Results: Patients were subdivided into groups by age (< 37 yrs, 38+ yrs), and by oocyte yield (low, intermediate, high). In patients less than 38 years of age, fertilization rates and livebirth deliveries were equivalent, irrespective of the number of oocytes retrieved. Those who yielded Low numbers of oocytes (1-5) required 9.6 oocytes per livebirth, compared with 25.1 and 51.5 in those who yielded Intermediate (6-16) and High (16+) numbers of oocytes. Complete: Although we now have more than 20 year’s experience of supertreatment for IVF treatment, our results suggest that the efficiency of oocyte utilization has not significantly improved since the early 1980’s. We raise the question of whether milder stimulation regimens will produce the oocyte destined for a livebirth: does collecting fewer oocytes provide a better clinical strategy for oocyte selection than does the harvesting of large numbers of oocytes?

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Oral contraceptive pretreatment for scheduling in IVF patients treated with either rFSH/GnRH Antagonist or rFSH/GnRH agonist. Richard P. Dickey, Samuel J. Chantilis, Bradley S. Hurst, Larry I. Barmat. Fertility Institute of New Orleans, New Orleans, LA; Presbyterian Hosp of Dallas, Dallas, TX; Carolinas Medical Ctr, Charlotte, NC; Abington Reproductive Medicine, Abington, PA.

Objectives: (1) To compare the clinical effects of oral contraceptive pill (OCP) pretreatment for cycle scheduling in rFSH/GnRH antagonist (ANT) vs. rFSH/GnRH agonist (AG) stimulation in IVF patients, and (2) to evaluate optimization of retrieval day with OCP.

Design: Prospective, randomized.

Materials and Methods: Four study centers equally recruited 80 patients with inclusion criteria: age< 38, d3 FSH ≤ 10, basal antral follicle ≥ 5, 19< BMI < 32, 26< cycle day (CD) ≤ 34, and ≤ 1 previous ART cycle. All subjects began OCP (Desogen®, Organon USA, Roseland, NJ) on CD 2-4, and discontinued on a Sunday after 14-28 d of treatment. Evening dosing of OCP (Follistim®, Organon USA) at 300 IU/day began on the Friday (5th day post OCP) following OCP discontinuation. Dose adjustments of 75-150 IU rFSH were allowed. In AG group, GnRH agonist (Lupron®, TAP, Chicago, IL) had a 5 day overlap with OCP at 0.5 mg/d and decreased to 0.25 mg/d with rFSH start. In ANT group (Antagon(tm), Organon USA), an evening dose of 250 µg/d ANT was initiated when lead follicle had a mean diameter of 12-14 mm, HCG was administered when 2 or more follicles reach ≥16-18 mm. ET occurred on d2, 3 or 5. According to individual clinic protocols, luteal support was provided. Serum β-hCG and ultrasound confirmed clinical pregnancy.

Results: Of 80 patients, 39 were randomized to ANT and 41 in AG; 36 in ANT and 40 in AG to embryo transfer. Cancellations were: ANT- 2 poor response, 1 personal reason; AG- 1 no fertilization. There were no differences in patient age, BMI, day 3 FSH and OCP duration between ANT and AG. The mean (+SE, range) number of days of rFSH in ANT (9.1 ± 0.3, 6-12) and AG (9.0 ± 0.2, 6-12) was not different. The dose of gonadotropin utilized was similar between ANT and AG (2706 ± 146 vs 2724 ± 118, respectively). Patient outcomes were similar in the number of oocytes retrieved, number of embryos, ongoing pregnancy rate and implantation rate. OCP cycle scheduling resulted in 89% and 95% of retrievals performed on five days of week for ANT and AG, respectively.

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Phase III German Multicenter Study to evaluate the convenience and the safety of a multidose formulation of follitropin-alfa (Gonal-F®) designed for self-administration by the patient. Olaf G. J. Naether, Sabine Huebner, Wilma Bilger. Fertility Ctr, Hamburg, Germany; Kinderwunschzentrum, Goettingen, Germany; Serono GmbH, Unterschlesseheim, Germany.

Objective: To evaluate the convenience and the safety of a multidose formulation of follitropin-alfa designed for self-administration by the patient.

Design: Prospective multicenter phase III study in patients undergoing controlled ovarian stimulation for assisted reproduction.

Materials and Methods: Between July 2000 and December 2001 25 German IVF-centers participated in this open, non-comparative multicenter phase III study. Eligibility criteria for the patients were kept simple to reflect normal clinical practice (premenopausal women between 18 and 38 years, signed written informed consent, undergoing ovarian stimulation for assisted reproduction). Recombinant FSH was supplied in a multidose vial containing 1200 IU follitropin-alfa (Gonal-F® 600 IU/ml multidose). During FSH treatment, information including dose of FSH, duration of treatment, local tolerance and adverse events was recorded. After treatment completion, the patients filled a questionnaire recording their experience with the multidose.

Results: Four hundred ninety patients were enrolled. Mean duration of FSH administration was 10.58 ± 2.73 days. Mean cumulative dose was 2401 ± 1280 IU FSH, corresponding to 2 or 3 vials of multidose for most patients. During this study information about more than 5000 injections of this multidose follitropin alfa formulation was recorded. This formulation was well tolerated (less than 3% local reactions to injections) and no significant adverse local reaction was reported.

In terms of flexibility and simplicity 94.5% and 93.5% of patients, respectively, considered the multidose as an improvement vs. monodose.

Conclusion: Gonal-F® 600 IU/ml multidose is perceived by most patients as a significant simplification for self-administering their medication and it is well tolerated.

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Objective: To evaluate efficacy and safety of the flexible use of ganirelix, according to ultrasound follicular development, for the prevention of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian hyperstimulation (COH).

Design: Multi-center, open-label, prospective, descriptive.

Materials and Methods: Patients for whom COH and IVF or ICSI was indicated were included.

Controlled ovarian hyperstimulation with rec.-FSH (Puregon®) started at day 1 to 5 of menopause and ganirelix (Orgalutran®) 0.25 mg was injected subcutaneously once daily, starting according to a flexible regimen in function of follicular development:

1. The following day, when one 14 mm follicle was observed by ultrasound.
2. The same day, when several 14 mm follicles were observed by ultrasound.
3. The same day, when one 15 mm follicle was observed by ultrasound.

Ganirelix (Orgalutran®) was continued up to the day that 3 follicles of ≥ 17 mm were observed by ultrasound. Final maturation of the oocytes was induced by administration of 10 000 IU-hCG (Pregnyl®). Luteal phase

Day of Week of Oocyte Retrieval

Conclusions: OCP pretreatment in rFSH/ANT protocols for IVF provides a patient-friendly regimen with fewer injections and can be optimized for weekday retrievals. There was no difference in number of oocytes retrieved, 2 PN embryos, embryos transferred, implantation and pregnancy rates between the two stimulation protocols. To optimize scheduling for weekday retrievals, OCP pretreatment should be discontinued on Monday (vs. Sunday) and rFSH should be initiated on Saturday (vs. Friday).

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