

View the web version of this mailing



Message From the SART President

2019 - A great year to #StartwithSART



Amy Sparks, Ph.D.

Dear SART Members:

As 2018 came to a close, a story of feeling “lost and alone” after a miscarriage and use of IVF to build their family was shared by former First Lady Michelle Obama. It’s quite likely that by sharing her story, she has given others the courage to reach out for support and seek assistance to build their families. SART is committed to making sure patients are aware of the value of establishing their care with a SART member clinic. This commitment is strong, as evidenced by being made one of the top priorities of SART’s 5-year strategic plan.

SART’s mission is to establish and help maintain the highest medical, ethical and professional standards for ART in an effort to better serve our members and our patients. To fulfill this mission, the following goals were given top priority in SART’s strategic plan:

To transform the quality of our communications and engagement with member clinics

- Clinics will be empowered to access necessary information easily.
- There is effective two-way communication between SART and its member clinics.
- Clinic staff (both ASRM members and non-members) have accurate and up to date data entry information.
- Patients understand how IVF/ART works, what they can expect, their chances of success and the risks involved.

To build the SART brand so that member clinics, patients and policymakers associate SART uniquely with quality and safety

- There is explicit acknowledgment of the benefits of being a member of SART.
- Patients understand the value of seeking care at a SART member clinic.

To continue to enhance the quality of the SART CORS and improve the quality and clarity of

information based on its data

- Provide information on how clinicians can use the clinic report for patient counselling. Expand the clinic report to capture interim outcomes for cycles that conclude with oocyte or embryo cryopreservation and do not have an embryo transfer within the reporting timeframe. (e.g. % of cycles with cryopreserved oocytes or embryos; average number of oocytes or embryos cryopreserved).
- Develop a query engine that will enable member clinics to access their data efficiently in real time. The query engine is now available to SART CORS users who have been granted “normal user” or “administrator” access to their center’s data.
- Offer data entry training, to help clinics reduce the time, effort and cost of the process. The Registry Committee produced three new micro-video tutorials that are now available on the SART CORS homepage. The “Help/FAQ” section now features a searchable documentation portal that provides field definitions and gateway specifications.

We will be holding a “town hall” style webinar later this summer to demonstrate some of the new features available in SART CORS and solicit feedback from members. Please watch for our “save the date” announcement scheduled to arrive in your inbox this July.

It’s an honor to work with so many dedicated volunteers. Please contact me at amy-sparks@uiowa.edu if you have any questions, concerns or wish to join the ranks of SART volunteers.

Electronic Communications Committee

William D. Petok, Outgoing Chair



William Petok, Ph.D.

The Electronic Communications Committee is charged with several primary tasks: maintenance and improvement of the SART website, creation of content that will increase usage of the website by patients, ongoing improvement of the website for communication with member clinics and support for additional projects of SART employ digital technology such as the SART app. During the past year the committee focused on a variety of items; 1) Improving the website’s search engine optimization (SEO), 2) Adding new content that was patient friendly and 3) Improving the look and navigation of the home page.

SEO was improved by adding a brief “tagline” to the home page (The Society for Assisted Reproductive Technology (SART): Providing unbiased information and setting the standards for in vitro fertilization (IVF) since 1985.) The tagline highlights IVF as a primary function of SART and its member clinics, giving search engines another hit point for the Society’s webpage. A next step will be to optimize each page for search engines with meta tags that will draw search engines to SART.

New content is always a device to improve SEO. The patient friendly micro videos have attracted a

significant viewership with several of the videos achieving viewership in the 1 to 4K range. There are currently 3 new micro videos in process: “What Is IVF”, “A Description of PGT” and “The Impact of Stress on Fertility.” We know that patients want easily understandable information that avoids highly technical language and so the microvideos are created with this in mind. The videos are located on the website at www.sart.org/patients/fyi-videos.

The look and navigation of the home page was improved by swapping out the “History of IVF” link on the home page and adding “considering IVF,” a direct link to the microvideos. History of IVF has been renamed “Number of Clinics, Treatments and Births” and is included on the Patients page. The content is a series of infographics that detail the advances made in the delivery of assisted reproductive technologies.

The Electronic Communications Committee also assisted in the design and implementation of the SART app which was officially launched at the 2018 ASRM annual meeting. Other topics considered by the committee during the past year included improvements that can be made to SART’s social media presence, improvements in communication to members and member clinics and support for other committees who rely on the website for a portion of their work.

The best Google analytics data for the website is for the period April 7 – September 6 for both 2017 and 2018. The comparison period gives the first good view of website activity since the new SART/ASRM Content Management System (CMS) went active on April 7, 2017. This data indicates that new users, sessions and sessions per user are up for the comparison period by small amounts.

As in years past, there has been a steady increase in mobile operating systems providing access to the web page. This is consistent with overall web usage patterns in general. The new SART app was designed with this trend in mind.

The SART website is an important asset for creating and spreading the brand of the organization to both patients and other professionals. An ongoing focus of the Committee is to improve the Society’s presence and stature for the public in general. The SART mobile app will also help accomplish this goal. Feel free to suggest to patients that “when considering your family building options #Start with SART.”

