

Rellevància de la resposta subòptima en el context actual de la Fecundació in Vitro

B. Coroleu, B. Álvaro, C. Dosouto, M. Álvarez,
i P. N. Barri



NEN NASCUT SA

- EFICÀCIA
- SEGURETAT

— RISCOS (EM I SHO)

EFICÀCIA DE LA TÈCNICA DE FIV

Positive hCG, n (%)

Clinical pregnancy, n (%)

Ongoing pregnancy, n (%)†

Live birth rates, n (%)



Positive hCG, n (%)

Clinical pregnancy, n (%)

Ongoing pregnancy, n (%)†

Live birth rates, n (%)

TAXA DE NEN
NASCUT

TAXA
ACUMULADA DE
NEN NASCUT

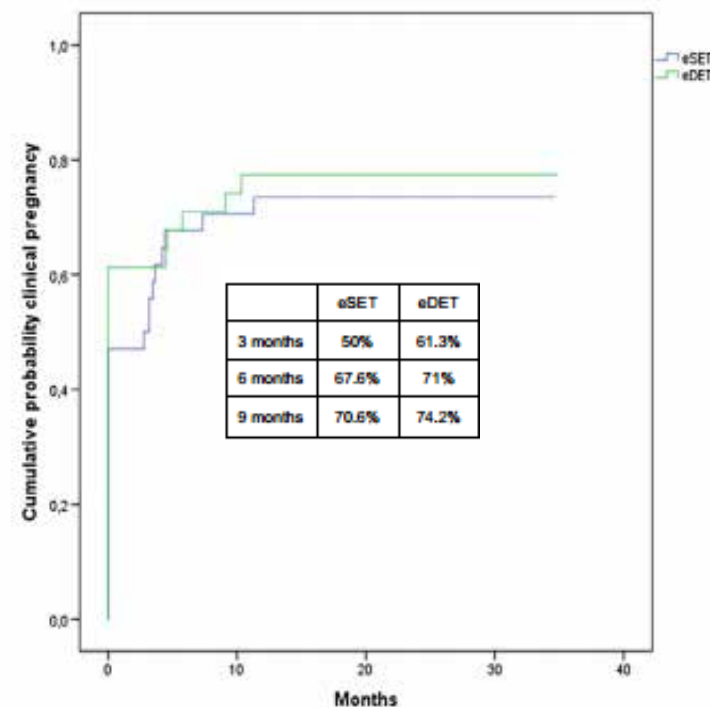
IMPORTÀNCIA DE LA TAXA ACUMULADA D'EMBARÀS I DE NEN NASCUT EN LA eSET

Table 5 Cumulative outcome 12 months after fresh embryo transfer.

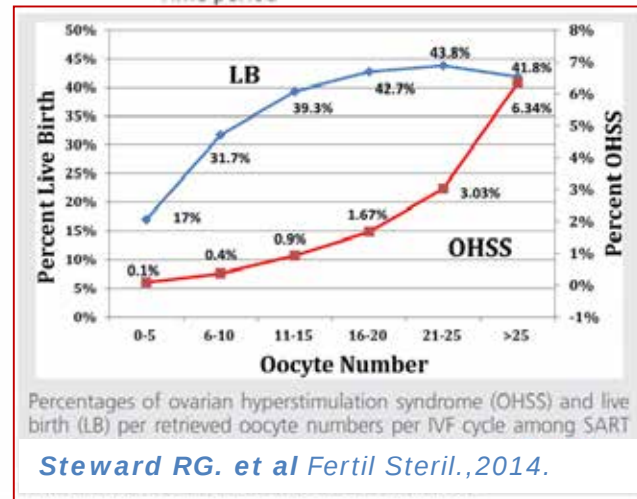
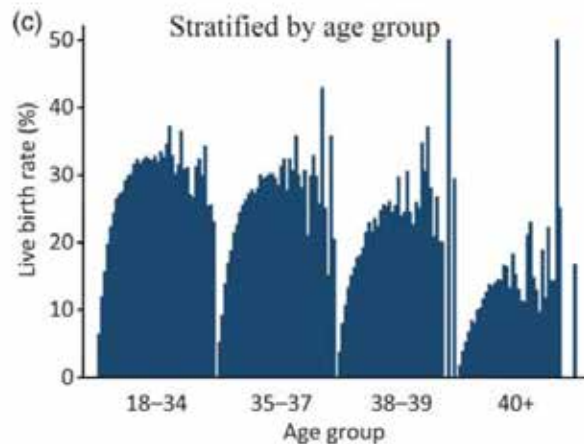
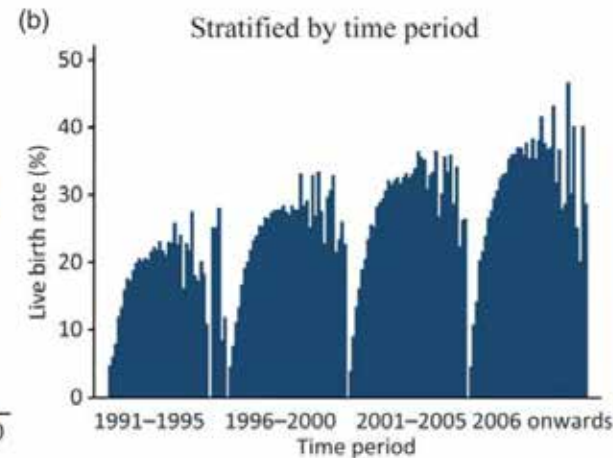
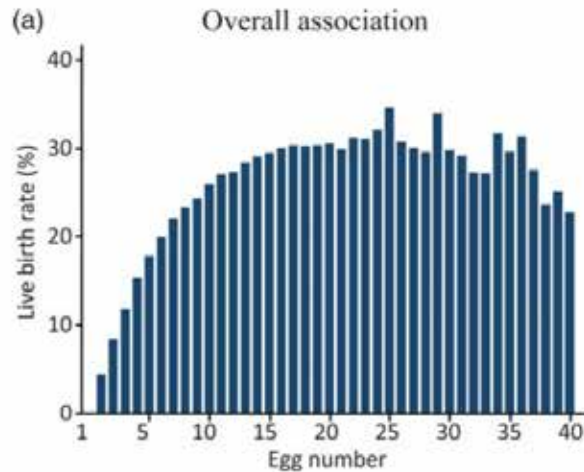
	eSET (n = 34)	eDET (n = 31)	RR (95%CI)
Clinical pregnancies	25 (73.5)	24 (77.4)	0.95 (0.72-1.25)
Deliveries	20 (58.8)	19 (61.3)	0.96 (0.64-1.42)

Values are number and percentage, *n* (%).

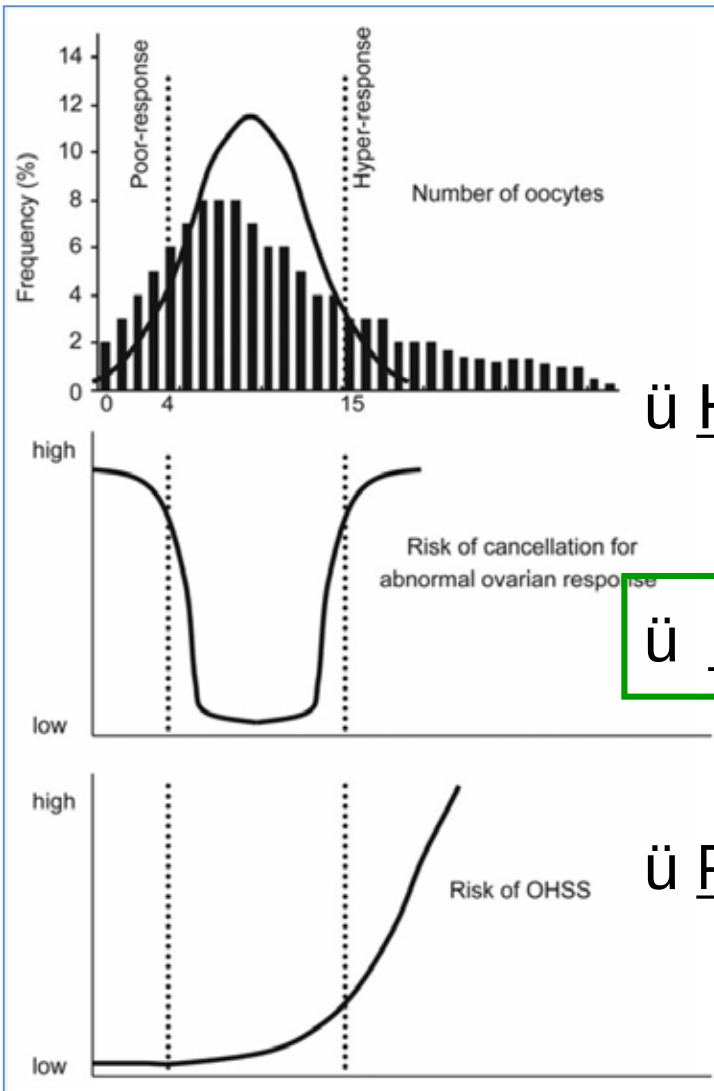
CI = confidence interval; eDET = elective double embryo transfer; eSET = elective single embryo transfer; RR = relative risk.



NOMBRE D'OVÒCITS I NEN NASCUT EN FIV



RESPOSTA OVÀRICA EN FIV



ü High response: > 15 oocytes

ü Normo response: 4 – 15 oocytes

ü Poor response: ≤ 3 oocytes

Sub-optimal responders following controlled ovarian stimulation: an overlooked group?

