$3,400 ($3,500 embryolab, $2,000 retrieval, $1,100 embryo transfer); 3) ART cycle cost if no transfer was performed was $8,900; 4) Luteal phase support was progesterone in oil 50 mg per day from the day of retrieval until the pregnancy test and continues for 6 weeks if positive; 5) Modest estimate of expenses related to ovarian hyperstimulation syndrome—a) mild-$500 for labs/medication, b) moderate-$1,500 for labs/medication/monitoring, c) severe—$5,000 for labs/medication/short-term non-ICU hospitalization.

RESULTS: Medication prices were as follows: 1) GnRH analogue supply-$360 ganirelix (4 vials at $90) and $451 for luteal lupron (2 kits at $225); 2) Gonadotropins-$59 per ampule, 24 amps per ganirelix cycle, 27 amps per lupron cycle; 3) hCG-$49; 4) Progesterone-$33 per week. The direct cost per successful ART cycle was $12,012 for ganirelix and $12,278 for luteal lupron. The indirect costs per 100 ART cycles due to OHSS was $6,743 for ganirelix and $7,240 resulting in a savings of $5,154 for using luteal lupron. (See table.)

CONCLUSION: Ganirelix resulted in fewer injections per ART cycle with ease of use. Per ART cycle, ganirelix was calculated to be less expensive. Per pregnancy achieved, however, luteal lupron was less expensive. Alterations in stimulation protocols utilizing ganirelix may result in equivalent pregnancy rates. If pregnancy rates were equal, ganirelix would be more cost-effective and easier for patients to use.

Supported by: None.

Wednesday, October 20, 2004
2:45 P.M.

O-298


OBJECTIVE: Our goal was to evaluate a novel controlled ovarian hyperstimulation (COH) protocol designed to optimize convenience for patients undergoing ART cycles and to assess its efficacy in terms of pregnancy success rates.

DESIGN: Prospective Multicentric Study, comparative study. The control group (n=304) consisted of patients recruited for ART from January 2003 to November 2003 undergoing COH using standard midluteal daily GnRH agonist stimulation. The study group (n=34) included women who were recruited from January 2004 to February 2004 and were given depot Leuprolide Acetate (Lupride Depot, Sun Pharma, India).

MATERIALS AND METHODS: The study group was administered a single 1.25 mg dosage of intramuscular depot Leuprolide Acetate for downregulation in the midluteal phase of the cycle. The control group received daily subcutaneous injections of Leuprolide Acetate from the midluteal phase until the day of hCG administration in accordance with our standard COH protocol. These downregulated patients received hMG, 4 × 75 IU (300 IU/day) for 6 days. Ovarian response was assessed by ultrasound on day 7, and the gonadotropin dose adjusted as necessary. Human Chorionic Gonadotropin (hCG), 10,000 IU, was administered when the leading follicles were between 18–20 mm. Oocyte retrieval occurred 34 hours after hCG administration. Data was analyzed on the age of patients, total number of days of injections, total hMG dosage used, as well as the number of oocytes retrieved and percentage fertilization to assess the stimulation characteristics of these cycles. The number of embryos transferred, clinical pregnancy rates, and implantation rates were also compared between the groups. Data were expressed as mean ± SD.

RESULTS: The study group had an average age of 30.47 ± 3.5 years.

Wednesday, October 20, 2004
3:00 P.M.

O-298