

FSH DOSE TO STIMULATE DIFFERENT PATIENT' AGES: WHEN LESS IS MORE

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INTRODUCTION

- ✓ The success of in vitro fertilization depends on the **number** and **quality** of retrieved oocytes and obtained embryos

Human Reproduction, Vol.29, No.6 pp. 1218–1224, 2014

Advanced Access publication on March 20, 2014 doi:10.1093/humrep/deu053

human
reproduction

ORIGINAL ARTICLE *Infertility*

Association between response to ovarian stimulation and miscarriage following IVF: an analysis of 124 351 IVF pregnancies

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INTRODUCTION

- ✓ Multiple follicle growth by conventional COS regimens may also be **harmful** for women and babies

ORIGINAL ARTICLES: ASSISTED REPRODUCTION

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

Ryan G. Steward, M.D.,^a Lan Lan, Ph.D.,^b Anish A. Shah, M.D., M.H.S.,^a Jason S. Yeh, M.D.,^a Thomas M. Price, M.D.,^a James M. Goldfarb, M.D.,^c and Suheil J. Muasher, M.D.^a

^a Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Durham, North Carolina; ^b Department of Biostatistics and Bioinformatics, Durham, North Carolina; and ^c University Hospitals Fertility Center, Beadwood, Ohio

Human Reproduction, Vol.30, No.6 pp. 1473–1480, 2015

Advanced Access publication on April 16, 2015 doi:10.1093/humrep/dev076

human
reproduction

ORIGINAL ARTICLE *Reproductive epidemiology*

Increased risk of preterm birth and low birthweight with very high number of oocytes following IVF: an analysis of 65 868 singleton live birth outcomes

Sesh Kamal Sunkara^{1,*}, Antonio La Marca², Paul T. Seed³, and Yacoub Khalaf³

INTRODUCTION

✓ How much FSH is sufficient?

Revelli et al. *Reproductive Biology and Endocrinology* 2011, 9:25
<http://www.rbej.com/content/9/1/25>



REVIEW

Open Access

Milder is better? advantages and disadvantages of “mild” ovarian stimulation for human in vitro fertilization

Human Reproduction, Vol.25, No.11 pp. 2678–2684, 2010

Advanced Access publication on September 21, 2010 doi:10.1093/humrep/deq247

Alberto Revelli^{*}, Simona Casano, Francesca Salvagno, Luisa Delle Piar

human
reproduction

DEBATE

Mild ovarian stimulation for IVF: 10 years later

**Bart C.J.M. Fauser^{1,*}, Geeta Nargund², Anders Nyboe Andersen³,
Robert Norman⁴, Basil Tarlatzis⁵, Jacky Boivin⁶, and William Ledger⁷**

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OBJECTIVE

- ✓ To determine the effect of different recombinant FSH doses on oocytes and embryos quality, according to the age of the patient

METHODS

Study Design

JANUARY 2010 – DECEMBER 2016

12,334 normally
fertilised zygotes



obtained from
2,877 patients



Embryo transfer
on Day 5

AGE GROUPS

≤35 years old
(n=1523)

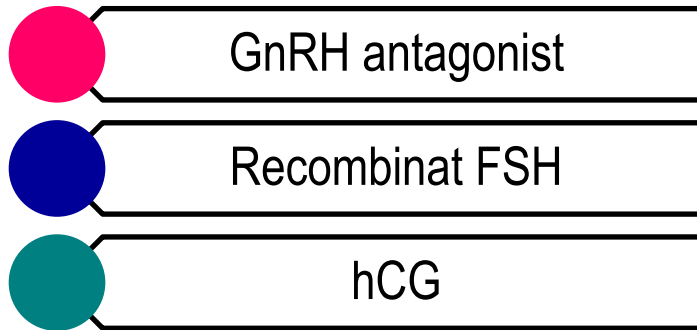
>35 and
≤38 years
old (n=652)

>38 and
≤40 years
old (n=332)