N.P. Polyzos^{1,2,*} and S.K. Sunkara³

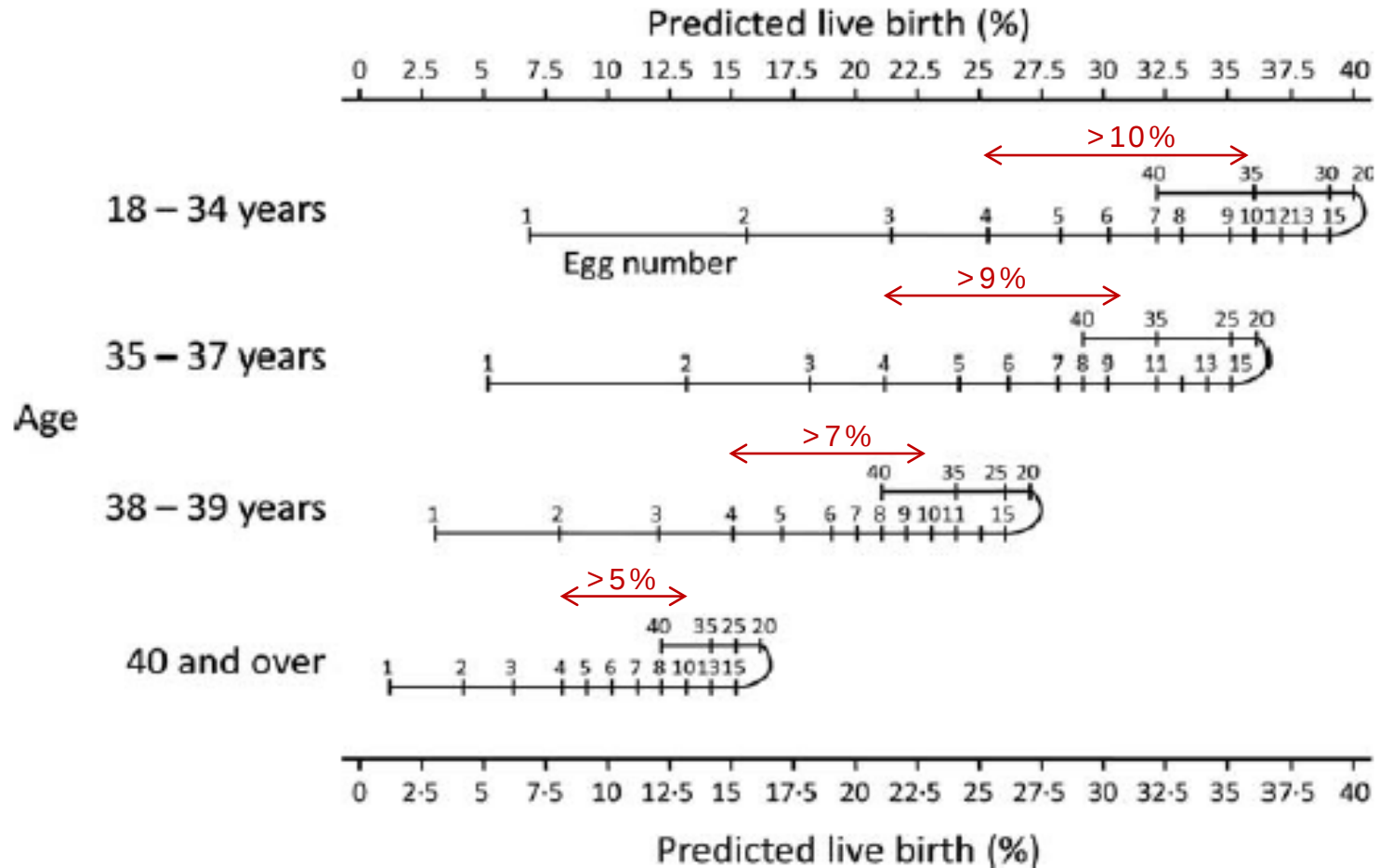
ü High response: > 15 oocytes

ü Optimal response: 10-15 oocytes

ü Sub-optimal response: 4-9 oocytes

ü Poor response: ≤ 3 oocytes

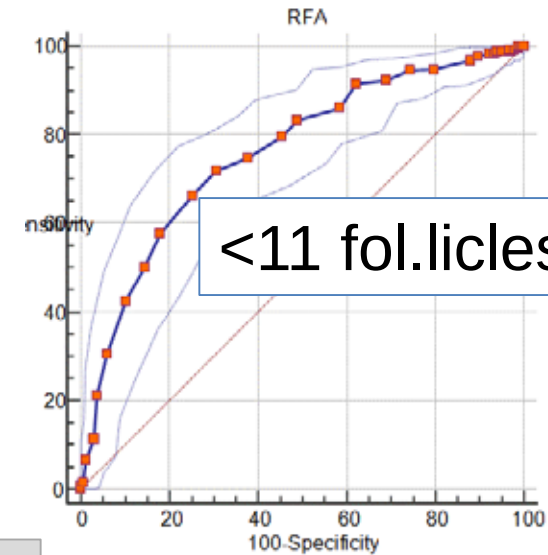
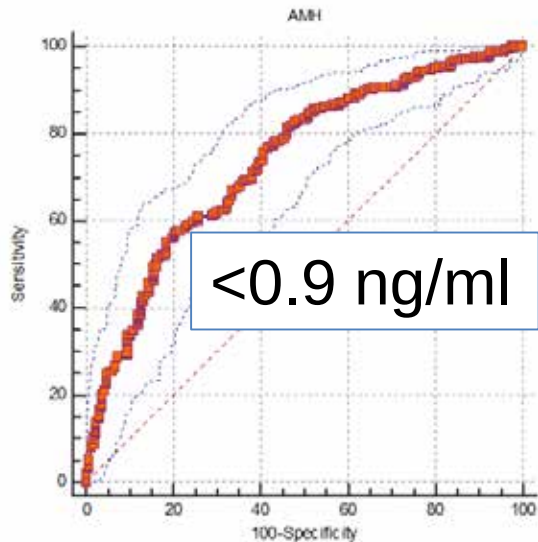
RELACIÓ ENTRE NOMBRE D'OVÒCTIS I TAXA (PREDICTIVA) DE NOUNAT VIU



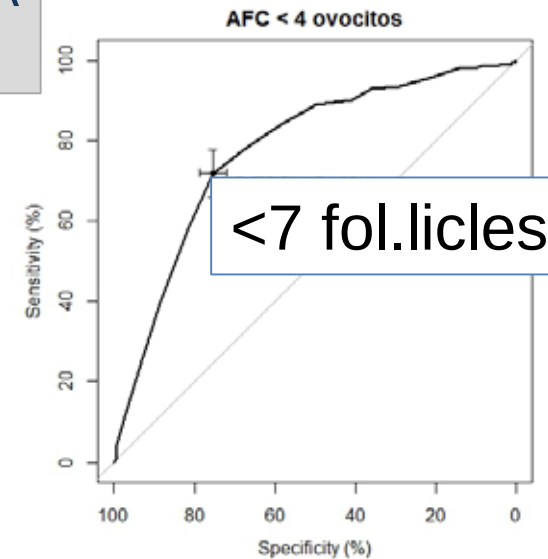
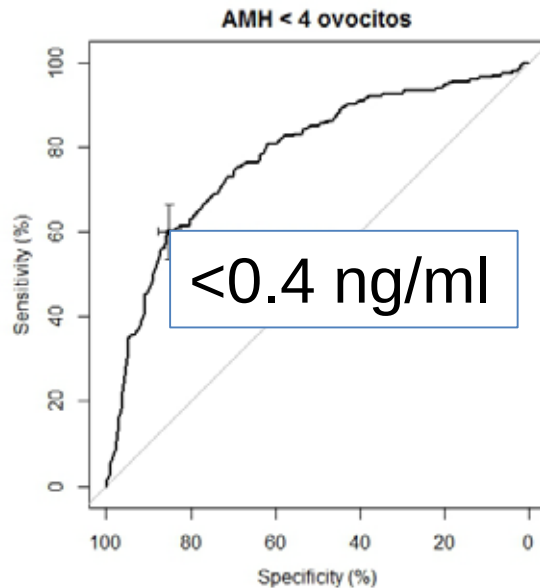
- PACIENT AMB PERFIL DE RESERVA SUBÒPTIMA

AMH I RFA EN SUBÒPTIMA I BAIXA RESPOSTA BOLOGNA (Hospital Universitari Dexeus)

SUBÒPTIMA
4-9 ovòcits



BAIXA RESPOSTA
<4 ovòcits



A NEW MORE DETAILED STRATIFICATION OF LOW RESPONDERS TO OVARIAN STIMULATION: FROM POOR OVARIAN RESPONSE TO A LOW PROGNOSIS CONCEPT

Group 1	<35 years AFC ≥ 5 AMH ≥ 1.2 ng/ml	1a <4 oocytes	1b 4-9 oocytes
Group 2	≥ 35 years AFC ≥ 5 AMH ≥ 1.2 ng/ml	2a <4 oocytes	2b 4-9 oocytes
Group 3	<35 years AFC <5 AMH <1.2 ng/ml		
Group 4	≥ 35 years AFC <5 AMH <1.2 ng/ml		

GUIDE TO PERSONALIZE TREATMENT

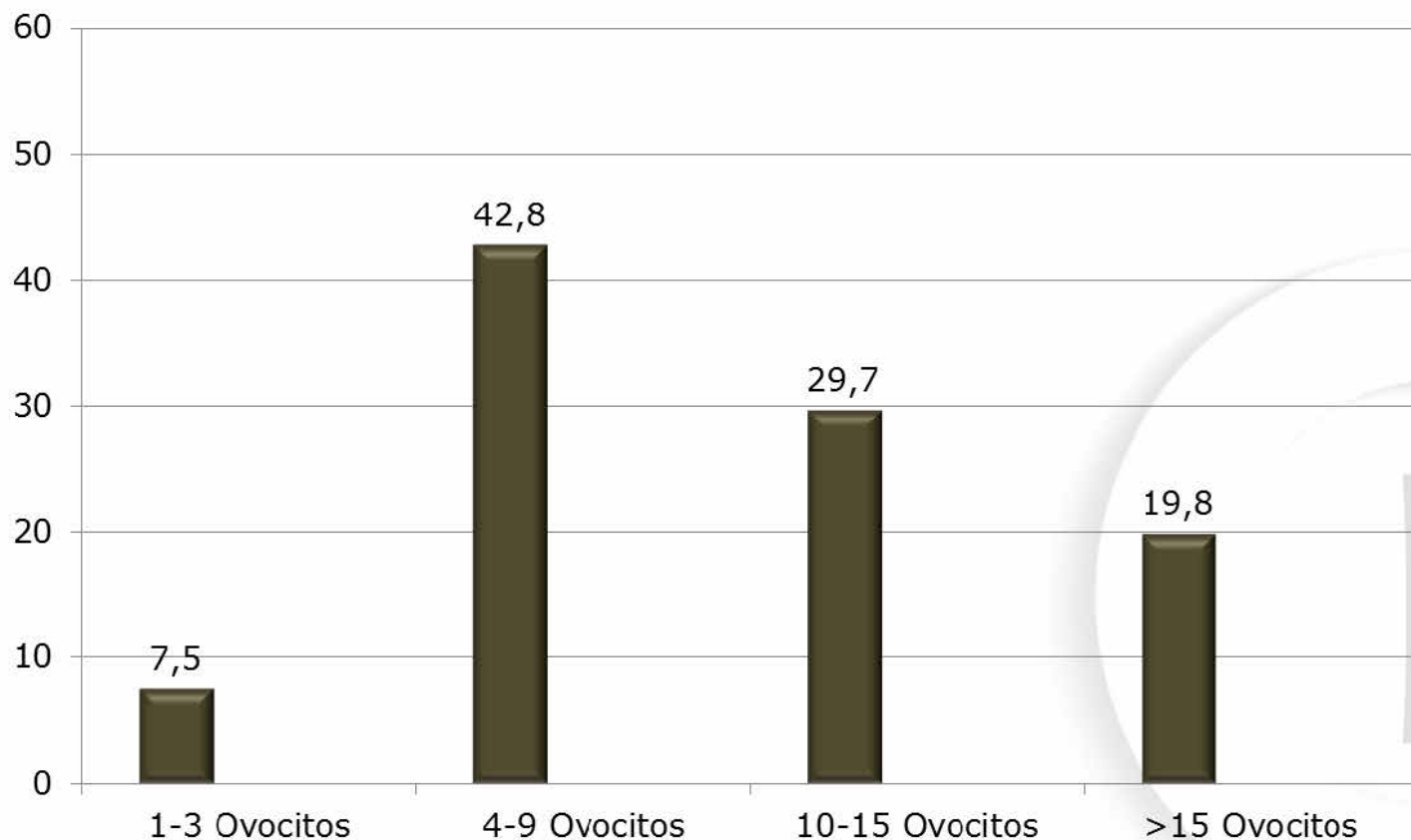
- Using different GnRH analogue regimens
- Detecting polymorphisms of gonadotropins and their receptors
- Tailoring the FSH starting dose
- Personalizing gonadotropin doses (FSH or LH)
- Evaluating special regimens, including oocyte/embryo accumulation to maximize outcomes.

Poseidon Group (Patient-Oriented Strategies Encompassing Individualized Oocyte Number
Alviggi C, Andersen CY, Buehler K, Conforti A, De Placido G, Esteves S, Fischer R, Galliano D, Polyzos N, Sunkara SK, Ubaldi F and Humaidan P. Fertil Steril (in press), 2016

