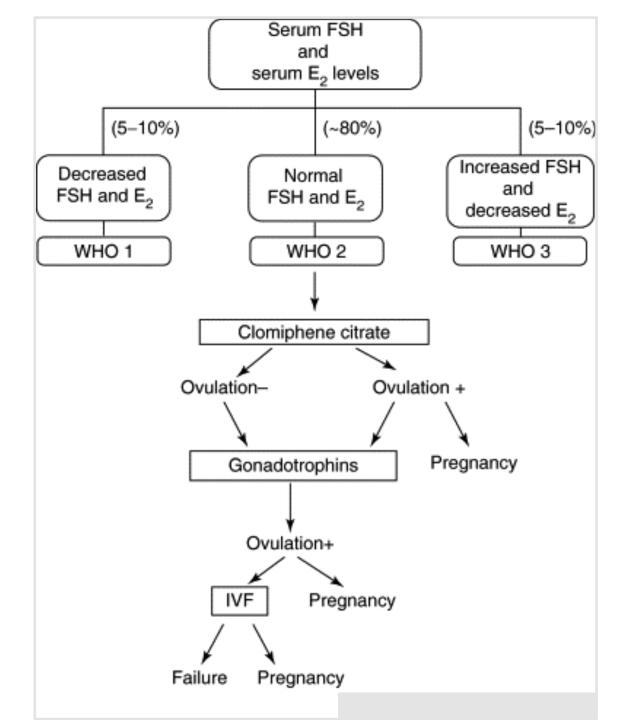
Blagi vs. standardni protokoli ovarijske stimulacije kod PCOS

Mild vs. standard ovarian stimulation protocols in PCOS

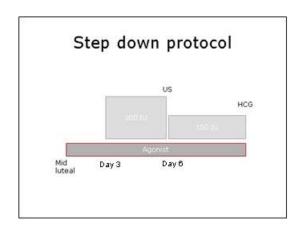
Romana Dmitrović

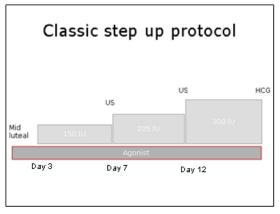




Ovulation induction algorithm

PCOS – problems with standard IVF





- High number of antral follicles
- Increased sensitivity to gonadotropins
- Excessive ovarian response/ OHSS
- High number of immature oocytes
- Low fertilization rates
- Reduced cleavage rates
- Low implantation rates
- High miscarriage rates

Mild ovarian stimulation for IVF - definitions

Mild IVF

- 2-7 oocytes
- oral compounds, low dose FSH/HMG, GnRh antagonist

Conventional IVF

 >8 oocytes, GnRh agonist or antagonist with conventional FSH/ HMG dose

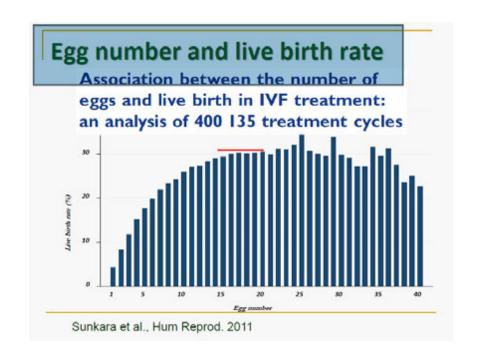
ISMAAR 2007 (International Society for Mild Approaches in Assissted Reproduction)

 Mild IVF - a procedure in which the ovaries are stimulated with gonadotropins and/or other compounds, with the intent to limit the number of oocytes obtained for IVF to fewer than seven

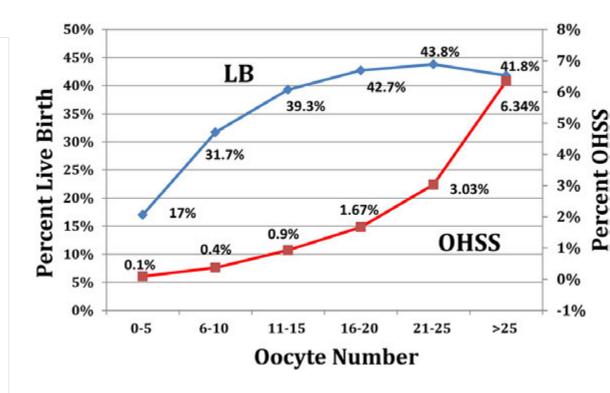
The ICMART (International Comittee Monitoring Assissted Reproduction Techologies) and WHO revised glossary on ART terminology, 2009. Hum Reprod 2009;24:2683–2687.