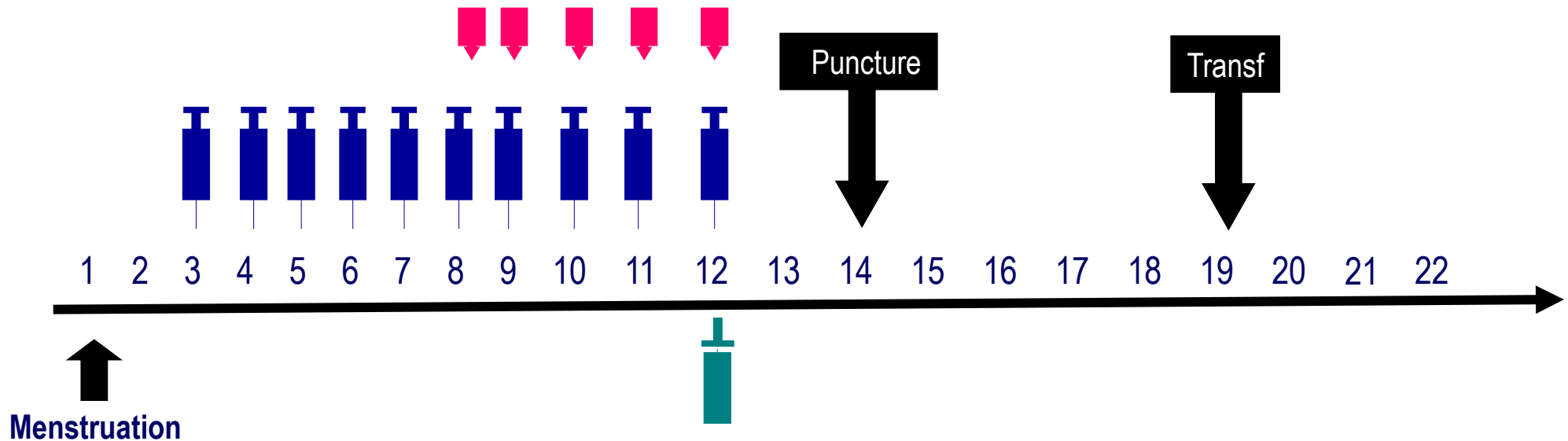
>40 years
old (n=370)

METHODS

Controlled Ovarian Stimulation

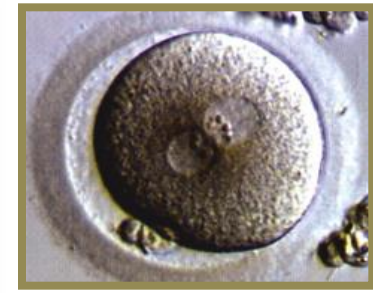
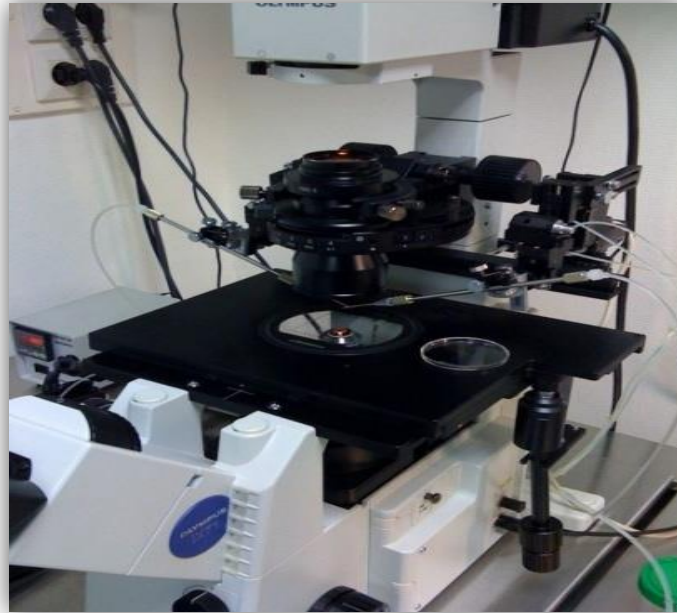
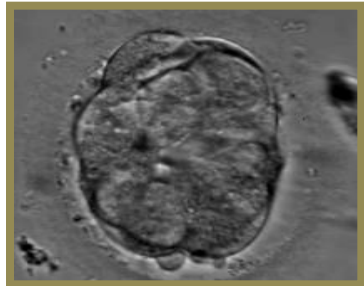
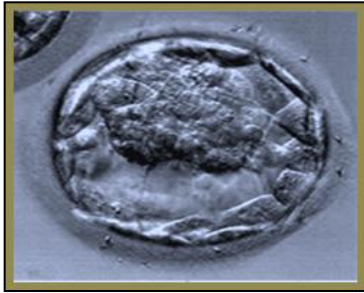