- PACIENT AMB PERFIL DE RESERVA SUBÒPTIMA
- PACIENT AMB RESPOSTA SUBÒPTIMA NO ESPERADA

DISTRIBUCIÓ DE LES PACIENTS DE FIV/DONANTS SEGONS RESPOSTA OVÀRICA

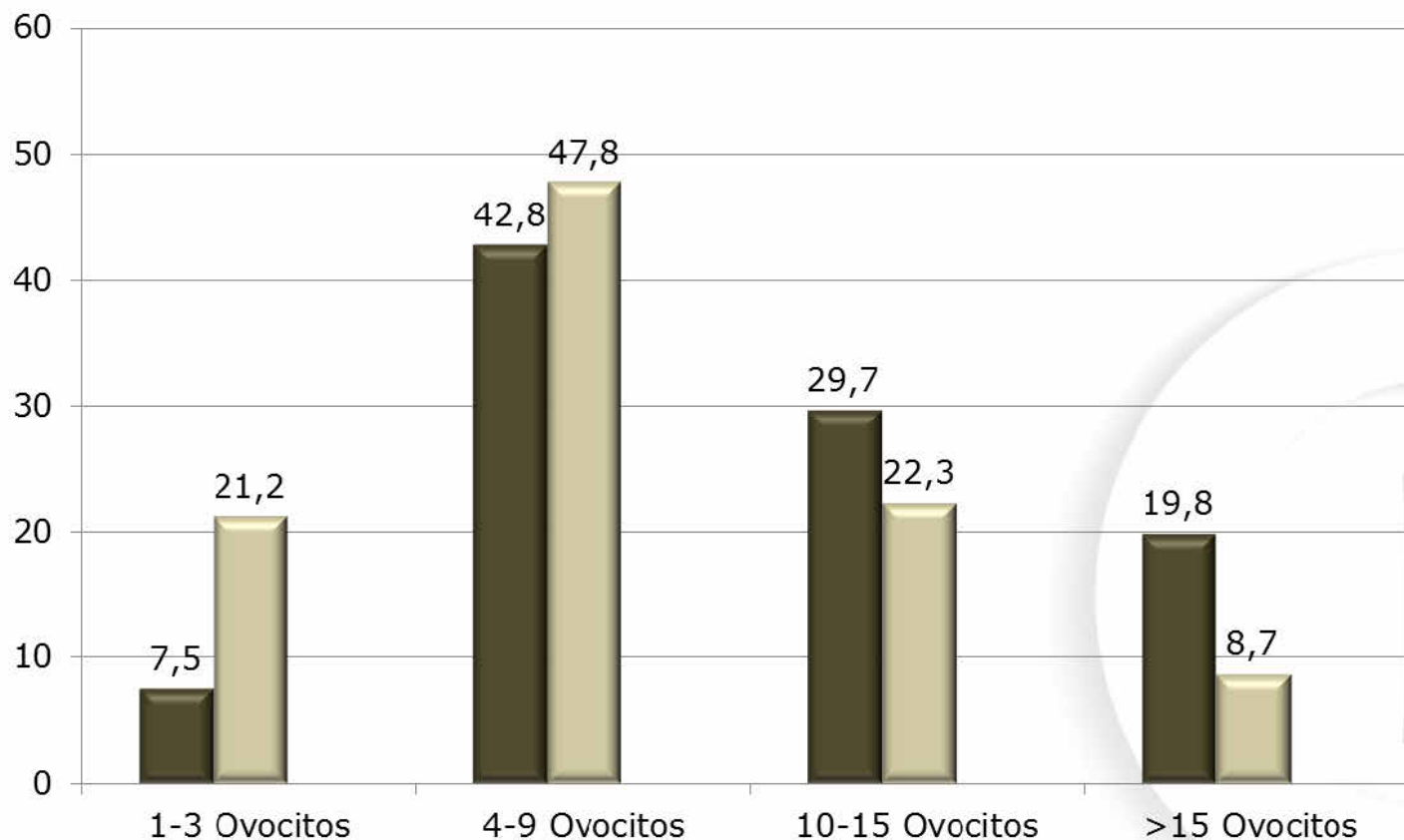
■ Drakopoulos (1099 p) ■ FIV Dexeus (718 p) ■ Donantes Dexeus (1132 p)



32.8 ± 3.9	31.6 ± 4.1	30.5 ± 3.8	30.3 ± 3.5

DISTRIBUCIÓ DE LES PACIENTS DE FIV/DONANTS SEGONS RESPOSTA OVÀRICA

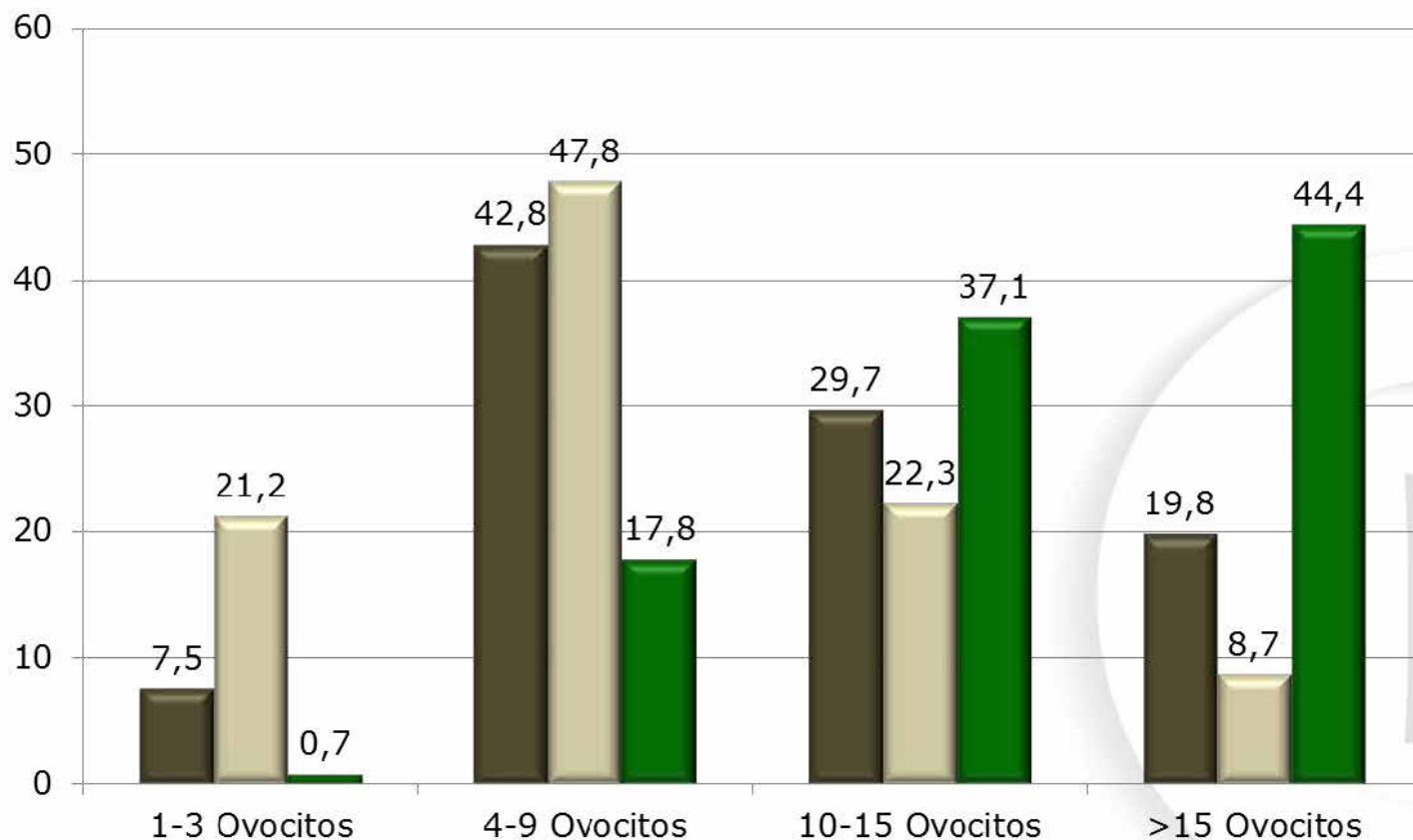
■ Drakopoulos (1099 p) ■ FIV Dexeus (718 p) ■ Donantes Dexeus (1132 p)



32.8 ± 3.9	31.6 ± 4.1	30.5 ± 3.8	30.3 ± 3.5
38.0 ± 4.0	37.3 ± 3.8	36.0 ± 4.2	35.2 ± 4.2

DISTRIBUCIÓ DE LES PACIENTS DE FIV/DONANTS SEGONS RESPOSTA OVÀRICA

■ Drakopoulos (1099 p) ■ FIV Dexeus (718 p) ■ Donantes Dexeus (1132 p)



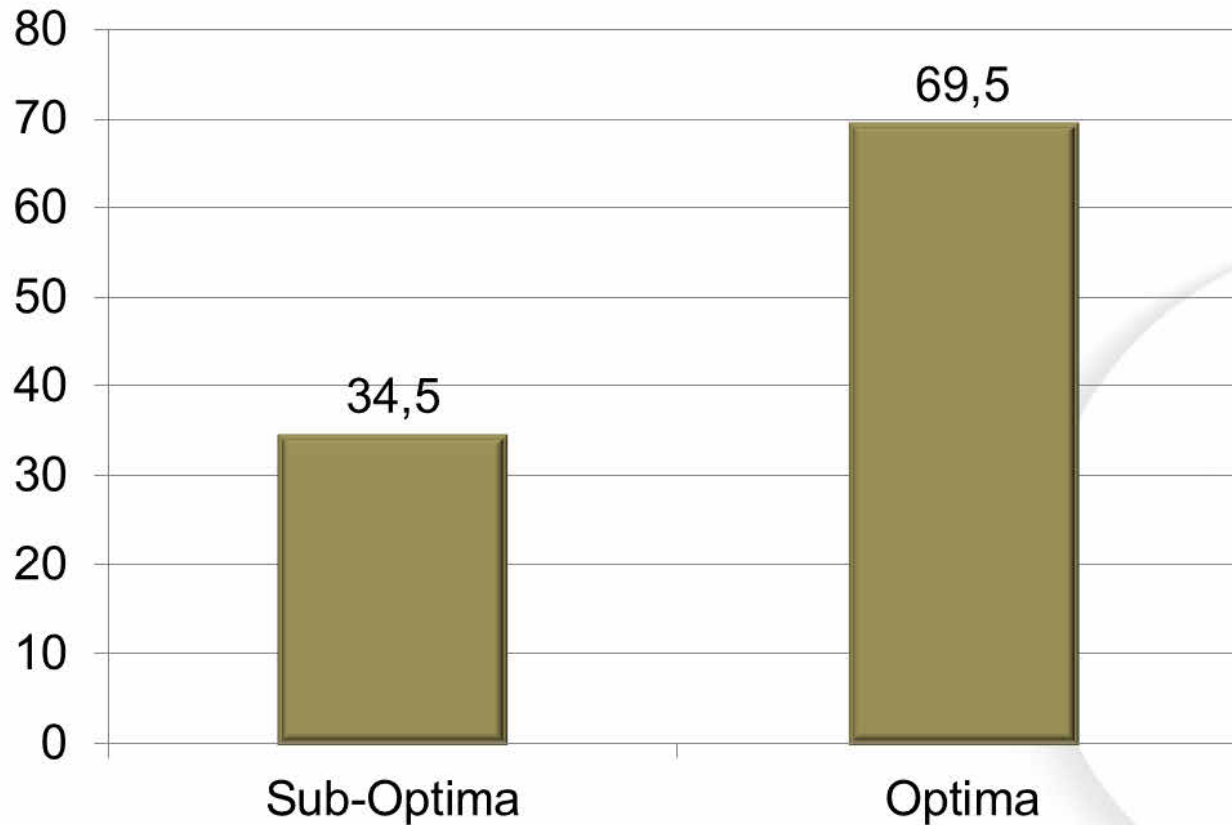
32.8 ± 3.9	31.6 ± 4.1	30.5 ± 3.8	30.3 ± 3.5
38.0 ± 4.0	37.3 ± 3.8	36.0 ± 4.2	35.2 ± 4.2
28.1 ± 3.4	27.1 ± 5.1	26.6 ± 4.7	25.4 ± 4.5

RESULTATS PER GRUPS DE RESPOSTA OVÀRICA EN FIV

	1-3 ovòcits	4-9 ovocitos	10-15 ovocitos	>15 ovocits	P
Pacients	152	343	160	63	
Edat	38.0 ± 4.0	37.3 ± 3.8	36.0 ± 4.2	35.2 ± 4.3	0.001
RFA	6.5 ± 3.8	9.6 ± 5.4	14.8 ± 6.7	18.2 ± 7.7	0.001
AMH	0.5 ± 0.6	1.1 ± 1.2	2.4 ± 2.4	3.6 ± 2.0	0.001
Dies	9.9 ± 2.8	10.1 ± 1.7	9.9 ± 1.7	9.5 ± 1.3	0.01
Dosis Gns.	3121 ± 1631	2689 ± 1191	2226 ± 1098	1799 ± 728	0.001
Ovòcits	2.1 ± 0.8	6.2 ± 1.6	11.9 ± 1.7	18.4 ± 2.7	0.0001
Embrions/T	1.1 ± 0.7	1.6 ± 0.6	1.6 ± 0.6	1.2 ± 0.8	0.01

