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Zoom link to SJDM poster session: <https://onoac-il.zoom.us/j/82874936438>

## Background & Aims

Many women, for whom Assisted Reproductive Technique (ART) treatments are ineffective, persist with them. This results in futile treatments, physical and emotional difficulties. The study was held in Israel, where limitless funding for ART is offered till age 45. This allowed us to examine patients' decision making, without constraints.

## Methods

Through an anonymous questionnaire to ART patients aged 43-5 we asked about: The number of IVF cycles they'd had, their perceived chances of conceiving, the information they'd received from physicians. Likewise: their self-imposed limits for the amount of cycles to have, or money to spend out of pocket on treatments.

## Results

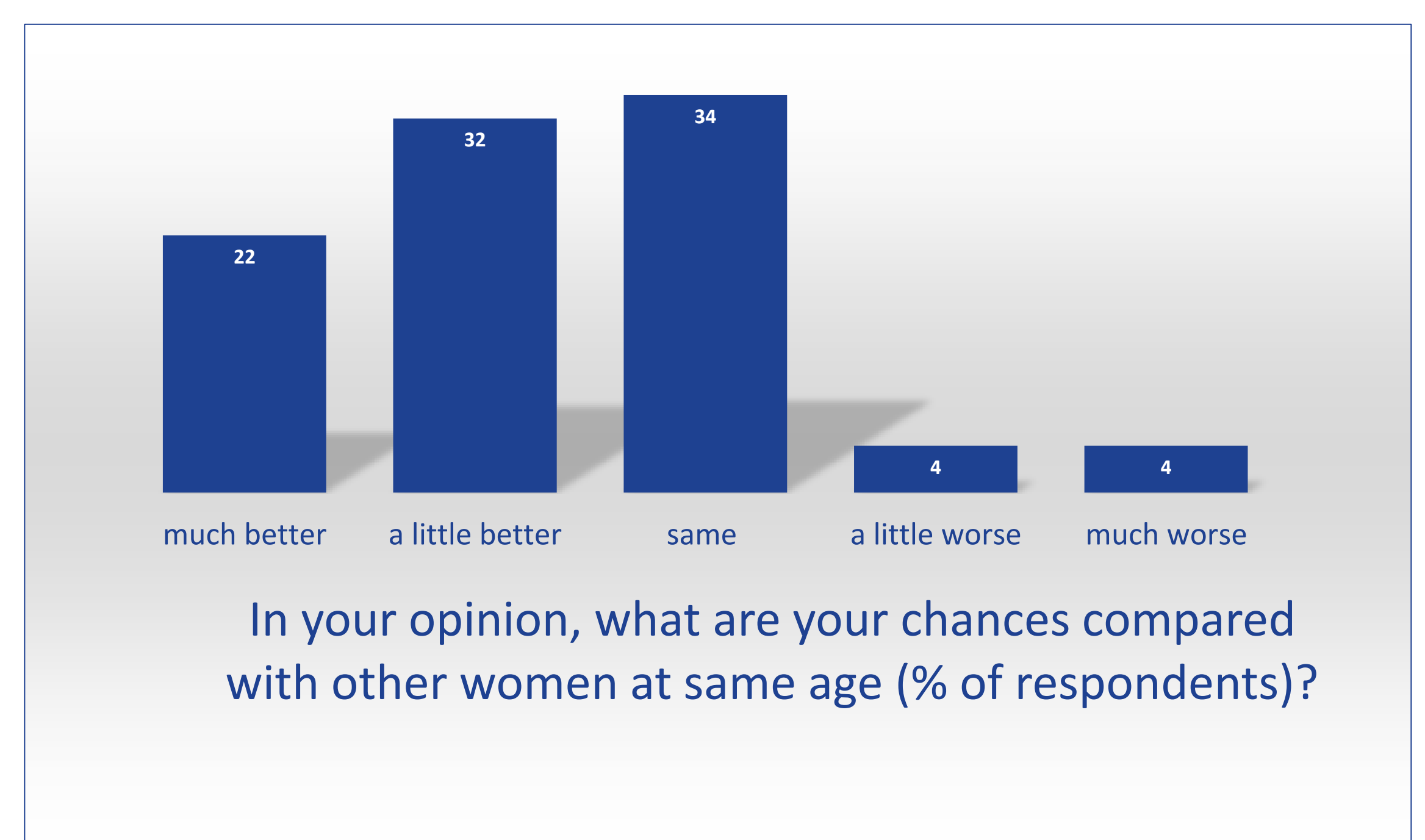
N=93 women scheduled for ART treatments using their own eggs at age  $43.8 \pm 0.7$ .

**While actual delivery rates in IVF at age 43-5 are no more than 5% per cycle and 15% after all treatments, participants estimated these rates in their next treatment cycle at  $48 \pm 32\%$ , and cumulatively, after all treatments they will undergo at  $61 \pm 34\%$ .**

These estimates were similar regardless of having received information from the doctor. Only 15% reported they received no information from their providers regarding estimated success rates. Of those who received it, most (58%) reported receiving very low estimates of success, and 34% received verbal descriptions which may be interpreted as less pessimistic. Only 7% claimed they had been given optimistic delivery prospects.

**Women did not have stopping rules. Most women (71.4%) responded they would have attempted treatments regardless of any a-priori estimation of outcome.** When asked if there was a financial cut-off point, 62.6% stated "I don't know", and 24.2% said "no".

**Most respondents estimated their personal chances of success as better than the average patients at same age (Figure).**



## Conclusions

Despite being informed, most advanced-age ART patients have extremely unrealistic expectations of ART and ignore their estimated prognosis when deciding on treatments. A nudge of halting treatments after 4 cycles (when success rates plateau) and discussing chances, might reduce ineffective treatments, public + private spending, and heartache.