Current ovarian stimulation approaches

- High number of oocytes
- Time consuming, complex, high costs, patient discomfort, high drop-out rates, often OHSS
- Advantage: cryopreserved embryos
- Cycle programming
- Higher cummulative success rates?

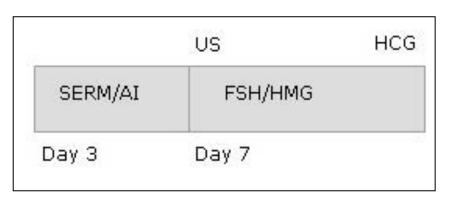


Oocyte number as a predictor for ovarian hyperstimulation syndrome and live birth: an analysis of 256,381 in vitro fertilization cycles

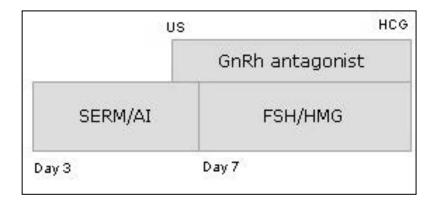


Mild stimulation





- Short protocols
- Patient friendly
- Reduced risk of OHSS
- Reduced cost
- Chromosomally normal oocytes



But

- Lower cummulative success rate?
- Rarely cryopreservation

Pregnancy rates with mild stimulation

CC + hCG

- Trounson 1981, LBR 17%/ ET
- Marrs 1983, PR 11%/asp
- MacDougall 1994 (RCT), PR 13%
- Ingerslev 2001 (RCT), PR
 18%

CC + gonadotropins + hCG

- Dhont 1995, PR **25**%
- Weigert 2002, PR **35**%
- Engel 2003, LBR 40%
- Lin 2006,PR **41.7**%

Mild vs. Standard stimulation – (B + 2012-2014)

	Mild stimulation	Standard stimulation	р
Pregnancy rate per cycle	21/40 52.2%	29/81 35.8%	0.153
Total number of cryopreserved embryos	27	119	
Pregnancies per cryopreserved embryos used up-to-date	3/8	15/29	
Cummulative pregnancy rate (fresh and cryopreserved cycles)	21+3=24/40 60/ 47,5%	29+15=44/81 54,3/ 48,1%	

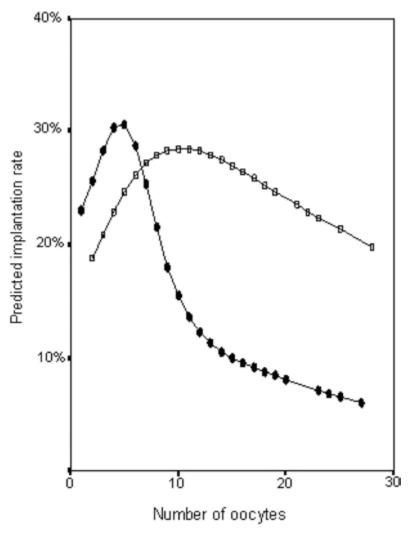
2013 SART (Society for Assissted Reproductive

Technology; USA) DATA (standard stimulation)

	<35	35-37	38-40	41-42
Number of cycles	36958	18508	16853	9026
Percentace of cycles resulting in pregnancy	46	37,8	28,6	18,8
Percentace of cycles resulting in live birth	40,1	31,4	21,2	11,2

Mild stimulation B +	<35	35-37	38-40	41-42
Number of cycles	66	31	7	21
Percentace of cycles resulting in pregnancy	30	42,1	28,8	4,2

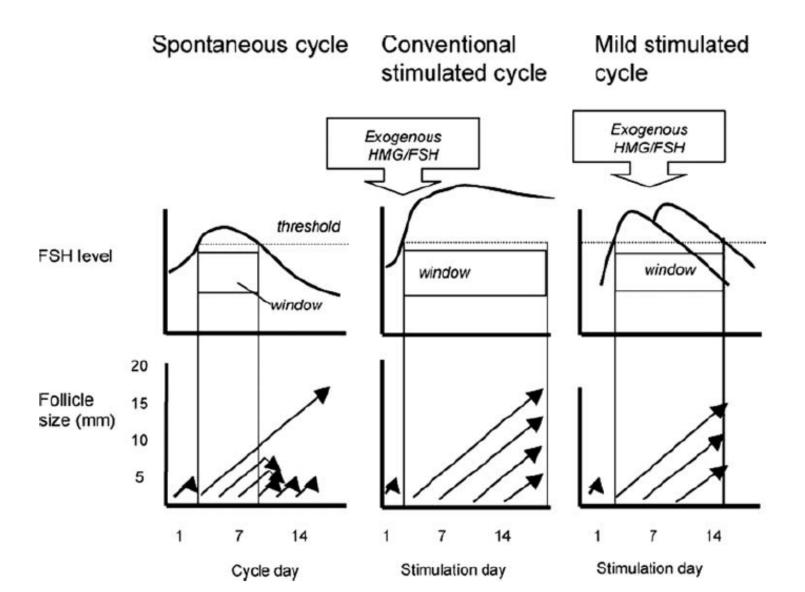
Ongoing pregnancy rate per embryo transferred (implantation rate) according to the number of oocytes retrieved following mild or conventional ovarian stimulation for IVF (P = 0.045).