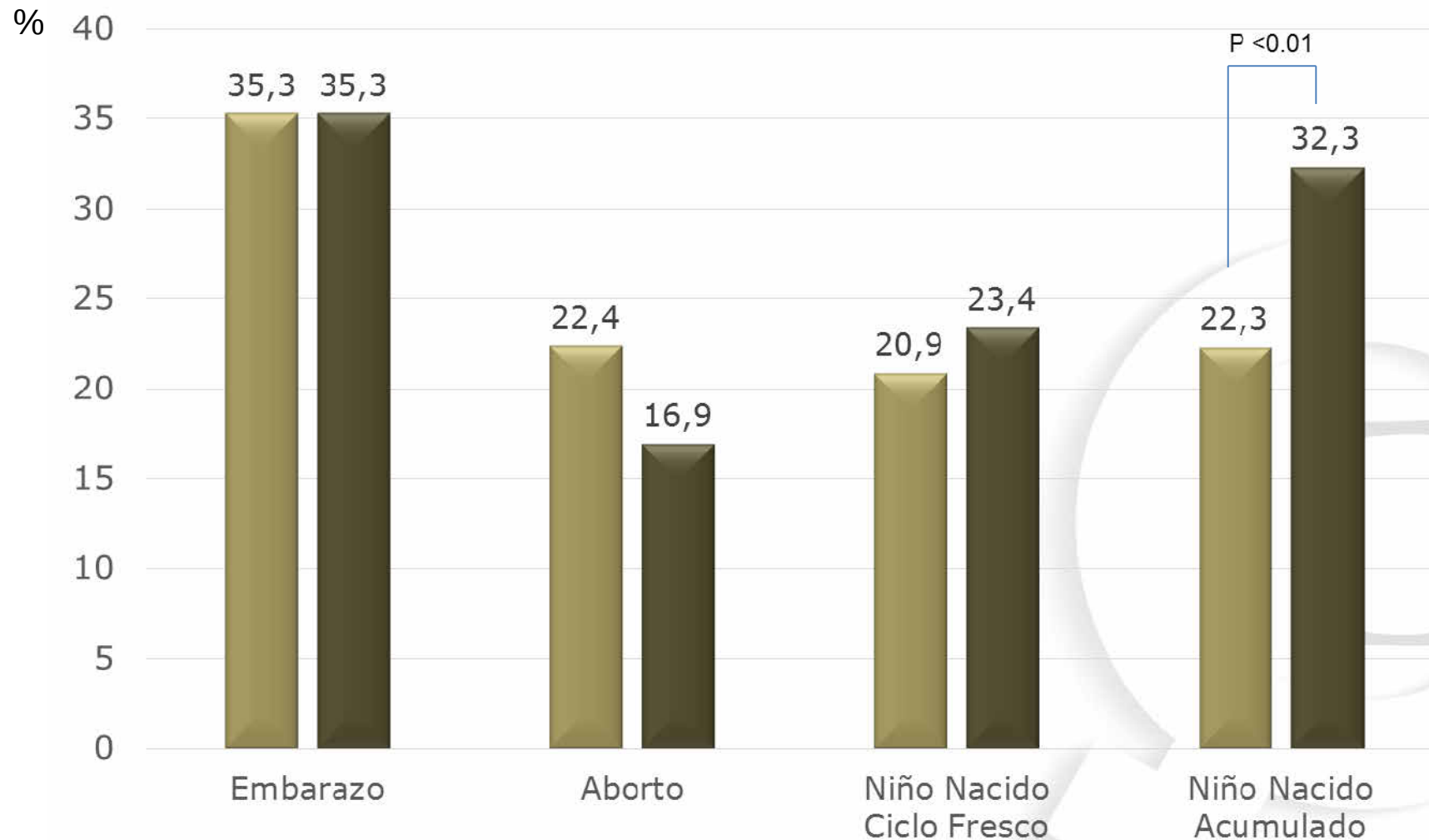
AMH: OR 1,3 95% CI [1,1-1,6]
RFA: OR 1,1 95% CI [1,1-1,2]

TAXA DE CONGELACIÓ D'EMBRIONS SEGONS RESPOSTA: SUB-ÒPTIMA vs. ÒPTIMA



RESULTATS FINALS PER GRUPS DE RESPOSTA OVÀRICA EN FIV: SUBÒPTIMA/ÒPTIMA

■ 4-9 Ovocitos ■ 10-15 Ovocitos



Antimüllerian hormone in gonadotropin releasing-hormone antagonist cycles: prediction of ovarian response and cumulative treatment outcome in good-prognosis patients

Joan-Carles Arce, M.D., Ph.D.,^a Antonio La Marca, M.D., Ph.D.,^b Bjarke Mirner Klein, Ph.D.,^c Anders Nyboe Andersen, M.D.,^d and Richard Fleming, Ph.D.,^e

^a Reproductive Health, Ferring Pharmaceuticals A/S, Copenhagen, Denmark; ^b Mother-Infant Department, University of Modena and Reggio Emilia, Modena, Italy; ^c Global Biometrics, Ferring Pharmaceuticals A/S; ^d Fertility Clinic, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; and ^e Department of Reproductive and Maternal Medicine, University of Glasgow, Glasgow, United Kingdom

Objective: To assess the relationships between serum antimüllerian hormone (AMH) and ovarian response and treatment outcomes in good prognosis patients undergoing controlled ovarian stimulation using a gonadotropin releasing hormone (GnRH) antagonist protocol.

Design: Study

Setting: Tertiary

Patient(s): Patients

Intervention: GnRH antagonist

Main Outcome Result(s): Ovarian response

<1% each cycle

(≥15 oocytes)

and AFC for

high response

(≥15 oocytes), which was statistically significantly better than basal FSH, AFC, or inhibin B. AMH was statistically significantly positively associated with ongoing pregnancy rate in the fresh cycle as well as with the 1 year cumulative ongoing pregnancy and live birth rates.

Main Outcome Result(s):

<1% each

(≥15 oocytes), which was statistically significantly better than basal FSH, AFC, or inhibin B. AMH was statistically significantly positively associated with ongoing pregnancy rate in the fresh cycle as well as with the 1 year cumulative ongoing pregnancy and live birth rates.

Conclusion(s): There is a positive relationship between AMH and oocyte yield in GnRH antagonist cycles, and AMH is the best predictor for identifying patients with poor and high ovarian response. The positive association between AMH and cumulative live birth rates after fresh and cryopreserved cycles reflects the availability of more oocytes/blastocysts, not higher quality.

ASSOCIACIÓ POSITIVA ENTRE AMH I
TAXA ACUMULADA DE NEN NASCUT
(FRESC I CONGELAT)
REFLEXE D'UN NOMBRE MAJOR D'OVÒCITS



OPTIMUM OOCYTE NUMBER IN IVF TREATMENT

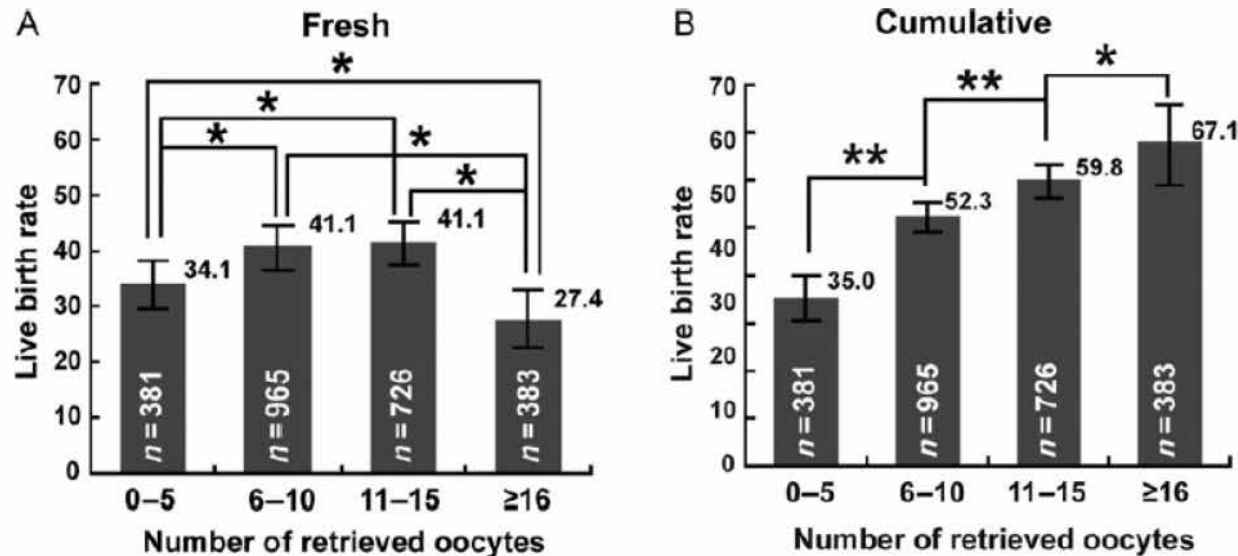
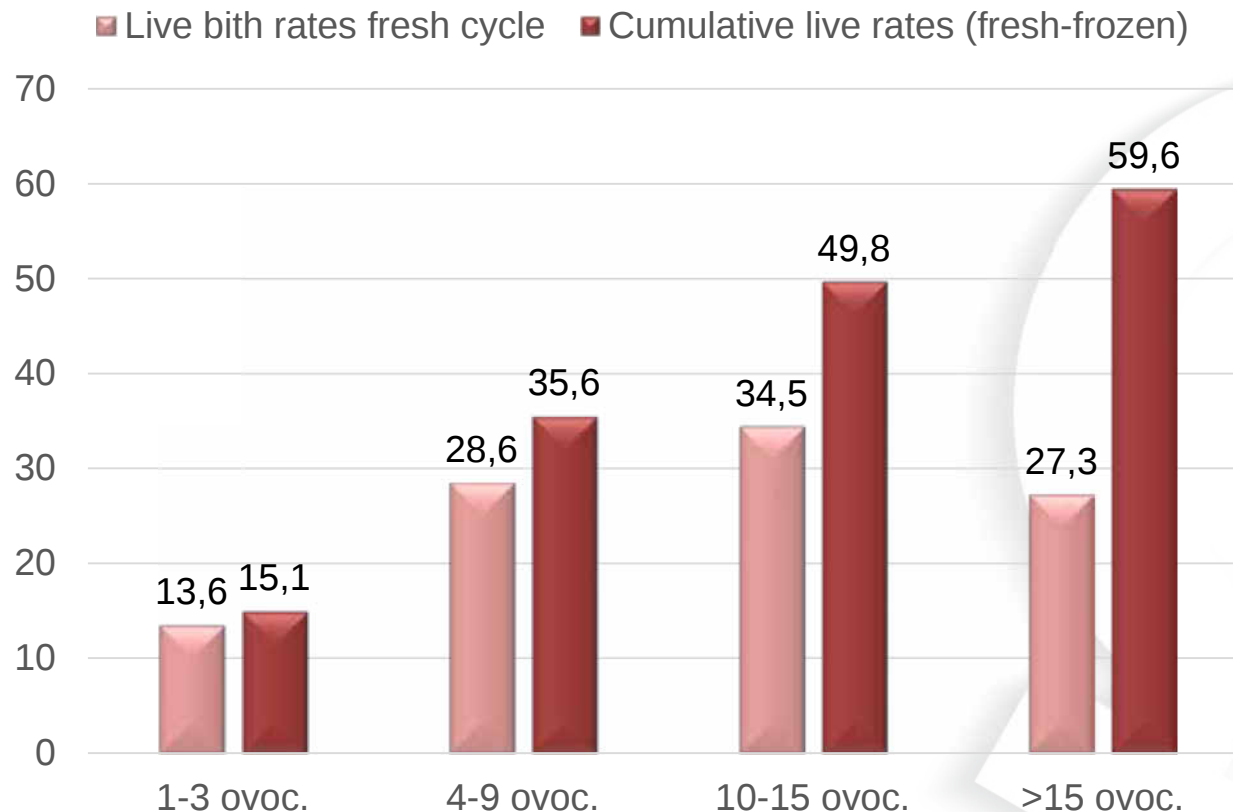


