What are Infertility Treatment Center Websites Telling Couples About Male Factor Infertility?
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Objective: To evaluate patient-directed website contents of infertility treatment centers

Design: Cross-sectional

Materials and Methods: 428 infertility treatment centers were identified based on the 2011 Centers for Disease Control Fertility Clinic Success Rates Report. Each center’s website was evaluated for the presence and/or description of terms related to the contribution, work-up, etiology, and treatment of male factor infertility using a standardized data abstraction form. Specific variables included semen analysis, azo- and oligospermia, karyotype evaluation, Y-chromosome microdeletion testing, hypogonadism, varicocele, hormone therapy, surgical sperm extraction, and referral to an urologist. The Flesch-Kincaid readability score was applied to assess website readability. Websites in languages other than English were excluded. Descriptive and inferential statistical analysis with Chi-square and Fisher’s exact tests was performed using SAS® 9.3, to evaluate the frequency with which websites included information pertaining to male factor infertility. Differences in the specified variables were examined with respect to academic center affiliation, as well as geographic distribution within four regions demarcated by the U.S. Census Bureau.

Results: The majority (76%) of infertility treatment centers were non-academic practices. Overall, only 78% of websites acknowledged a male factor contribution to infertility, with 86% mentioning any evaluation of the male partner, 63% mentioning any treatment options for male factor infertility, and 23% discussing referral to an urologist. Of websites that mentioned a male factor contribution, the most commonly described etiologies were azo- or oligospermia (72%), varicoceles (48%), cystic fibrosis (32%), hypogonadism (27%), Klinefelter’s syndrome (15%), and Y-chromosome microdeletion (11%). Of websites that mentioned treatment for male factor infertility, 39% discussed medical and 97% discussed surgical options. Statistically significant regional differences were found in the distribution of academic vs. non-academic treatment centers (p=0.001), and in the mention of any treatment for male infertility (p=0.034). The average website read at the 12th-grade level.

Conclusion: Patient-directed information pertaining to the contribution, etiology, work-up and treatment of male factor infertility on the websites of infertility treatment centers is variable at best, and completely lacking in more than 20% of websites. Even amongst websites that acknowledge the contribution of male factor infertility, specific referral for urologic evaluation is mentioned less than 25% of the time. It is likely that couples undergoing infertility evaluation and treatment are not well informed about the importance or benefit of a male factor evaluation.