M.F.G. Verberg et al. Hum. Reprod. Update 2009;15:5-12

Black dots, mild ovarian stimulation; open squares, conventional ovarian stimulation.

Mild vs. Standard stimulation



Mild stimulation

Clomiphene

- Selective estrogen receptor modulator
- 100 mg (2 tbls) from day
 2-5, for 5 days followed
 by 150IU FSH/HMG for 3-5 days

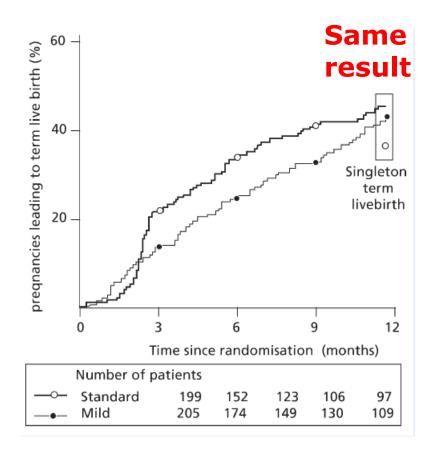
Letrozole

- Aromatase inhibitor
- 5 mg (2 tbls) from day
 2-5, for 5 days –
 followed by 150IU FSH/
 HMG for 3-5 days

Letrozole in ovulation induction in PCOS

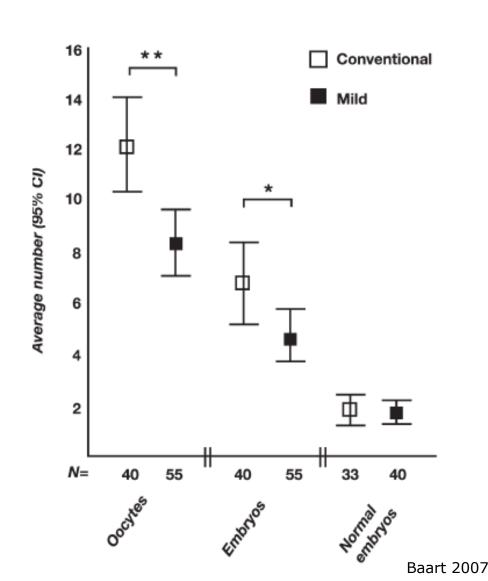
Outcome	Clomiphene Group (N = 376)	Letrozole Group (N=374)			
Primary outcome					
Live birth — no. (%)	72 (19.1)	103 (27.5)			
Singleton live birth — no./total no. (%)	67/72 (93.1)	99/103 (96.1)			
Ovulation					
Women who ovulated — no. (%)	288 (76.6)	331 (88.5)			
No. of ovulations/total treatment cycles (%)	688/1425 (48.3)	834/1352 (61.7)			
Fecundity among women who ovulated — no./total no. (%)					
Conception	103/288 (35.8)	154/331 (46.5)			
Singleton pregnancy	75/288 (26.0)	113/331 (34.1)			
Singleton live birth	67/288 (23.3)	99/331 (29.9)			

- Mild treatment (4
 cycles, SET) vs.
 standard treatment (3
 cycles, 2 embryos),
 1 year
 - Mild treatment: 5.d.c. start,
 150 IU FSH + GnRH
 antagonist
 - Standard treatment: GnRH long protocol



Better quality embryos with mild stimulation

despite "mild" stimulation obtained significantly fewer oocytes and embryos, both regimens finally generated the same number (1.8/cycle) of chromosomically normal embryos



Mild IVF - conclusions

- Comparable pregnancy rates
- Lower multiple pregnancy rates
- Lower OHSS rates
- Price
- Oocyte and embryo quality
- Patient-friendly