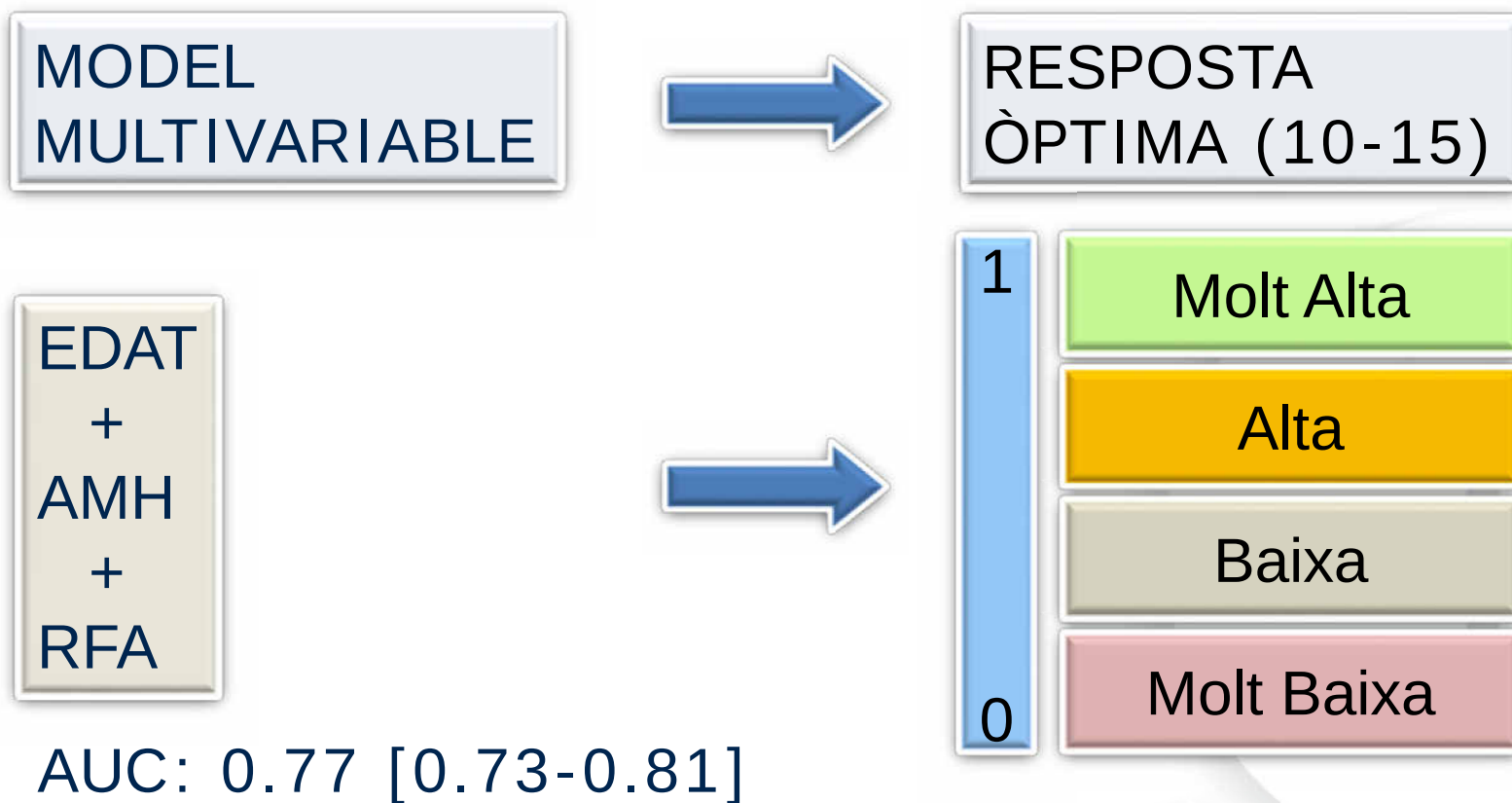
Figure 1 (A) Fresh embryo LBR per started cycle and 95% CI per oocyte category. (B) Cumulative LBR per started cycle and 95% CI per oocyte category. Each bar represents a 95% CI. * $P < 0.05$, ** $P < 0.01$, Pearson χ^2 test. LBR, live birth rate.

CUMULATIVE LIVE BIRTH AND NUMBER OF OOCYTES

- UZ Brussel & IVI Group
N. Polyzos, J. Garcia Velasco and E. Bosch
- > 20.000 women with cumulative live birth data using all fresh and frozen embryos.
- Age 18-43



ESTIMACIÓ DE PROBABILITAT DE RESPOSTA ÒPTIMA



MOLT ALTA PROBABILITAT DE RESPOSTA ÒPTIMA/RESULTATS

	Resposta Sub-Òptima	Resposta Òptima
N	51	83
Edat	35.1 ± 3.7	33.9 ± 4.1
AMH	3.2 ± 1,8	3.7 ± 2,8
RFA	18.7 ± 6.2	19.5 ± 5.9
IMC	23.6 ± 3.0	22.7 ± 3.4
Dosis Inicial Gns	187 ± 45	177 ± 41
Dosis Total Gns	1896 ± 760	1704 ± 944
Dies de Gns	9.9 ± 1.7	9.8 ± 1.8
Ovòcits	7.3 ± 1.6	13.1 ± 1.6

In Estimated Good Prognosis Patients Could Unexpected “Hyporesponse” to Controlled Ovarian Stimulation be Related to Genetic Polymorphisms of FSH Receptor?

Carlo Alviggi, MD, PhD¹, Alessandro Conforti, MD¹,
 Francesca Caprio, MD², Salvatore Gizzo, MD³,
 Marco Noventa, MD³, Ida Strina, MD¹, Tiziana Pagano, MD¹,
 Pasquale De Rosa, MD¹, Floriana Carbone, MD¹,
 Nicola Colacurci, MD², and Giuseppe De Placido, MD¹

Table 1. Characteristics of Group A and Group B patients and Indications for In Vitro Fertilization.^a

Characteristics	Group A, Hyporesponders (N = 17)	Group B, Controls (N = 25)	P Value
Age, years	31.82 ± 4.08	29.32 ± 4.67	NS
BMI, kg/m ²	25.0 ± 3.4	23.6 ± 3.2	NS
Years of infertility	4.15 ± 1.2	3.2 ± 0.9	.0055
Baseline LH, IU/L	4.2 ± 1.2	4.1 ± 1.8	NS
Baseline estradiol, pg/mL	48.75 ± 16.9	43.11 ± 19.4	NS
Indications for IVF			
Tubal factor (%)	5 (29.4%)	5 (20%)	NS
Male factor (%)	7 (41.2%)	8 (32%)	NS
Combined (%)	3 (17.6%)	5 (20%)	NS
Other (%)	2 (11.8%)	7 (28%)	NS
Distribution of the FSH-R genotypes			
Ser/Ser (%)	10 (58.8)	5 (20)	.02
Asn/Ser (%)	4 (23.5)	15 (60)	.04
Asn/Asn (%)	3 (17.6)	5 (20)	NS

Abbreviations: NS, not significant; BMI, body mass index; LH, luteinizing hormone; IVF, in vitro fertilization; FSH-R, follicle-stimulating hormone receptor.

^aData are showed as means ± standard deviation.

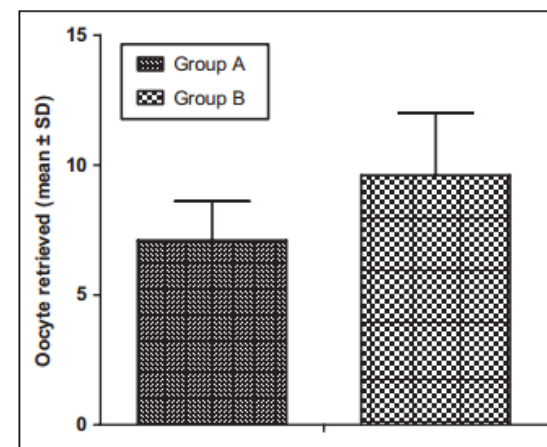
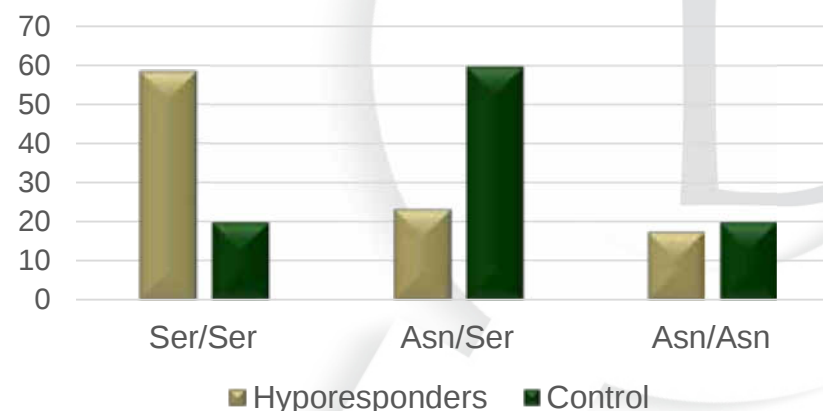


Figure 2. Mean number of oocytes retrieved in hyporesponders (group A) and in controls (group B), $P = .0003$.

Distributions of FSH-R genotypes



POLYMORPHIS FSHR N680S AND RESPONSE WITH DIFFERENTS FORMS OF FSH IN DONOR OVARIAN STIMULATION

	rFSH	HP-FSH	P
SS	16.9±6.8	18.4±8.0	0.028
NS	20.1±6.8	16.9±6.5	0.032
NN	19.3±7.0	20.8±8.1	0.665

ANÀLISI DEL TIPUS DE RESPOSTA EN DOS CICLES D'ESTIMULACIÓ

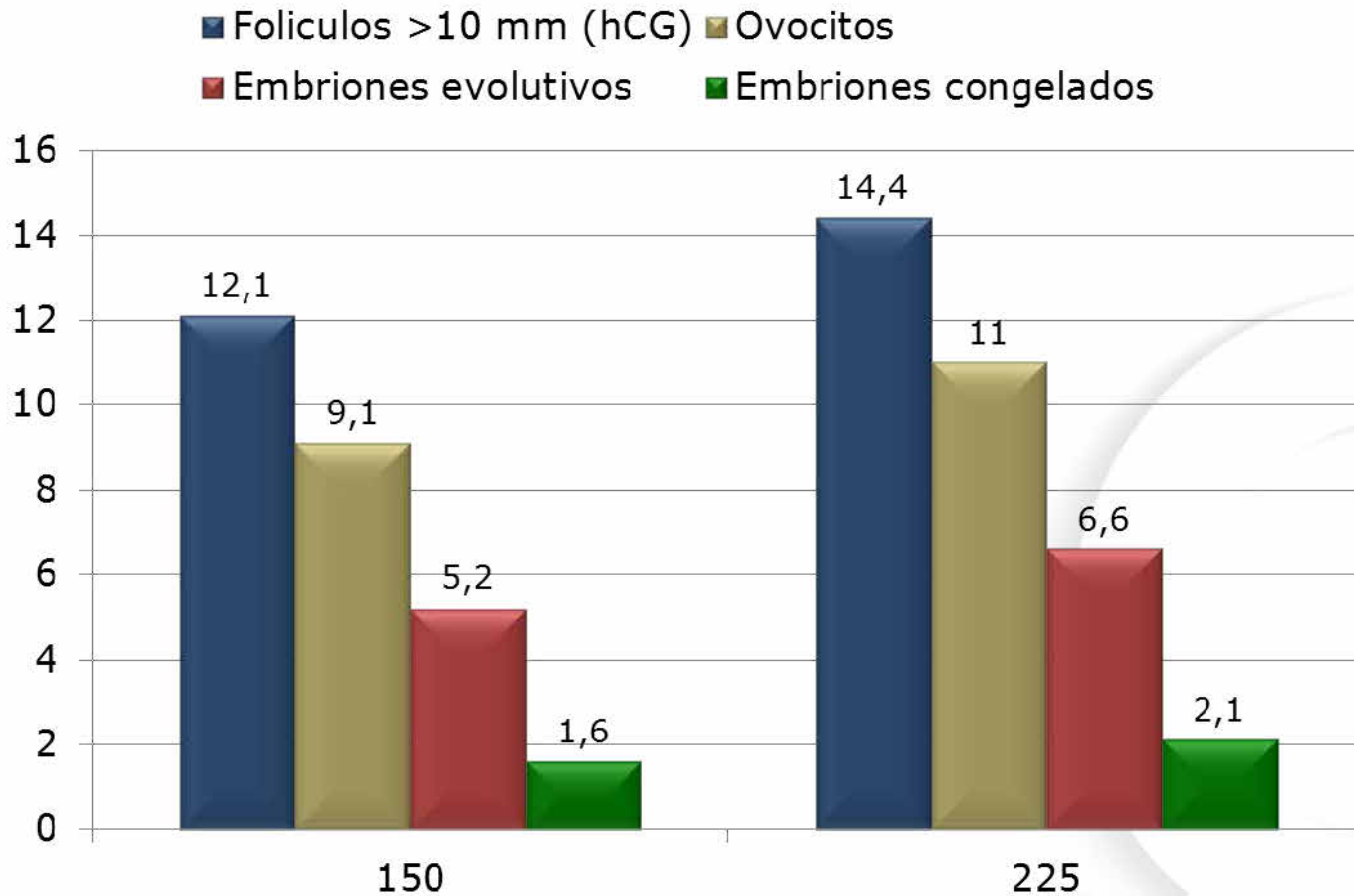
383 pacients han realitzat 2 cicles
110/383 (28.7%) canvien resposta

