

SC administration of menotropins effective in IVF

SC administration of menotropins is '*well-tolerated, effective, and more convenient*' than the IM route of administration in women undergoing controlled ovarian hyperstimulation prior to *in vitro* fertilisation (IVF), say researchers from the US.

In this multicentre study, 186 such women underwent downregulation with leuprorelin [leuprolide acetate] and were then randomised to receive SC menotropins ['Repronex'] (n = 60) or IM menotropins (65 patients received 'Repronex' and 61 received 'Pergonal'), for ≤ 12 days. 55, 61 and 56 patients, respectively, then received chorionic gonadotropin [human chorionic gonadotropin] to induce ovulation.*

There were no significant between-group differences in the oocyte retrieval rate, the number of oocytes fertilised or the number of embryos transferred. Similarly, there were no significant between-group differences in the rates of chemical or clinical pregnancy.

Higher continuing pregnancy rate

However, a higher proportion of SC 'Repronex', compared with IM 'Repronex' and 'Pergonal', recipients achieved a continuing pregnancy (28/55 vs 24/61 and 19/56 patients, respectively); the difference between SC 'Repronex' and IM 'Pergonal' recipients was significant.**

No significant between-group differences were observed in the total numbers of patients reporting adverse events. However, a significantly higher rate of injection site oedema was reported following SC 'Repronex', compared with IM 'Repronex' and 'Pergonal', administration (13.3 vs 1.5 and 1.6% of patients, respectively).

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** A continuing pregnancy was defined as intrauterine gestational sac and fetal heart beat shown by transvaginal ultrasound at the last study observation point (approximately 5 weeks after embryo transfer).

Gocial B, et al. Subcutaneously administered Repronex in female patients undergoing *in vitro* fertilization is as effective and well tolerated as intramuscular menotropin treatment. *Fertility and Sterility* 74: 73-79, Jul 2000 800838186