less past drug usage (9%) than the general American population (38.9%). Also, the rate of current alcohol use in our patients (46.2%) is similar to the national rate (48.3%).

ASRM guidelines do not include urine toxicology screening. It may be desirable to screen potential oocyte donors with urine toxicology testing, as donors may not fully disclose details of drug use.

P-29

Highly purified subcutaneous human menopausal gonadotropin (hMG-HP; Menopur™) does not compromise assisted reproductive technology outcome. G.N. Allahbadia, G.N. Gandhi, R.M. Merchant, K.S. Kadam, J.A. Karani. Rotunda-The Center For Human Reproduction, Mumbai, India.

Objectives: To compare ovarian responses and outcomes with Highly Purified subcutaneous Human Menopausal Gonadotropin (hMG-HP) versus intramuscular (IM) Urinary Menopausal Gonadotropin (u-hMG) in down regulated women undergoing either IVF or ICSI.

Design: Retrospective, comparative study.

Materials and Methods: Pituitary down-regulated patients received subcutaneous hMG-HP ($n = 35$) or intramuscular u-hMG ($n = 19$), 3×75 IU ampoules (225 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 intramuscularly when the leading follicles were between 16–18 mm. Oocyte Retrieval occurred 34–36 hours after hCG administration.

Results: No difference was seen when u-hMG and hMG-HP groups respectively, were compared for age, days of stimulation, number of ampoules used, mean endometrial thickness and Estradiol levels (E2) on day of hCG administration and the mean number of oocytes retrieved. However the Fertilization rate in the u-hMG group (75.42 +/− 17.73) was significantly higher than the hMG-HP group (60.66 +/− 28.3) ($p = 0.04$ with $p < 0.05$ considered statistically significant). The Cleavage rate and the number of Grade A embryos available for transfer were higher in the u-hMG group. Mean number of embryos transferred in the u-hMG group (5.47 +/− 3.50) were more than in the hMG-HP group (4.97 +/− 2.63); this being statistically not significant. An ongoing clinical pregnancy rate of 28.57% was reported in the hMG-HP group compared to a 26.32% ongoing clinical pregnancy rate in the u-hMG group. There was no significant difference in the incidence of multiple clinical pregnancy or ovarian hyperstimulation syndrome (OHSS) between the two groups.

Conclusions: Ovarian response was not compromised, nor was oocyte maturation or fertilization impaired with subcutaneous hMG-HP therapy. It is necessary to test new drugs for ART as they become available. Purer gonadotropin preparations that can be self-administered subcutaneously will be preferred for ART.

P-30

Menotropins: revisiting the future of controlled ovarian stimulation protocols in assisted reproductive techniques. G.N. Allahbadia,[1] Kulwinder Kaur,[2] S.P.S. Virk,[2] G.N. Gandhi,[1] R.M. Merchant,[1] K.S. Kadam.[1] [1]Rotunda-The Center For Human Reproduction, Mumbai, India; [2]Rotunda-Virk Center For Human Reproduction, Jallandhar, India.

Objectives: To compare the efficacy & safety of urinary Human Menopausal Gonadotropin (u-hMG; Menodac™; Zydus Biogen, India) versus Recombinant Human Follicle Stimulating Hormone (rec-FSH; Recagon™; Organon, India) for the induction of superovulation in women undergoing Assisted Reproductive Techniques.

Design: Retrospective, multicentre, comparative study.

Materials & Methods: Pituitary down-regulated patients received subcutaneous u-hMG ($n = 19$), 3×75 IU ampoules (225 IU / day) or subcutaneous rec-FSH ($n = 14$), 3×100 IU ampoules (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 16–18 mm. Oocyte Retrieval occurred 34– 36 hours after hCG administration.

Results: The mean number of days required for stimulation were comparable in both the groups (10.53 +/− 1.07 versus 10.86 +/− 4.47). The difference in mean Endometrial thickness as measured on transvaginal sonography on the day of hCG administration was not statistically significant (9.14 +/− 1.70 versus 9.44 +/− 1.99; $p = 0.65$). The mean amount of IU of the gonadotropin consumed (3742.12 +/− 1763.15 versus 4260.71 +/− 1622.58 IU; $p = 0.39$) and the Estradiol levels (E2) on the day of hCG administration (2742.31 +/− 1364.43 versus 2846 +/− 1684.39 ;$p = 0.99$) were not statistically significant. The mean number of eggs retrieved in the u-hMG group was 10.21 +/− 6.65 compared to 10.93 +/− 6.87 in the rec-FSH group ($p = 0.89$). The fertilization rate was statistically significant in favor of the u-hMG group (75.42 +/− 17.73 versus 50.19 +/− 28.38; $p = 0.0037$) whereas there was no difference in the cleavage rate and the embryos available for transfer. The mean number of embryos transferred in the u-hMG group was 5.47 +/− 3.50 versus 4.79 +/− 3.96 ($p = 0.60$) in the rec-FSH group. An ongoing clinical pregnancy rate of 26.32% was reported in the u-hMG group compared to a 21.43% ongoing clinical pregnancy rate in the rec-FSH group. There was no significant difference in the incidence of multiple clinical pregnancy or ovarian hyperstimulation syndrome (OHSS) between the two groups.

Conclusions: Throughout their long history, the menotropins have been associated with an excellent safety record. Our data reinforce this profile and demonstrate at least comparable efficacy & tolerability versus the genetically engineered recombinant preparation. The cost economics especially in a developing country like India would also ensure that u-hMG will still remain the gold standard for Controlled Ovarian Stimulation Protocols in Assisted Reproductive Techniques till such time that the pricing of the genetically engineered preparations rationalize.

P-31

Prevalence of vaginal dryness in trying-to-conceive couples. J. Ellington, Daugherty, Short, Bio~OriGyn, Spokane, Washington.

Background: Dyspareunia, primarily due to vaginal dryness, has been reported to occur sometimes or more often, in at least 46% of all reproductive age women. However, it is currently not known if vaginal dryness is increased in trying-to-conceive (TTC) couples. Additionally, it has not been evaluated how TTC couples are managing symptoms of vaginal dryness given numerous reports on the sperm toxic nature of most personal lubricants and even saliva.

Objective: This study was done to determine the prevalence of vaginal dryness among TTC couples, and their level of understanding of appropriate interventions for such dryness.

Methods: An opt-in internet survey of 900 TTC couples was conducted over 5 months. Thirty questions regarding fertility and vaginal dryness were asked of each participant. Summary statistics for the group were compiled and analyzed.

Results: Average TTC time for the group was 7 months, with 33% TTC 1 year or more. Medical care for their fertility issues included: 23% no doctor, 13% PCP, 43% ObGyn, 16% Fertility Specialist, or 4% Urologist. Most couples (78%) had no definitive diagnosis for cause of fertility problems. Most (69%) routinely used some ovulation prediction method. Only 16% were currently taking "fertility medications".

While TTC, vaginal dryness negatively affected sexual intimacy for most couples.

11% always	35% often	42% sometimes	9% rarely	3% never

Vaginal dryness episodes also increased while TTC.

19% a lot	57% some	23% not at all

Although 30% knew not to use a lubricant while TTC, another 26% often or always used them. Use by this later group included mostly that of KY (40%) and Astroglide (19%).

Only 20% of couples had ever discussed their dryness problem with a doctor. Of those that had, 75% of the doctors reiterated sperm toxic effects of lubricants.

Conclusion: Rates of vaginal dryness in TTC couples appears to be as much as twice that seen in the general population. Patients are not discussing this problem with their care providers adequately. Fully one-quarter of TTC couples are utilizing personal lubricant products which reportedly are