E2



METHODS

ICSI and embryo quality evaluation



METHODS

Statistical analyses

Linear regression on the different age intervals

Effect of FSH dose on:

number of follicles
number of retrieved oocytes
oocyte yield
number of mature oocytes
mature oocyte rate
fertilization rate

embryo quality
blastocyst formation rate
endometrial thickness
cycle's cancelation rate
implantation rate
pregnancy rate
miscarriage rate

RESULTS

Table 1- Descriptive analysis of patient demographics and COS outcomes

	General		≤ 35 years old		36-38 years old		39-40 years old		>40 years old	
Variable	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Patient's demographics										
Maternal age (y)	35.17	4.572	31.7	2.8	36.9	0.8	39.4	0.5	42.6	1.8
Paternal age (y)	38.05	6.659	35.7	5.9	39.3	6.1	41.3	6.0	43.0	6.7
Total FSH (IU)	2318.8	607.9	2185.9	580.2	2442.7	574.5	2508.9	621.0	2476.9	637.4
COS outcomes										
Aspirated follicles (n)	16.58	12.1	15.0	9.8	14.6	10.7	11.0	8.0	8.0	6.8
Retrieved oocytes (n)	11.84	9.3	12.5	19.8	10.2	8.0	7.7	6.2	5.6	5.3
Oocyte Yield (%)	70.33	22.5	72.5	19.8	68.5	22.7	66.9	25.1	67.5	28.2
Mature oocytes MII (n)	8.97	7.0	11.2	7.5	7.7	6.0	6.0	4.8	4.3	4.0
Mature oocytes rate (%)	74.51	21.0	75.1	18.5	71.4	22.4	74.5	22.8	72.8	26.6

RESULTS

Table 2- Descriptive analysis of laboratorial and clinical outcomes

	General		≤ 35 years old		36-38 years old		39-40 years old		>40 years old	
Variable	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Laboratory outcomes										
Fertilization rate (%)	83.4	19.5	86.1	17.3	83.2	19.9	81.9	23.4	82.1	23.9
High quality D3 embryos (n)	3.1	2.96	3.8	3.2	2.8	2.8	2.2	2.3	1.6	1.7
High quality Embryo rate (%)	45.8	31.1	48.1	28.6	42.7	32.4	42.0	32.8	45.4	37.1
Blastocyst formation rate (%)	41.2	28.5	44.3	27.9	36.6	28.1	41.3	29.7	27.5	26.9
Transferred embryos (n)	1.56	.65	1.6	0.6	1.5	0.7	1.5	0.7	1.4	0.7
Endometrium (mm)	11.0	7.02	11.1	5.7	10.9	6.6	10.9	2.2	11.3	13.6
Clinical outcomes										
Cancelation rate (%)	22.5		20.4		20.7		24.7		32.7	
Implantation rate (%)	29.51		34.9		26.7		28.9		10.7	
Clinical pregnancy rate (%)	38.8		45.6		35.1		24.7		14.1	
Miscarriage rate (%)	13.64		11.0		16.5		17.9		28.6	



RESULTS

Table 3- Linear regression models of the effect of FSH dose on COS outcomes, in different maternal age intervals.

Group	≤ 35 years old		36-38 years old		39-40 years old		>40 years old	
Variable	RC	p	RC	P	RC	p	RC	p
COS outcomes								
Aspirated follicles	-0.004	NS	-0.003	NS.	0.000	NS	0.001	NS
Retrieved oocytes	-0.002	NS	-0.001	NS	0.000	NS	0.000	NS
Oocyte Yield	0.003	0.002	0.003	NS	0.003	NS	0.000	NS
Mature oocytes MII	-0.002	NS	-0.001	NS	0.000	NS	0.000	NS
Mature oocytes rate	-0.001	NS	-0.002	NS	0.002	NS	-0,001	NS

RESULTS

Table 4- Linear regression models of the effect of FSH dose on laboratorial outcomes, in different maternal age intervals

Group	≤ 35 years old		36-38 years old		39-40 years old		>40 years old	
Variable	RC	p	RC	P	RC	p	RC	p
Laboratory outcomes								
Fertilization rate	-0.001	NS	0.000	NS	0.001	NS	-0.002	NS
High quality D3 embryos	-0.001	NS	0.000	NS	0.000	NS	0.000	NS
High quality Embryo rate	-0.005	<0.01	-0.006	0.025	0.002	NS	-0.002	NS
Blastocyst formation rate	-0.005	<0.01	-0.007	0.042	0.004	NS	-0.004	NS
Transferred embryos	0.000	NS	0.000	NS	0.000	NS	0.000	NS
Endometrium	0.000	NS	0.000	NS	0.001	NS	0.000	NS

