clinics or practices is not permitted in ANY FORM. See **Addendum B** for examples. Linking or referring to websites that “rank” IVF programs is prohibited.

7. Comparison of program statistics with SART data for national averages is permitted with the following stipulations: a. All initiated cycles (intended retrievals) must be included. b. Categories must conform to published SART format consistent with the clinic summary report (e.g. age categories, frozen vs. fresh, own oocytes vs. donor oocytes). c. Comparisons to SART national data must be within the same reporting year. d. Data is consistent with that reported to SART (e.g. same number of cycle starts)

8. The following statement **MUST** be included when quoting program statistics on the website or written literature: ***“A comparison of clinic success rates may not be meaningful because patient medical characteristics, treatment approaches, and entry criteria for ART may vary from clinic to clinic”***

9. It should be made clear to patients if procedures or treatments advertised are still considered investigational or experimental. Such advertisements for investigational or experimental procedures must proceed only with the approval of a properly constituted institutional review board (IRB).

10. The practice and medical director are held responsible for the content of all advertisements. If advertising and media releases are outsourced, it is the responsibility of the medical director to educate such personnel of the SART Advertising Guidelines.

11. A SART clinic (i.e. a clinic performing assisted reproductive technology that has its own specific SART member number) must advertise only its OWN success statistics.

a. If such clinic is a new SART member and/or part of a SART parent clinic and does not have success statistics yet, it must place the following disclaimer on its success section: ***“This clinic is new and does not yet have success statistics.”*** Claiming rates of the parent clinic is not permitted.

b. Success rates must be directly attributable to the location for which embryology lab services have been provided. For instance, if a practice has multiple clinic and lab sites, each site must report success rates independently. If possible, separate SART memberships is suggested to better administratively validate the data.

ACTION FOR SART ADVERTISING VIOLATIONS (MAJOR VIOLATIONS REQUIRING CORRECTIVE ACTION)

The SART Advertising Committee will review all advertising complaints and address any potential violations with individual programs. If violations of SART advertising policy are substantial, the program will be given **14 days** to correct them (SART recognizes that most violations are not intentional and that most clinics correct them promptly as soon as they are pointed out). Failure to comply will trigger further action by the committee on the timeline described below. If the violations are minor, the program will be asked to make corrections but will not be subject to the steps below. After reasonable due process and communications between the violating practice and the SART Advertising Committee, further review of the uncorrected violations will be undertaken by the full SART Executive Council (EC). The SART EC has the right to rescind SART membership for any program failing to comply with the advertising policy.

a. A phone call or an e-mail from a SART Advertising Committee member or a message on the SART Advertising Portal (SAP) outlining violation(s) will be sent or made to the medical or program director. The program will be asked to make the necessary corrections within **14 days**. SART will review the advertising venue for corrections. If the recommended changes are made within 14 days, no further action is needed.

b. If the violations are not addressed within 14 days, an e-mail or a message on the SAP will be sent to the program outlining the violations (a WARNING letter). The program will have **30 days** from this notification to make the necessary changes.

c. If the necessary changes are not made within **30 days**, the following red warning banner will be placed on the clinic's SART CSR data: ***"The following program is not in compliance with the SART Advertising Guidelines. Please interpret any and all data presented by this practice beyond the data below with caution."***

d. If the necessary changes are not made or no response is received from the program **90 days** from the WARNING notification from SART, the clinic's SART CSR data will be removed from the SART web site and the following statement will be placed instead: ***"This clinic is in violation of SART advertising guidelines and access to its Website on this page is blocked until these issues are resolved"***.

e. If the necessary changes are not made or response is not received from the program **180 days** from the WARNING notification from SART, the clinic will be placed on **AT RISK** status and its membership in SART will be discussed at the SART Executive Council meeting. While clearly undesirable by SART, **loss of membership** is a possible consequence of non-compliance of 180 days or greater. If a good faith effort by the practice to rectify the violations is made, as determined by the SART Advertising Committee, the above timeline may be extended. Every effort will be made by SART Advertising Committee to resolve the issues amicably. Expulsion or blocked access to the clinic's Website are last resort.

References:

1. <https://www.govtrack.us/congress/bills/102/hr4773>
2. <https://www.ftc.gov/news-events/media-resources/truth-advertising>
3. http://www.fda.gov/ohrms/dockets/ac/03/briefing/3985B1_03_Definitions.htm

ADDENDUM A: Examples of inappropriate claims suggesting superiority over others, unsubstantiated claims, or statements denigrating other IVF programs:

- “Our clinic offers best care in the state of Michigan”
- “Our clinic has the best doctors in the United States”
- “Our clinic has consistently achieved superior success to other clinics in the state”
- “More babies have been born in XYZ Center than ABC Center”
- “More patients choose XYZ Center than any other practices”
- “XYZ is the best practice in the Midwest “
- “Dr. Smith is the best doctor in the Silicon Valley, the nation, the city, the world, etc.”
- “Our program uses more than 30 stimulation protocols while other programs use less than five”
- “Our practice has world-class experts in reproductive medicine”
- “Unlike other clinics, we report true success statistics honestly”

ADDENDUM B: Examples of inappropriate claims suggesting rank status:

- “Our clinic has been consistently ranked by SART in the top 10th percentile”
- “Our success places us as the number one clinic in California”
- “Our program has been ranked by (Forbes, USA Today, etc) as one of the top programs in the nation”
- Active paid advertising by the practice with vendors that rank practices based on success rate criteria is not permitted. Passive participation on such websites is allowable. No website link to such vendors that rank practices, however, is allowed.

ADDENDUM C: Examples of appropriate data reporting of success:

- Program A initiated 17 fresh IVF cycles (intended retrievals) in women <35 that resulted in 8 live births. Their advertising for live births must include the numerator (8) and denominator (17).
- Program B initiated 320 fresh IVF cycles (intended retrievals) in women <35 that resulted in 151 live births. Its advertising could include the numerator (151) or a live birth rate per cycle start (47%) but either choice must be accompanied by the denominator (320).
- Program C initiated 151 fresh autologous IVF cycles (cycle starts or intended retrievals) in women ages 35-37, resulting in 47 live births. 15 of the cycles were cancelled and 7 retrievals did not result in an embryo transfer. The correct reporting is 31% live births per cycle start (intended retrieval); 35% live births per retrieval; and 36% per transfer.

Glossary:

ART: Assisted reproductive technology. Procedures that include in vitro fertilization (IVF), embryo transfer (frozen or fresh), egg donation (frozen or fresh), embryo donation, embryos transferred following pre-implantation genetic testing (PGT).

CDC: Centers for Disease Control.

CSR: Clinic-specific report. Success data for each clinic published on the SART website and updated annually.

CYCLE START (also known as **INTENDED RETRIEVAL**): a treatment cycle in which ovarian stimulation is intended to result in surgical retrieval of eggs and eventually in embryo transfer(s), fresh or frozen. It includes natural cycles or cycles with minimal ovarian stimulation with the intention of surgically retrieving eggs.

FTC: Federal trade commission. A government agency charged with overseeing truth in advertising.

IVF: In vitro fertilization. Fertilization in laboratory.

LIVE BIRTH: Delivery of a live baby or babies (in the case of multiple gestation) beyond 20 weeks of gestation.

PGT: Preimplantation genetic testing. A process in which an embryo is biopsied and the material analyzed for genetic defects.

SART: Society for Assisted Reproductive Technology.