



Different ovarian stimulation protocols for expected suboptimal responders undergoing IVF treatment: a randomized controlled trial

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#### **OBJECTIVE, MATERIAL AND METHODS**

**Objective:** to estimate the efficacy different ovarian stimulation protocols in IVF/ ICSI cycles for expected suboptimal responders.

Patients in the two groups did not differ significantly in age, gynecological background and hormonal characteristics (Fig.2)

Materials and methods: Open-label, randomized controlled clinical trial involved 51 women with expected suboptimal ovarian response. Inclusion criteria for the research were age 35 – 41 years, body mass index  $\leq$  30 kg/m<sup>2</sup>, basal FSH  $\leq$  15 IU/I, antral follicle count 5 – 9, AMH  $\geq$  0,8 ng/mI, the collection  $\leq$  9 oocytes in previous IVF attempts. Exclusion criteria for the research were recurrent miscarriage, karyotype changes, severe male factor infertility. Eligible patients were randomized to either administration of 150 µg corifollitropin alfa combined with 150 IU of daily menotropin (group I, n=25) or to 300/150 IU of daily recombinant FSH/ LH (group II, n=26) in a fixed GnRH antagonist protocol (Fig.1).

Group I, n=25

Group II, n=26

	GnRH antagonist												
	(d follicles 12 mm)												
	corifollitropin alfa150 µg, Organon												
	menotropin 150 IU/150 IU, IBSA												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of menstrual cycle									day of hCG				
										(d follicles 17mm)			

					GnF	RH a	ntag	onis	t				
	(d follicles 12 mm)												
	reco	mbin	ant	FSH									
	MerckSerono												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of menstrual cyc										day of hCG			
										(d follicles 17mm)			

Fig.1 Ovarian stimulation protocols

## RESULTS







The number of follicles on the day of hCG, oocytes retrieved, MII oocytes, 2pn zygote, good-quality transferred embryos and pregnancy rate were comparable between the two groups (Fig.3). Nevertheless, only patients in recombinant FSH/ LH group had cryopreserved embryos. Odds ratio for pregnancy did not differ between the two groups (OR (95% CI) = 1,754 (0,368 - 8,374) p>0,05).



### CONCLUSION

Suboptimal ovarian response represents a challenge for optimal treatment regimens. Although a recombinant FSH/LH protocol may have increased the number of cryopreserved embryos, no difference was observed in ongoing pregnancy rates. Though, future clinical research should be done as multicenter randomized controlled trial focused on oocyte quality and embryo morphology characteristics.

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