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A RANDOMIZED, PROSPECTIVE STUDY OF MICRODOSE LEUPROLIDE VERSUS OOCYTE DONATION IN POOR RESPONSE PATIENTS

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Objective: Oocyte donation is the main indication for the poor responding patient. Not all the patients agree to accept donated oocytes. This current investigation compares ART outcome and ongoing pregnancy rate using a microdose GnRH agonist protocol in the treatment of “poor responders” undergoing IVF with “poor responders” undergoing oocyte donation.

Design: A randomized prospective study.

Material/Methods: One hundred three patients with a poor response during previous gonadotrophin stimulated cycles were randomized to treatment with 300 IU rFSH and 300 IU hMG, in combination with follicular phase microdose leuprolide acetate 40 µg (Group A, 55 patients), or oocyte donation with our standard protocol (Group B, 48 patients). Demographics parameters of the two groups were analyzed for age, duration of infertility, day 3 FSH, LH and E₂, diagnosis, number of previous attempts, weight, height and body mass index.

In both groups were analyzed : fertilization rate, number of embryos transferred, implantation rate and ongoing clinical pregnancy rate. In Group A the cancellation rate was also evaluated. Statistical analysis was done using T test, chi Square or Fisher’s exact tests.

Results: No statistical significant differences were presented in the demographic parameters between the two groups. No cancellation rate was present in Group A for inadequate follicular development (= 3 follicles = 16 mm.), and the mean number of oocytes retrieved was 4.89 +/- 3.14. For groups A and B fertilization rates were 78.75 % and 88% (p<0.001); mean number of embryos transferred 2.64 +/- 1.33 and 2.2 +/- 0.5 (NS); implantation rates 12.8% and 25.69% (p<0.028); and ongoing pregnancy rates 27.27% and 45.8% (p<0.040), respectively.

Conclusions: Oocyte donation is still the better indication for poor responder patients. In the other hand microdose protocol, infrequently used in many countries, for the treatment of poor responders appears to be effective because no cycle cancellation was occur, and acceptable ongoing pregnancy rate was present. This should be a most popular indication for poor responder women who refuse oocyte donation, to have the opportunity to achieve a pregnancy with their own oocytes.