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Assisted Reproductive Technology Program Reporting

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To the Editor

Dr Adashi and Senator Wyden (D-OR) commented on the Centers for Disease Control and Prevention's (CDC's) National Assisted Reproductive Technology Surveillance System (NASS).¹ The Society for Assisted Reproductive Technology started collecting assisted reproductive technology (ART) data from member-clinics in 1986; the CDC has been collecting detailed information on all ART procedures performed annually in the United States since 1995 and has been monitoring ART effectiveness and safety.

Several factors contribute to the high quality of surveillance data, including support of professional societies and consumer organizations, as well as annual data validation of a sample of ART programs. However, there are areas for improvement. Currently, ART programs submit their data to the CDC 1 year after the end of the reporting year to allow collection of complete information about births following successful ART procedures. Another year is needed for statistical analyses, preparation, and publication of the ART Success Rates Report.² Thus, the report describing ART procedures performed in 2009 is published at the end of 2011. To improve the timeliness of publishing clinic-specific success rates, the CDC plans to release these rates in advance of the aggregate national data beginning in 2012. Outreach to the few nonreporting ART clinics, which tend to be smaller and may not belong to the relevant professional societies, could improve completeness of the NASS.² The quality of reported data can be further improved by prospective reporting, ie, initial reporting of ART procedure (cycle start date and patient's demographic information) within 4 days of procedure initiation, and complete reporting when the outcome of the procedure is known. All member-clinics of the Society for Assisted Reproductive Technology are now required to report prospectively.³ Extension of prospective reporting to non-member-clinics (approximately 15% of ART clinics) could further improve data quality and accountability.

The growing population of ART-conceived children and the contribution of ART to multiple and preterm births makes ART an important public health issue, which the NASS can help

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to address.⁴ However, the NASS only contains limited pregnancy outcome information. Linking ART surveillance data with other surveillance systems could be an efficient approach to monitor long-term outcomes of ART. In collaboration with the health departments of Massachusetts, Michigan, and Florida, NASS data are being linked to vital records, hospital discharge data, birth defects' registries, cancer registries, and other surveillance systems.⁵ This project, the States Monitoring ART Collaborative, provides an opportunity to establish state-based patient-focused (vs cycle-focused) public health surveillance of ART, infertility, and related issues.

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