		Segon Cicle	
		4-9	10-15
Primer Cicle	4-9 (258)	201 (77.9%)	57 (22,1%)
	10-15 (125)	53 (42,4%)	72 (57,6%)

ANÀLISI DEL TIPUS DE RESPOSTA EN DOS CICLES D'ESTIMULACIÓ: SUB-ÒPTIMA A ÒPTIMA

	1er. Cicle Sub-òptima	2º. Cicle òptima	P
Edat	36.4 ± 4.5	37.3 ± 4.2	0.001
AMH	2.2 ± 1.6	2.0 ± 1.6	NS
RFA	11.6 ± 5.5	11.8 ± 5.4	NS
Dosis Inicial Gns.	211 ± 56	262 ± 60	0.001
Dosis Total Gns.	2223 ± 980	2769 ± 1073	0.001
Dies Estimulació	9.8 ± 1.8	10.1 ± 1.6	NS
Nº d'Ovòctis	6.8 ± 1.6	12.1 ± 2.7	0.001

IMPORTÀNCIA DE LA DOSIS D'INICI EN LA ESTIMULACIÓ PER A FIV

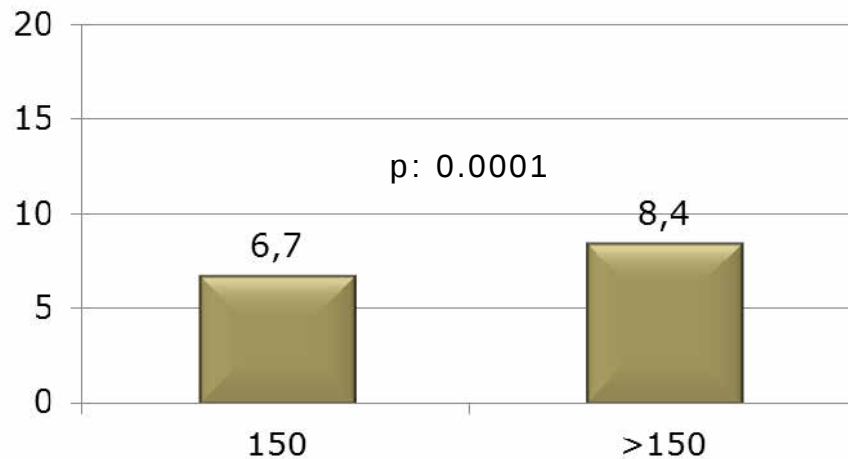


ANÀLISI DEL TIPUS DE RESPOSTA EN DOS CICLES D'ESTIMULACIÓ: ÒPTIMA A SUB-ÒPTIMA

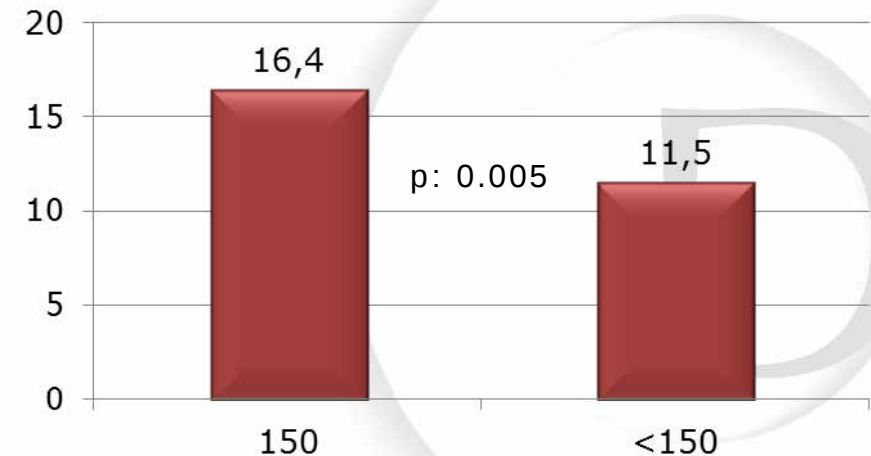
	1er. Ciclo Optima	2º. Ciclo Sub-Optima	P
Edat	35.4 ± 4.4	36.9 ± 4.3	0.001
AMH	1.8 ± 1.1	1.6 ± 1.3	NS
RFA	15.6 ± 5.4	13.8 ± 4.6	NS
Dosis Inicial Gns.	230 ± 61	231 ± 62	NS
Dosis Total Gns.	2388 ± 1082	2273 ± 879	NS
Dies Estimulació	9.8 ± 1.8	10.1 ± 1.6	NS
Nº de Ovòcits	11.6 ± 1.5	6.3 ± 1.9	0.001

IMPACTE DE L'AJUSTAMENT DE DOSI DE FSHr A LA RESPOSTA DEL SEGON CICLE

Incrementa dosis



Reduce dosis



OTIMIST STUDY: HIGH RESPONDERS

	100 IU	150 IU	
Oocytes (mean)	8.9	13.3	<0.05
OHSS rate	3%	12%	<0.05
Cancellation due to poor response	22%	3%	<0.05
Live birth	33%	37%	NS



European Journal of Obstetrics & Gynecology and
Reproductive Biology 103 (2002) 146–149

EUROPEAN JOURNAL OF
**OBSTETRICS &
GYNECOLOGY**
AND REPRODUCTIVE BIOLOGY

www.elsevier.com/locate/ejogrb

Increasing the gonadotrophin dose in the course of an in vitro fertilization cycle does not rectify an initial poor response

Y. Khalaf, Tarek El-Toukhy^{*}, A. Taylor, P. Braude

Assisted Conception Unit, 4th Floor Thomas Guy House, Guy's Hospital, St. Thomas' Street, London SE1 9RT, UK.

Received 6 February 2002; accepted 7 February 2002

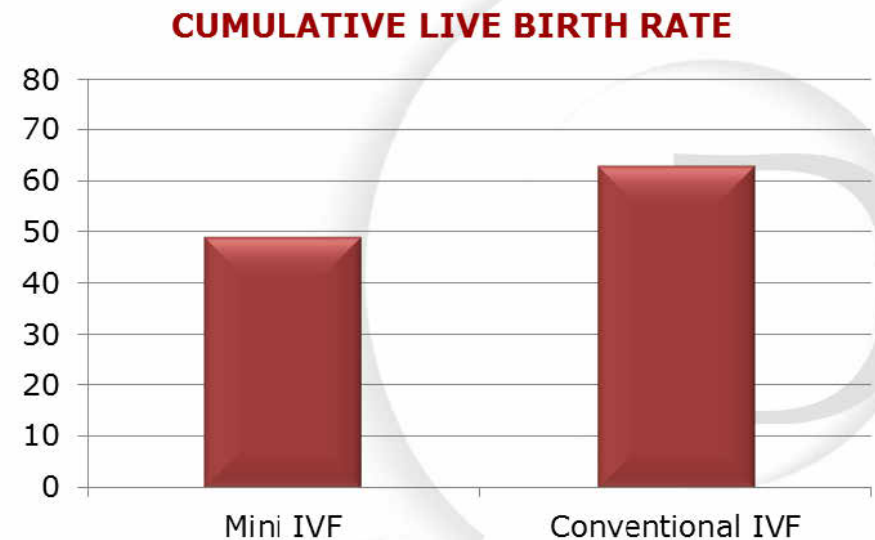
MINIMAL vs. CONVENTIONAL STIMULATION

TABLE 3
Laboratory outcome data

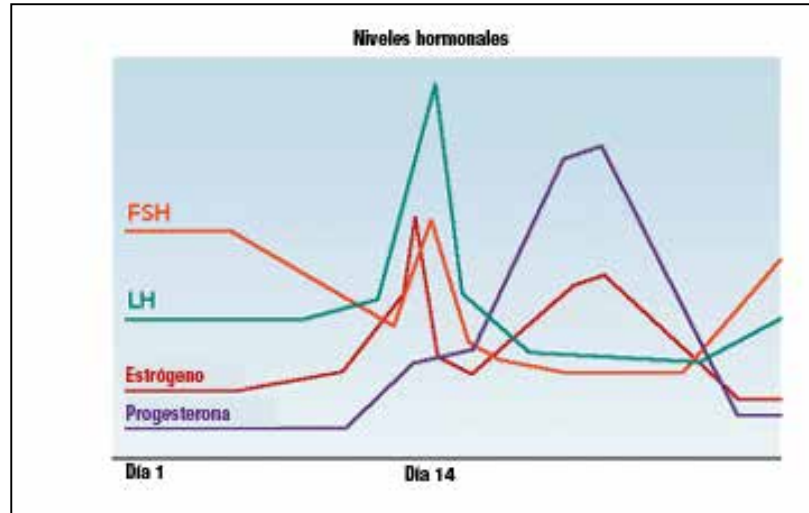
Variable	In vitro fertilization		P value
	Mini	Conventional	
Randomly assigned patients, n	285	279	—
Oocyte retrievals, n (%)	275 (97)	253 (91)	.61 ^a
Retrieved oocytes, n ^{b,c}	4.3 ± 3.2	12.8 ± 8	< .0001 ^d
Inseminated oocytes (in vitro fertilization or intracytoplasmic sperm injection), n ^{b,c}	3.7 ± 2.8	10 ± 6.7	< .0001 ^d
Fertilized 2 pronuclei oocytes, n ^{b,c}	3.1 ± 2.4	8.3 ± 5.8	< .0001 ^d
Total blastocysts, n ^{b,e}	2.6 ± 1.9	5.9 ± 4.3	< .0001 ^d
Cycles with blastocysts transferred/frozen, n (%)	234 (82)	235 (84)	.84 ^d

^a Chi-square test; ^b Data are given as mean ± SD; ^c Among those who had oocyte retrieval (n=528); ^d T-test; ^e Among those who reached blastocyst stage (n = 469).

Zhang et al. Mini-IVF vs conventional IVF. Am J Obstet Gynecol 2016.



PIC LH/FSH I LA SEVA IMPORTÀNCIA



- Fallada de la Maduració Ovocitària (FMO) = >25% de Ovòcits Inmadurs
(*Bar-Ami et al. 1994*)
- Importància del pic de LH i FSH per a la maduració final
(*Zelinski-Wooten et al., 1988*)
- Risc de Síndrome del fol.licle buit (SFB):
 - aGnRH: 1.4% (*Kummer et al., 2013*) y 3.5% (*Castillo et al. 2012*)
 - hCG: 0.1-2% (*Mesen et al., 2011; Baum et al., 2012*)
- Tots els casos de SFB: Valors de LH 12 h. post trigger <15 UI/L
(*Kummer et al., 2013*)
- Associació entre nivells baixos de LH durant fase estimulació (perfil HIPO-HIPO) i incidència de SFB/FMO quan utilitzem aGnRH.

DUAL-DOUBLE TRIGGER (hCG+GnRHa) VERSUS hCG ALONE

Table 2 The effect of Standard hCG dose concomitant with GnRHa (dual-double trigger) versus hCG alone on the different follicular maturation variables following an IVF treatment cycle

Authors	#oocytes	#MII oocytes	# embryos cryopreserved	#top quality embryos	Pregnancy rate
Lin et al. [24]	>	>	>	=	>
Decleer et al. [25]	=	=	=	=	=
			>patients with embryos Cryopreserved	>patients with at least one top quality embryo	
Griffin et al. [26]	>	>			=
Haas et al. [29]	>	>		>	>
Zilberberg et al. [30]	>	>		>	>

>In favor of the dual/double trigger

Orvieto R. et al. J. of Ovarian Research.,2015.

[24] Lin MH et al. Fertil Steril., 2013

[25] Decleer et al. Facts Views Vs Obgy., 2014

[26] Griffin et al. Fertil Steril., 2014

[29] Haas et al. J. of Ovarian Research., 2014

[30] Zilberberg et al. Gyn Endocrinol., 2015

hCG/DOUBLE TRIGGER GCs GENE EXPRESSION

TABLE 1

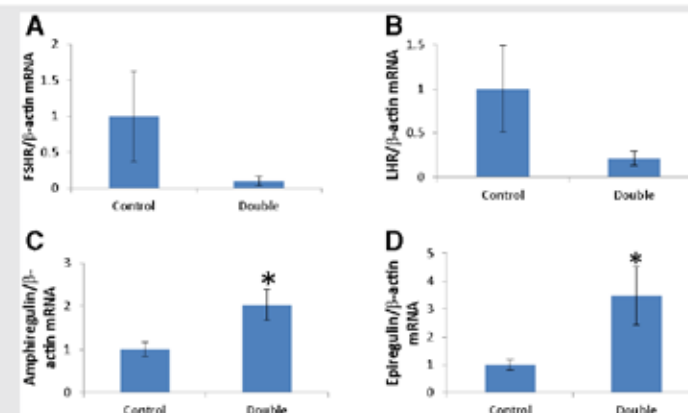
Characteristics of the IVF cycles included in this study.

