

A novel and effective stimulation protocol for poor responders undergoing IVF/ICSI

A. Dr Shilpa Saple¹, B. Dr Mukesh Agrawal², C. Dr Simi Kawar³ First Author Affiliation (Aarush IVF & Endoscopy Centre, Malad. Mira road)² Second Author Affiliation (Aarush IVF & Endoscopy Centre, Malad. Mira road)³ Third Author Affiliation (Aarush IVF & Endoscopy Centre, Malad. Mira road)

Stimulation in poor responders and ART outcomes in these patients is challenging. It is difficult to obtain a reasonable number of blastocyst embryos in a single cycle of stimulation.

Objective : To improve ovarian response to stimulation in poor responders, with prestimulation androgenisation, followed by mild stimulation with Clomifene and HMG sequentially in 2 cycles and extended culture transfer and compare with traditional antagonist protocol in terms of number of oocytes retrieved, fertilization, cycle cancellation and pregnancy rates.

Methods : 86 patients were divided into 2 arms, one with traditional antagonist protocol and fresh transfer, second with preIVF use of transdermal testosterone gel, followed by 2 cycle stimulation with Clomifene and HMG and freeze all embryos. FET was done with blastocysts formed by extended culture after thawing embryos from both cycles.

Results: 86 poor responders were enrolled who met the inclusion criteria. Forty three had standard antagonist protocol stimulation. Standard Protocol: Mean age: 37.30 years; cancellation rate: 56.02%; mean number of MII oocytes retrieved per patient: 1.8; fertilization rate: 33.33%. Only 18 patients had embryo transfers, and two got pregnant. Precycle ANDRO-CC-IVF Protocol: Mean age: 36.7 years; cancellation rate: 7.69%; mean number of MII oocytes: 4.02 and a mean of 1.5 embryos were transferred per patient. Fertilization rate: 72.5%; cumulative pregnancy rate: 41.66%.

Conclusion : Precycle Androgen with Clomifene & HMG all freeze, two cycle stimulation with thawing and Blastocyst extended culture transfer significantly improves the

pregnancy rates with reduced treatment costs and should be considered as a first option in poor responders.