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Insights into infertility patient discontinuation of care: results of a nationwide survey

B Collura,[1] B Hayward,[2] KA Modrzejewski,[2] GL Mottla,[3] KS Richter,[4] AB Catherino[2]

[1]RESOLVE: The National Infertility Association, McLean, VA, USA; [2]EMD Serono, Inc.,* Rockland, MA, USA; [3]Shady Grove Fertility Center, Annapolis, MD, USA; [4]Fertility Science Consulting, Silver Spring, MD, USA

INTRODUCTION

- Treatment discontinuation is a consideration for most patients who undergo fertility treatment.[1]
  - Reported discontinuation rates increase cumulatively with the number of cycles, with 62% of patients discontinuing after 3–4 cycles without a pregnancy.[2,3]
- While many patients choose to discontinue treatment after starting, some may later resume treatment.
- The reasons for stopping and restarting treatment are unclear, although treatment fatigue and poor prognosis have been reported as potential drivers.[4]
  - Even in patients with a good clinical prognosis, as well as those living in states with insurance mandates to reimburse fertility treatment, high rates of discontinuation have been reported.[1,5]
- While reasons patients terminate *in vitro* fertilization treatment have been explored in a single-center survey,[6] a more comprehensive survey of the motivations of the broader US population for starting, stopping, continuing, or restarting fertility treatment has not yet been conducted.
- Deeper insight into the treatment experiences of other patients may be useful to help clinicians provide support to patients along the fertility treatment journey through shared decision making.

OBJECTIVE

- To illustrate perspectives of patients on the fertility treatment journey, and their motivations for treatment discontinuation and return to care.

METHODS

- This online, cross-sectional, quantitative–qualitative patient survey was administered in March–April 2019.
  - The survey consisted of 44 multiple-choice and short-answer questions, and 4 questions requesting a qualitative free-text response.
- Participants (male and female, aged ⩾18 years) were recruited via email from patients belonging to infertility support groups throughout the US.
  - For inclusion in the study, respondents must have sought fertility treatment with a reproductive endocrinologist at an infertility center; respondents who had not sought treatment at an infertility center were excluded.
- Descriptive statistics were calculated for all survey items.

RESULTS

Patient demographics

- Among 347 respondents from 43 US states, 99% were female.
- Most (69%) respondents were 31–40 years old.
  - 18% were ⩽30 years old and 13% were > 40 years old.
- A master's or doctoral degree had been earned by 41% of patients, while an additional 40% reported a bachelor's degree as highest education level achieved.
- The majority (51.5%) reported an annual household income of $100,000 or greater, while 7.0% reported an income below $50,000.

Live birth rates

- Of 180 patients who reported that they had finished treatment, 61.7% (n=111) completed treatment with a live birth and 38.3% (n=69) ended treatment without a live birth (**Figure 1**).

Discontinuation patterns

- Of 200 respondents who considered discontinuation of care, 30.0% (n=60) continued without ever stopping, 35.5% (n=71) stopped for a period of time and then restarted, and 34.5% (n=69) stopped with no plan to restart (**Figure 2**).
- Commonly cited reasons (patients were able to choose multiple reasons) for treatment discontinuation were financial (62.3%), psychological burden/treatment fatigue (58.0%), poor prognosis (26.1%), and natural conception (5.8%) (**Figure 3**).

Figure 1. Live birth outcome reported for respondents who had finished fertility treatment (n=180)

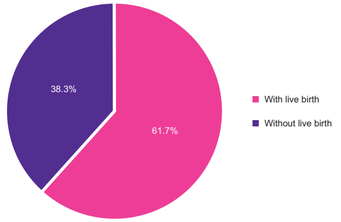
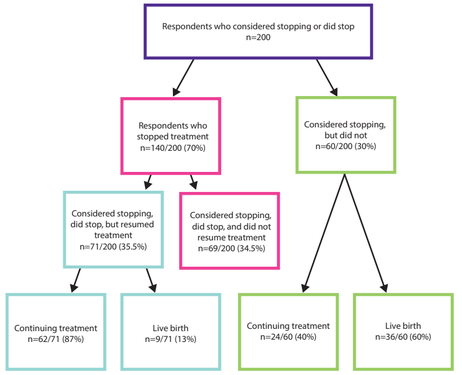


Figure 2. Outcomes for patients who considered discontinuation of fertility treatment

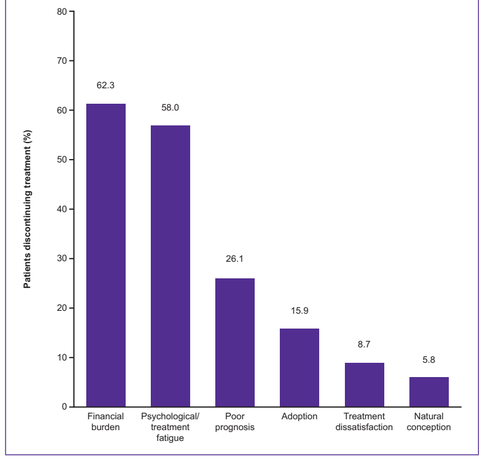


- The reasons most often cited for staying in treatment were desire of patient for a family (47.1%), hope (20.7%), and desire of partner for a family (13.2%).

Expected versus actual time to pregnancy

- Expected time to pregnancy compared with actual time was markedly divergent (**Table 1**).

Figure 3. Reported motivations for discontinuation of fertility treatment (n=140)



As patients were permitted to choose more than one reason for discontinuation, percentages do not add up to 100.

Table 1. Patient expectation compared with actual time to pregnancy

	Actual time to pregnancy						
Patient group	**0.5 years**	**1 year**	**2 years**	**>2 years**	**Still on journey**	**Completed family without live birth**	**Total**
I did not have an expectation	1	5	5	21	11	0	43
I would be pregnant in <1 year	2	3	14	78	83	5	185
I would be pregnant in 1–2 years	0	2	2	8	40	4	56
I would never be pregnant	0	1	1	3	2	0	7
Total	3	11	22	110	136	9	291

Green = patient expectation aligned with actual time to pregnancy; Gray = expectations and actual time to pregnancy not aligned.

- Of patients who thought it would take <1 year to become pregnant:
  - forty-two percent (78/185) reported it took >2 years before pregnancy
  - forty-five percent (83/185) reported still being on their treatment journey (>2 years after seeking treatment).

LIMITATIONS

- The convenience sample surveyed is not necessarily representative of the population as a whole.

CONCLUSIONS

- **Patients receiving fertility treatment predominantly cited financial burden and psychological burden/treatment fatigue as reasons for discontinuation.**
- **The most-cited reasons for staying in treatment were hope and desire for family.**
- **Fostering more realistic patient expectations regarding the time it often takes to achieve pregnancy may play a role in reducing treatment discontinuation and prematurely ending the patient fertility journey.**

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DISCLOSURES

BC is an employee of RESOLVE: The National Infertility Association, McLean, VA, USA. **BH**, **KAM**, and **ABC** are employees of EMD Serono, Inc.,* Rockland, MA, USA. **GLM** is an employee of Shady Grove Fertility Center, Annapolis, MD, USA. **KSR** is an employee of Fertility Science Consulting, Silver Spring, MD, USA.

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