Characteristic	Triggering with hCG (n = 15)	Triggering with hCG + GnRH agonist (n = 15)
Age (y)	35.6 ± 7.4	36.1 ± 7.2
Peak E ² (pmol/L)	4,525 ± 1,851	4,872 ± 2,366
Total oocytes retrieved (n)	6.9 ± 4.2	8.6 ± 5.1
Two pronuclei (n)	3.7 ± 3.1	6.2 ± 3.9
Day-3 embryos (n)	3.4 ± 3.3	5.6 ± 3.6
Top-quality embryos (n)	1 ± 1.1	2.4 ± 2.3

Note: Top-quality embryo: seven or more blastomeres on day 3, equally sized blastomeres, and <20% fragmentation. Values are mean ± SD.

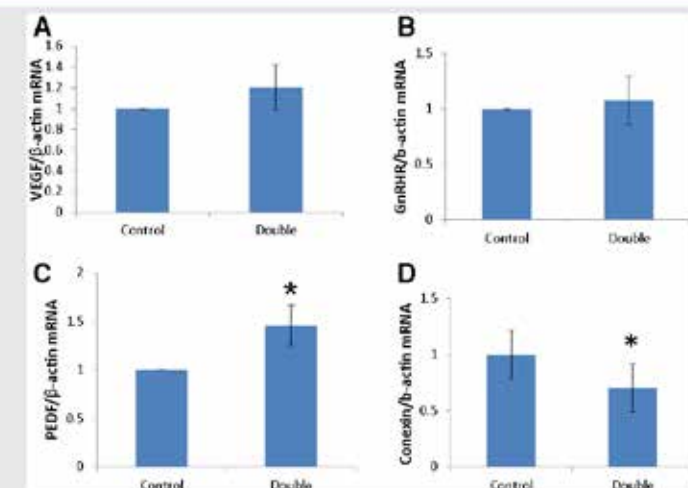
Haas. hCG/double trigger GCs gene expression. *Fertil Steril* 2016.

FIGURE 1



Expression of (A) FSHR, (B) LHR, (C) amhregulin, and (D) epregrulin in mural GCs obtained from IVF cycles according to ovulation triggering. *P<.05. Haas. hCG/double trigger GCs gene expression. *Fertil Steril* 2016.

FIGURE 2

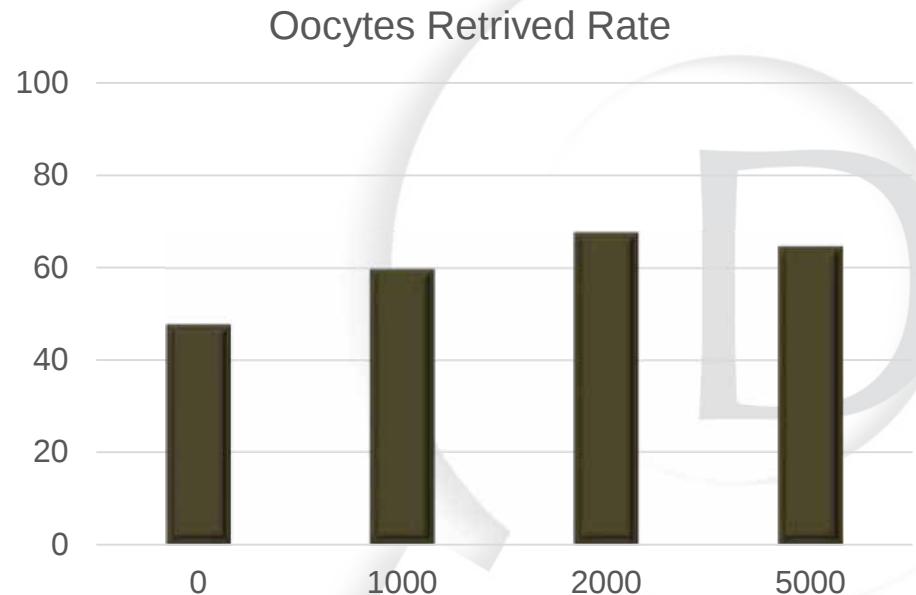
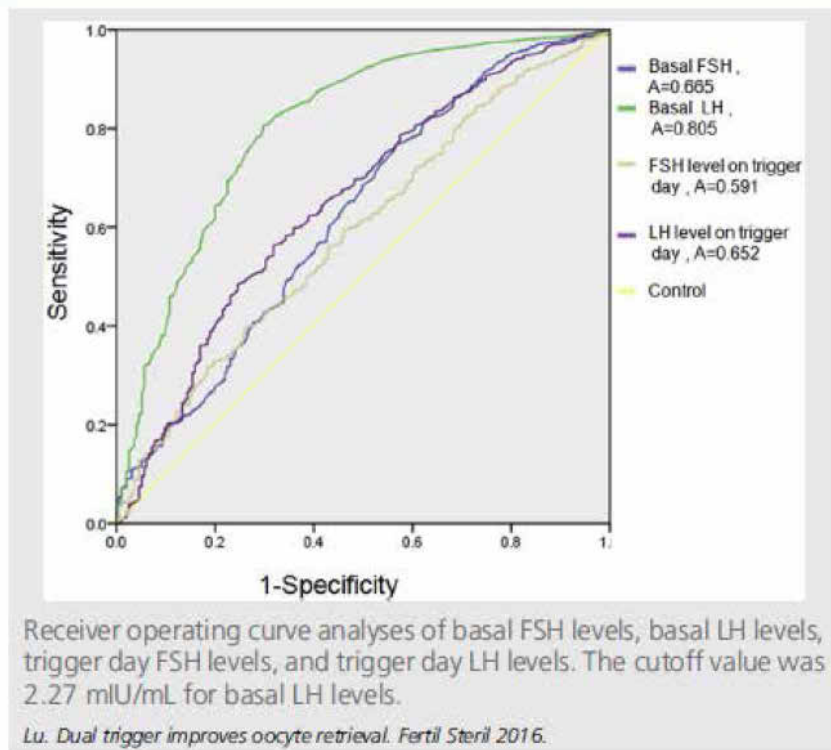


Expression of (A) VEGF, (B) GnRH receptor in cumulus cells, and (C) PEDF, and (D) connexin 43 in cumulus cells obtained from IVF cycles according to ovulation triggering. *P<.05. Haas. hCG/double trigger GCs gene expression. *Fertil Steril* 2016.

DUAL-DOUBLE TRIGGER IMPROVE OOCYTE MATURATION

The suboptimal responders ($\text{LH} \leq 15\text{mIU/mL}$) had a significantly lower oocyte retrieval rate (48.16% vs. 68.26%), fewer mature oocytes (4.10 vs. 8.29), and fewer frozen embryos (2.32 vs. 3.54) than the appropriate responders.

FIGURE 1



Paired-comparison of all patients with a fertilization rate of <40% in a prior fresh ICSI cycle with standard HCG trigger who subsequently underwent another ICSI cycle with a combined GnRHa and HCG trigger were included in the study cohort.

	hCG	GnRH + hCG	p
Total Oocytes Retrieved	13 (9-16)	13 (8-17)	NS
Mature Oocytes Retrieved	10 (7-12)	12 (9-14)	0.01
Mature Oocytes (%)	70.2	84.2	0.02
Fertilization Rate	35.3%	59.2%	0.01
Incidence of OHSS (%)	0	0	NS
Embryo Transferred	1.69 ± 0.35	1.72 ± 0.29	NS
Clinical Pregnancy Rate (%)	40.4	54.5	0.03
Live Birth Rate	33.3	45.5	0.03

Usefulness of oocyte accumulation in low ovarian response for PGS

Francisca Martínez, Cayetana Barbed, Mónica Parriego, Miquel Solé, Ignacio Rodríguez, and Buenaventura Coroleu

Servicio De Medicina De La Reproducción, Department of Obstetrics, Gynaecology and Reproduction, Hospital Universitario Quirón Dexeus, Barcelona, Spain

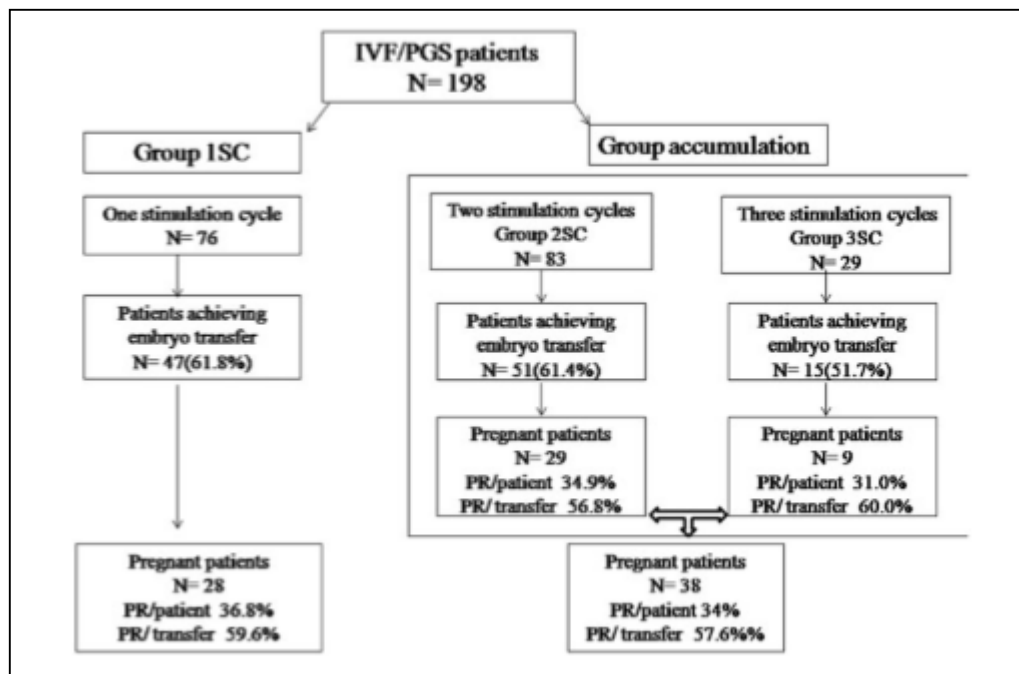
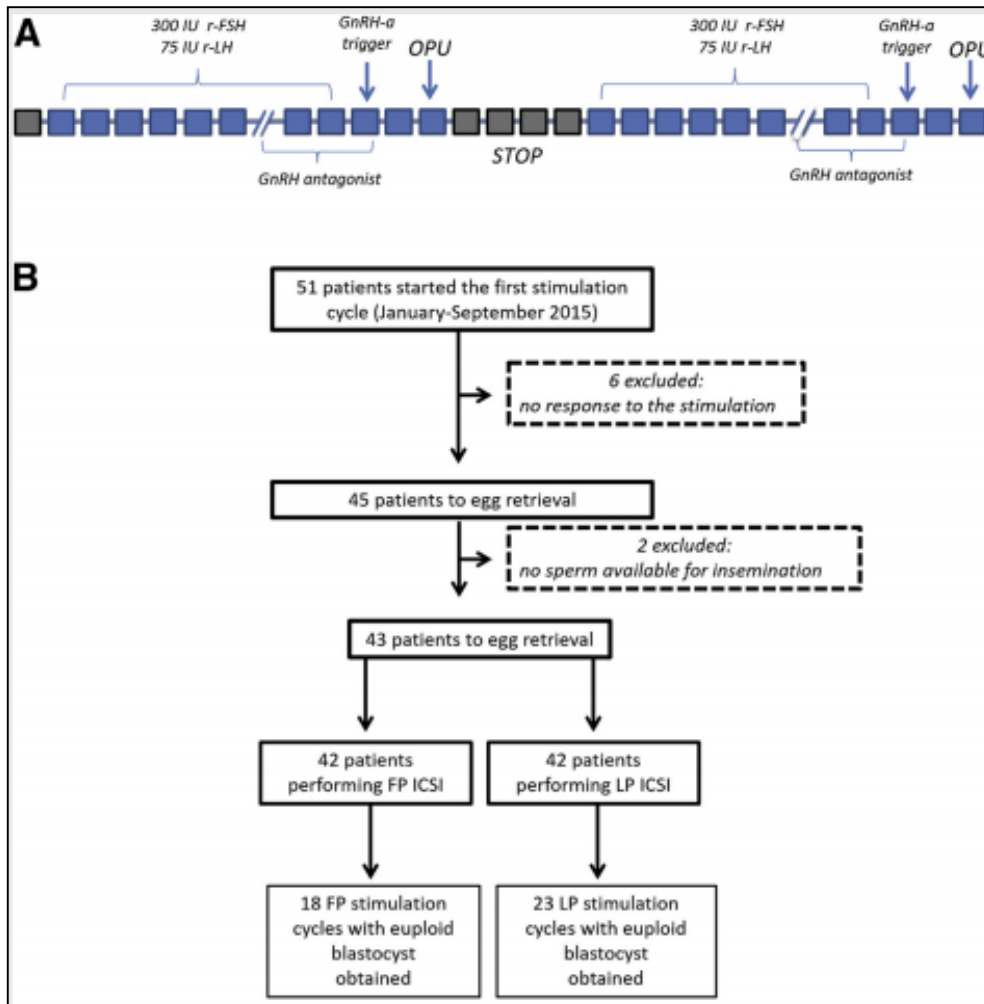


Table 1. Comparison of patient characteristics and outcomes between the group performing one stimulation cycle (ISC group) and oocyte accumulation (accumulation group) for PGS.