SART Research Committee

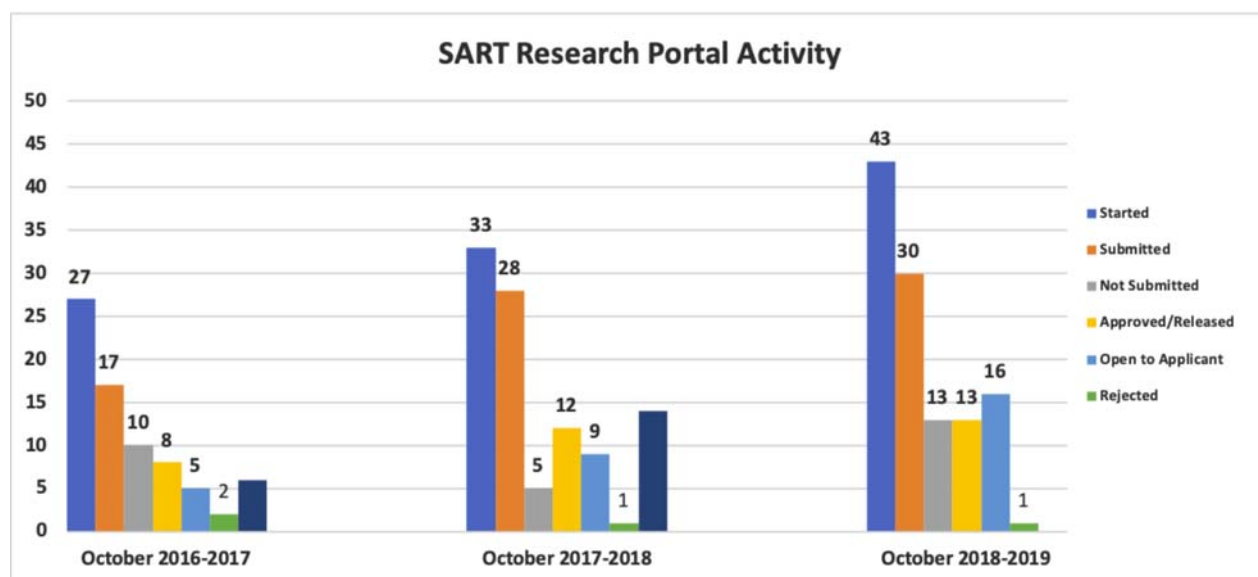


The SART research committee is comprised of clinicians and scientists in both academic and private practice. Based on their interests and previous experience working with SART CORS data, committee members are invited to serve a renewable three-year term. A significant member benefit is the ability to query the national SART CORS data to answer hypothesis-driven research questions. The committee evaluates IRB-approved research proposals based on study design, objective, rationale, planned methods of data analysis and originality of the research question.

Sangita
Jindal,
Ph.D.

All research proposals are submitted through the SART research portal. The research portal is accessed through each member program's SART CORS landing page www.sartcorsonline.com. The research portal is used for processing of all research dataset requests, exemption requests, and survey requests of SART CORS data.

Overall, over 250 research applications have been created in the portal and over 110 peer-reviewed scientific publications have been published based on national SART CORS data. Of note, investigators are now able to query SART CORS for data linking embryo thaw cycles to their source egg retrieval cycles, starting with 2014 data. Guidelines for investigators working with SART CORS data can be found on the SART website www.sart.org, along with the list of peer-reviewed publications from SART CORS data.



The submission and review process is being redesigned to accommodate the recent and significant increase in volume of proposals submitted to the research portal. Review of new proposals will resume in late 2019.

Tissue Banking Best Practices Update

Marybeth Gerrity, Ph.D.

Chair, SART Tissue Banking Task Force



SART convened a Reproductive Tissue Banking Task Force in March 2018 to develop a framework for promulgating Best Practices for Reproductive Tissue



Marybeth
Gerrity, Ph.D.

Banks to manage risk and improve quality of care. The Task Force considered a range of solutions including what should be covered in the informed consent process, how to handle an error, how to assess risks, what are best practices for operations and how best to educate IVF providers. The formation of this Task Force was catalyzed by recent events and in response to the request by members for additional information on preventing errors and assessing risk in their own labs. The Task Force included members from SART, SRBT, Legal Professional Group and the Tissue Banking Industry (including the American Association of Tissue Banks-AATB) with deep expertise in investigating and remediating tissue banking errors that have occurred.

The Task Force has completed the following tasks which contributed to the upcoming ASRM Practice Committee document on Tissue Banking:

1.Developed a list of known tissue banking errors that have occurred in the US. An audience poll during a recent webinar (not sponsored by SART) indicated that 23% of IVF programs had experienced a tissue banking error that resulted in the loss of patient samples. Tissue banking errors are not rare events and educating members on types of errors that have occurred and methods to prevent them is key.

2.Assembled the Tissue Banking Guidelines Promulgated by Peer Organizations. These guidelines and standards come from ESHRE, the Canadian Fertility Society, the American Association of Tissue Banks, CAP, The Joint Commission and ISBER to name a few.

3.Performed a literature review on tissue banking errors. This includes a review of European voluntary reporting system for errors <http://www.notifylibrary.org/>

4.Made revisions to existing ART consents and added additional consents to reflect known errors. A subgroup of the Tissue Banking Task Force developed language (with help from the Legal Professionals Group) suitable for use in existing consents. Additional new consents were written to address tissue banking practices that are in common use such as Transfer of Samples In and Out of Facilities and Disposal and Cryopreservation of Sperm for Autologous Use. All of these consents are now available on the SART website.

5.Developed a Framework for Best Practices Document that was submitted to the ASRM Practice Committee. The ASRM Practice Committee is currently finalizing their document.

6.The Task Force identified an unmet need to educate the membership in how to conduct a Root Cause Analysis when errors occur. Methods for investigating errors and developing a remedial plan that focuses on the specific errors and their causes is crucial.

Society for Assisted Reproductive Technology

An Affiliated Society of the American Society for Reproductive Medicine
1209 Montgomery Highway

Birmingham, Alabama 35216

Email us | (205) 978-5000 | Visit our website

Unsubscribe from All ASRM emails