RESULTS

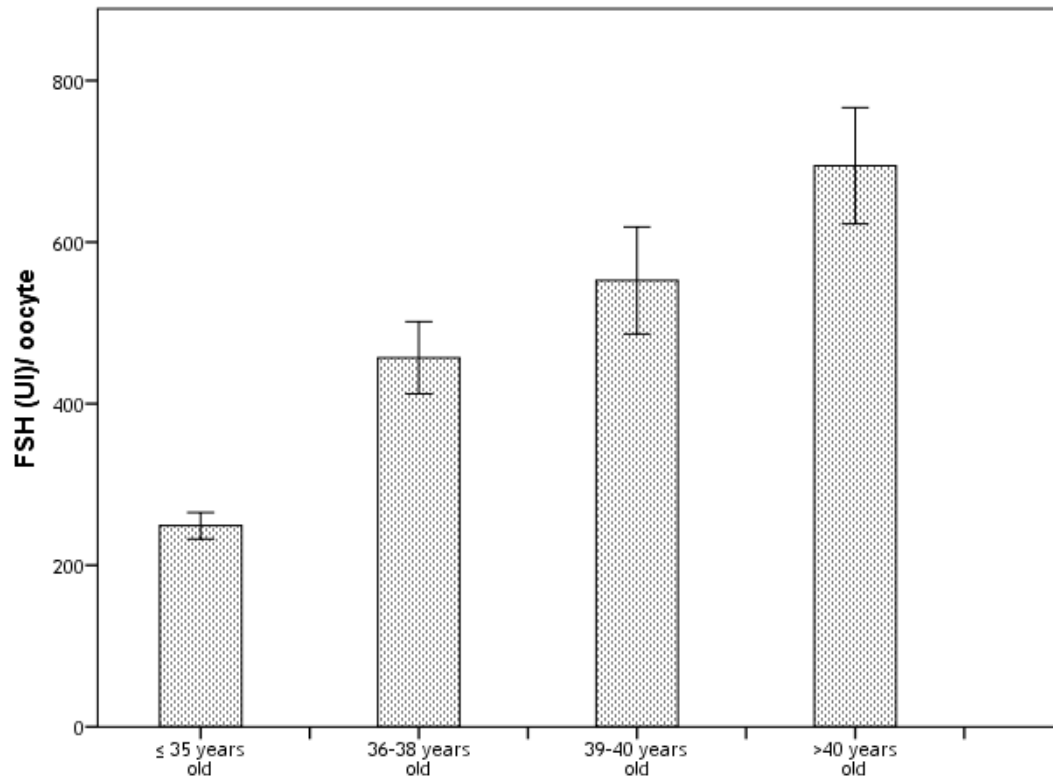
Table 5- Linear regression models of the effect of clinical outcomes, in different maternal age intervals

Group	≤ 35 years old		36-38 years old		39-40 years old		>40 years old	
Variable	RC	p	RC	P	RC	p	RC	p
Clinical outcomes								
Cancellation rate	0.000	0.022	0.000	0.039	0.000	NS	0.000	NS
Implantation rate	-0.002	NS	-0.004	NS	-0.001	NS	0.001	NS
Clinical pregnancy rate	0.000	NS	0.000	NS	0.000	NS	0.000	NS
Miscarriage rate	0.001	NS	0.002	NS	0.001	NS	0.003	NS

RESULTS

FSH / oocyte (FSH total dose (UI)/ number of retrieved oocytes)

Group	≤ 35 years old		36-38 years old		39-40 years old		>40 years old		
Variable	Mean	SD	Mean	SD	Mean	SD	Mean	SD	p
FSH/oocyte ratio	248.99	334.72	456.59	590.53	552.59	662.94	694.59	725.88	<0.05



DISCUSSION

**Women ≤ 35
years old**

positive effect

oocyte yield (number of
retrieved oocytes/number of
follicles)