	ISC Group	Accumulation Group
Patients	76	112
Age (years)*	37.0 ± 3.4	38.9 ± 3.7
AMH (ng/ml)*	2.1 ± 1.2	1.3 ± 1.2
AFC (follicles < 10mm)*	14.1 ± 4.6	10.5 ± 5.0
Oocytes retrieved/patient	16.2 ± 3.7	18.05 ± 5.11
MII Oocytes retrieved/patient	13.5 ± 3.0	13.19 ± 4.02
Number of biopsied embryos	8.49 ± 2.90	8.1 ± 3.0
Euploid embryo rate	17.2%	18.5%
	(95%CI 13.8–20.6)	(95%CI 15.1–21.9)
Number of transferred embryos	1.64 ± 0.49	1.53 ± 0.50
Patients with embryo transfer	47 (61%)	66 (58.93%)

*p value < 0.05.

DUOSTIM FOR REDUCED OVARIAN RESERVE



- L'eficàcia de la FIV cal mesurar-la per la taxa acumulada de nen nascut (fresc i criotransferències).
- Importància del nombre d'ovòcits recuperats per a l'èxit del cicle de FIV.
- La incidència de Resposta Sub-Òptima oscil·la entre 17-50% de les pacients/donants sotmeses a un cicle de FIV.
- L'elecció d'una dosi d'inici adequada és important per a reduir la possibilitat de tenir una Resposta Sub-Òptima.
- La descàrrega ovulatòria pot tenir incidència en un resultat Sub-Òptim.
- La recerca de l'òptima estimulació en el perfil sub-òptim serà l'objectiu d'aquests propers anys en les investigacions clíniques relacionades amb FIV.



Moltes gràcies per la seva atenció

B. Coroleu
vencor@dexeus.com

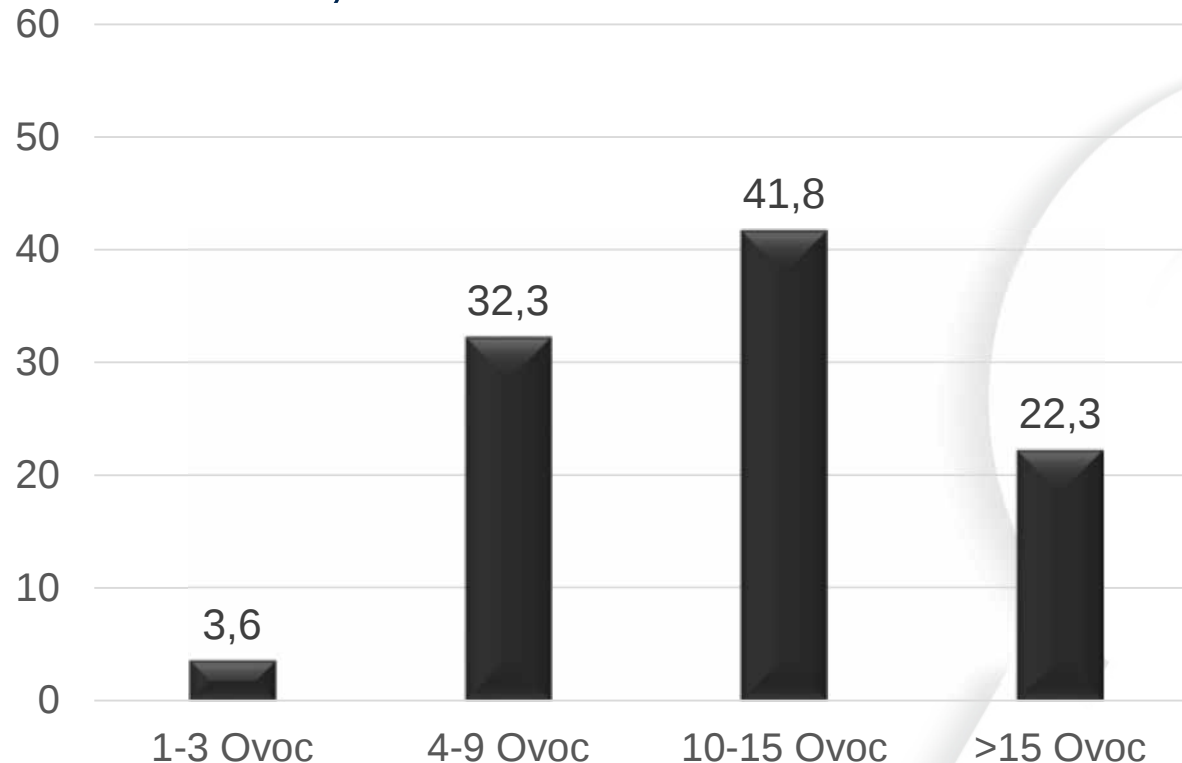
ALTA PROBABILITAT DE RESPOSTA ÒPTIMA

Pacients: 965 (primer cicle)

Edat: <43 anys

Dosis de inici: 150-225 UI

RFA:>9 i/o AMH:1,5



NOMBRE D'OVÒCITS EN FUNCIÓ DE LA GONADOTROPINA UTILITZADA: *FSHr* vs. *hMG*

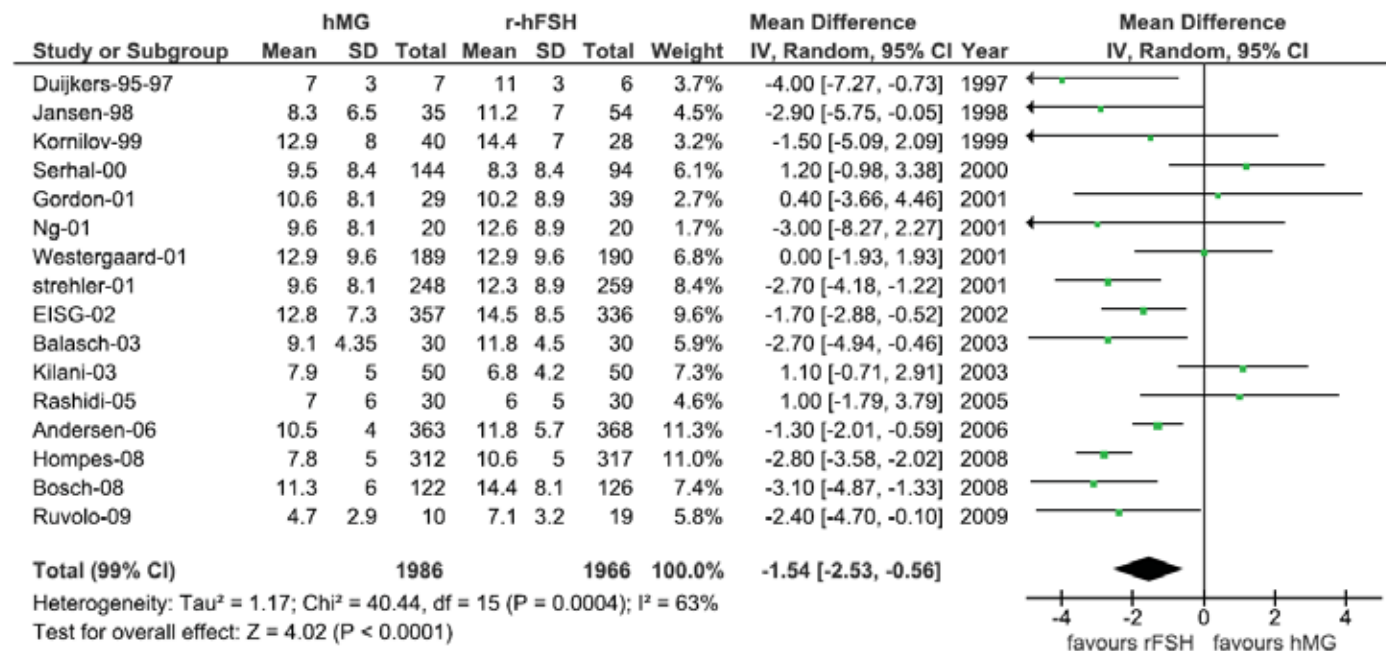
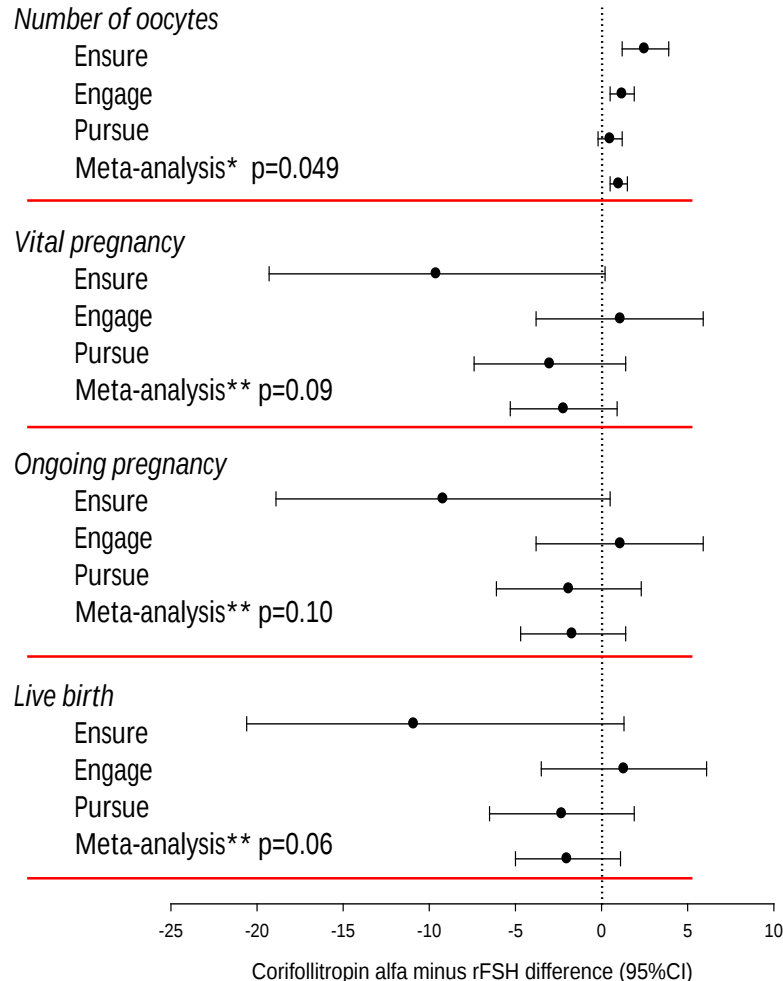


Figure 1 Number of oocytes. Number of oocytes for hMG versus r-hFSH in 16 studies (main analysis population, data reported by study authors for 3952 patients). Forest tree with mean difference using the random effects model. hMG = human menopausal gonadotrophins; r-hFSH = recombinant human follicle-stimulating hormone; EISG = The European and Israeli Study Group; SD = standard deviation; CI = confidence interval.

ENGAGE, ENSURE & PURSUE – INDIVIDUAL PATIENT DATA META-ANALYSIS



of oocytes :+1.0 (Significant)

*Adjusted for trial, center, age,
and body weight

**Adjusted for trial, region, age,
and body weight