*The Society for Assisted Reproductive Technology*



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To Whom It May Concern,

As representatives of the Executive Council of the Society of Assisted Reproductive Technologies (SART), we are writing concerning your Centers of Excellence program. Many of our members are concerned about your use of data produced by SART member programs as part of the national IVF registry. As you may or may not know, this registry began as a Quality Assurance effort by SART 30 years ago.

SART currently has more than 300 member programs, and there are significant differences between programs. They differ by patient populations, specific treatment protocols, and patient selection. Some practices may provide care for a greater percentage of women with diminished ovarian reserve or those with a greater number of previous failed IVF cycles. Programs that discourage or deny care to patients with a poorer prognosis may have higher pregnancy rates than programs that feel an obligation to treat the same well-counseled patients. It is, therefore, very difficult to compare the results obtained by one program with those of another in any scientifically meaningful way. In recognition of this challenge, SART has specifically prohibited member programs from comparing their data to each other, as we believe that there is a high likelihood that such comparisons will mislead patients into erroneously thinking that one program may truly be superior to another when the apparent differences may reside in the baseline health of the selected patient populations and not the specific clinical treatment provided by the program.

It has recently come to our attention that your company is using the SART/CDC Registry data as part of your criteria for establishing a Center of Excellence. We are very concerned that this represents a misuse of the data - by making the same sort of comparisons and claims that our members are prohibited from doing. By using these data in a non-scientific way and awarding centers that meet your specific criteria a “Center of Excellence” imprimatur, we fear that you are encouraging the comparison of programs based on their annual data and creating the false impression among your insured population that one center may generate clinical results that are superior to those generated by another.

We believe that you have no desire to intentionally confuse or mislead patients. We therefore request that you stop using the SART data as part of your criteria for establishing “Centers of Excellence”. We welcome the opportunity to discuss more appropriate means for determining excellence, should this be required. We submit that being a member clinic of SART is a great indicator of excellence since we hold member clinics to high standards and have been engaged in both QA measures and improvement for many years. Our QA process requires remediation or expulsion when indicators suggest a problem with program quality. We have the advantage of more granular detail compared to what is available in the public report.

We all have a significant interest in expanding infertility coverage for our patients, and are happy to discuss these issues in more detail with you if you desire. We very much appreciate your prompt attention to this matter.

Sincerely,

SART Executive Council