**Women ≤ 38
years old**

negative effect

cleavage stage embryo
quality and blastocyst
formation rate

positive effect

cycle's cancelation rate

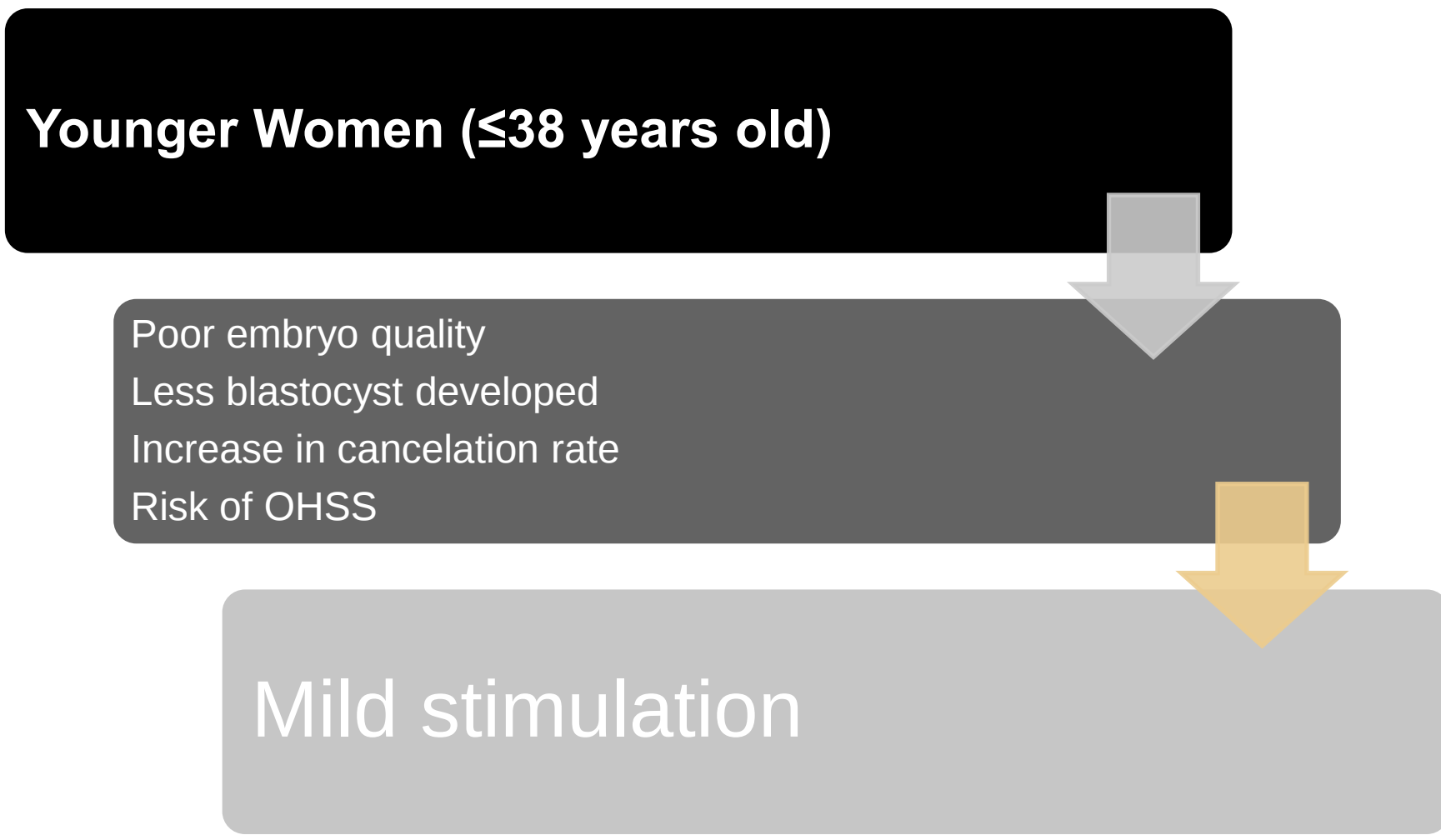
**Women >38
years old**

no effects

of the FSH doses on the
analyzed variables

DISCUSSION

Younger Women (≤ 38 years old)



Poor embryo quality
Less blastocyst developed
Increase in cancelation rate
Risk of OHSS

Mild stimulation

DISCUSSION

Older Woman (>38 years old)



Higher FSH dose are needed for sufficient number of retrieved oocytes.

No effects on embryo morphology



Conventional COS

Obrigado!
Gracias!



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