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Reproductive Technology

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May 25, 2004

John Nulsen, M.D.
Center for Advanced Reproductive Services
UConn Health Center, Dowling South
3rd Floor, 263 Farmington Avenue
Farmington CT 06030-6221

Dear Dr. Nulsen;

The Society for Assisted Reproductive Technology (SART) is dedicated to representing and maintaining the highest standards of patient care in the field of Assisted Reproductive Technology. As a member of this organization, your program is expected to "set the standards" for ART in your community.

The Quality Assurance Committee is charged with recognizing opportunities for improving quality of care, and making recommendations to the Executive Council of SART regarding implementation of these recommendations. The purpose of this letter is to draw your attention to the nation wide problem of high order multiple pregnancies.

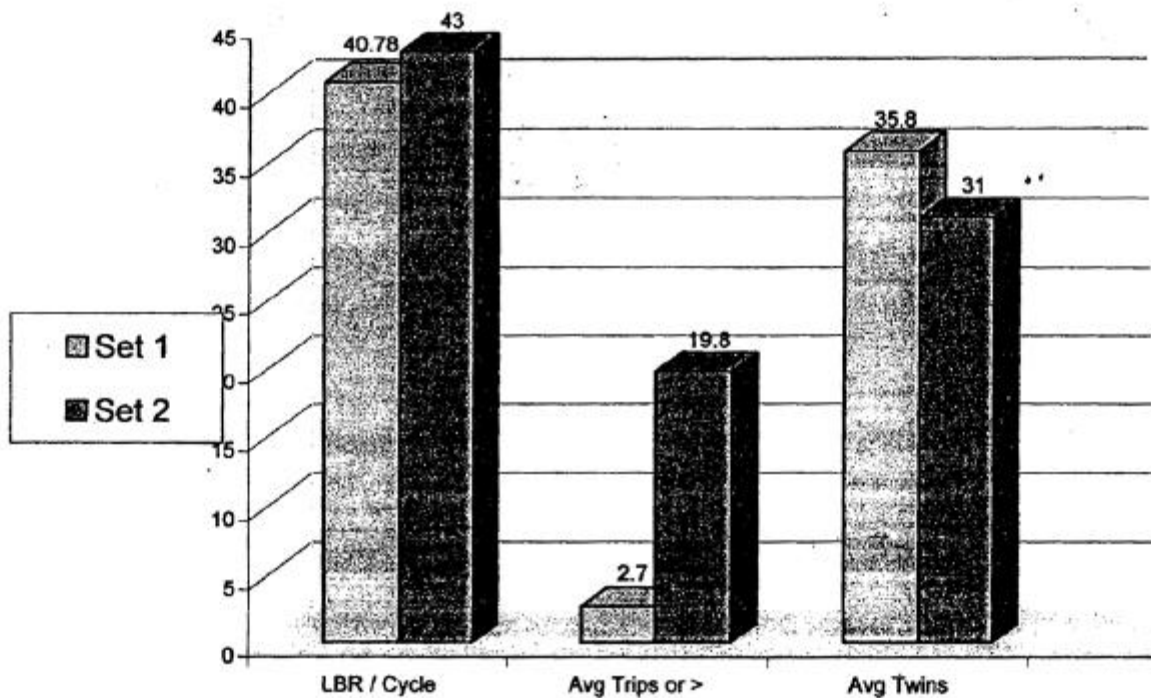
The SART feels that this issue is of utmost importance. As you all know, there is a strong push for federal regulation of assisted reproductive technologies. Clearly, one impetus for this movement is the economic and societal burden of high order multiple pregnancies that result from IVF. There is also a pervasive opinion in government (and perhaps the public) that "self-regulation" by our society will be ineffective.

Because of these issues, the Executive Council requested that the QA Committee evaluate the 2001 published report from the CDC with specific attention to multiple pregnancy rates. We recognize the limitations of the data from which these observations are drawn. However, the magnitude of the deviations from "acceptable" (or average, which may in fact not be "acceptable") warrants immediate attention.

Programs with success rates (live birth rates per cycle in the under 35 age group) above the mean (35%), that performed greater than 50
Setting the Standards for ART

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cycles per year, with a triplet or higher rate less than 5.3% (Set 1) were compared to programs of similar size with greater than 15% triplets or higher pregnancies (Set 2). We chose the triplets or higher rate of 5.3% because, in the national dataset, this is the rate seen when 3 embryos were transferred (Figure 23, page 35); based on SART guidelines for numbers of embryos to transfer, no more than 3 embryos *should* be transferred in this group of patients.



There are three main points to learn from this information. First, programs having a high percentage of pregnancies with triplets or higher on average transferred **3.29** embryos as compared to **2.52** embryos for programs with a low triplets or higher rate (recall that this group of patients are all less than 35 years of age). Second, this increase in the numbers of embryos transferred resulted in a **seven-fold** increase in the high order multiple pregnancy rate. Lastly, the overall live birth rate was not significantly higher for programs with excessively high multiple pregnancy rates.

Your program is one of 37 programs included in Set 1 of the above analysis. As Chair of the Quality Assurance Committee for SART, I would like to congratulate your program for what I consider excellence in patient care. The SART Executive Council has requested the programs in Set 2 to respond to the following questions:

1. In your program, what percent of pregnancies in the <35 age group resulted in triplets or higher in 2002?
2. What was the average number of embryos transferred in this group in 2002?
3. What are the specific reasons that your program used for transferring more than two embryos in this group of patients?
4. In detail, what steps will your program take (or has taken) to decrease your high order multiple pregnancy rate?

I am asking if you would be willing to spend a few minutes and respond to the same questions (obviously, helping us to learn more about "best practices" in ART).

The SART considers lowering the percent of pregnancies resulting in triplets or higher a priority. As a self-regulating body, we must address this important issue. Any further suggestions that you have that will help ameliorate this problem will be greatly appreciated, and will be passed on to the membership. Thank you for your consideration of this very important issue. If possible, a timely response would be appreciated (within thirty days). For your convenience, a return envelope is enclosed.

Sincerely,



David A. Grainger MD, MPH
Chair, Quality Assurance Committee