

Guidelines for advertising by ART programs

The Practice Committee of the Society for Assisted Reproductive Technology and the American Society for Reproductive Medicine

Birmingham, Alabama

To protect the patient from getting misleading information, these guidelines have been revised to reflect more stringent requirements for advertising* and marketing. (Fertil Steril® 2004;82:527–8. ©2004 by American Society for Reproductive Medicine.)

Both patients and referring physicians have a right to know pregnancy rates derived from assisted reproduction programs. Accurate reporting of data assists in the formation of realistic expectations and promotes patient confidence in the integrity of assisted reproductive technology (ART) programs. Patient education about these complex techniques is an important component of the physician-patient relationship. With these goals in mind, the SART Executive Council has adopted these guidelines for advertising by ART programs. Adherence to them is a requirement for membership in SART.

1. Advertising must comply with guidelines of the Federal Trade Commission (1).
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 nonreporting 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 or experimental 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.”

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No reprints will be available. Correspondence to: Marc A. Fritz, M.D., University of North Carolina at Chapel Hill School of Medicine, Department of Obstetrics and Gynecology, CB7570 Rm 4001, Old Clinic Building, Chapel Hill, North Carolina 27599 (FAX: 919-966-5214; E-mail: mafritz@med.unc.edu).

*Advertising includes print, radio, television, electronic media, lectures, informational seminars, promotional brochures, and patient information seminars.

† Rare exception to this requirement may be granted by SART/ASRM.

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ductive medicine, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment. Other plans of management may be appropriate, taking into account the needs of the individual patient, available resources, and institutional or clinical practice limitations. This report was approved by the Executive Council of the Society for Assisted Reproductive Technology in December 2003, and by

the Board of Directors of the American Society for Reproductive Medicine in January 2004.

Reference

1. Katz MA. Federal Trade Commission staff concerns with assisted reproductive technology advertising. *Fertil Steril* 1995;64:10–2.