

Evidence-based medicine in ART

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Sir,

The treatment of infertility through assisted reproduction technology (ART) is currently helping hundreds of thousands of people each year to achieve parenthood. This branch of medicine is also undergoing substantial technological development. While the technology is implemented quickly, solid clinical data become available slowly, resulting in a growing gap between current ART practices and evidence-based standards. The level of evidence of some commonly used ART practices, such as preimplantation genetic screening and the freeze-all strategy, has recently been discussed by an international group of experts and ART practitioners (www.ebartcongress.com), and it was concluded that evidence supporting routine application of these ART practices is currently insufficient. This situation contributes to difficulties of patients making informed choices about treatment in a critical moment of their life plan. In light of the current situation, we advocate for a series of measures to be taken by the ART community: (i) when offering new treatments or diagnostic tests to patients, a distinction is necessary between experimental, innovative and established treatment procedures (Provoost et al., 2014); (ii) new technologies should be tested by means of clinical research applying appropriate rigorous methods before they are implemented as routine clinical care; (iii) the level of already existing evidence must be presented comprehensively to patients in order to facilitate decision-making; (iv) treatments of unknown efficacy and safety to patients should only be offered in the framework of clinical research; (v) ART professionals should be educated in the principles of evidence-based medicine; and (vi) the ART field should promote self-regulation towards evidence-based medicine. Taking these steps can greatly reduce inadequate treatments in ART and maximize the individual and public health benefits of treatment of infertility.

Reference

Provoost V, Tilleman K, D'Angelo A, De Sutter P, de Wert G, Nelen W, Pennings G, Shenfield F, Dondorp W. Beyond the dichotomy: a tool for distinguishing between experimental, innovative and established treatment. *Hum Reprod* 2014;29:413–417.