

Quels traitements préalables aux stimulations en FIV ?

Anne Guivarc'h-Levêque
Rennes

Paris 11/2012

E2 et OP

- Pourquoi un prétraitement?
- Comment l'utiliser ?
- Impact sur résultats
- Place dans l'organisation d'un centre

Pourquoi un prétraitement?

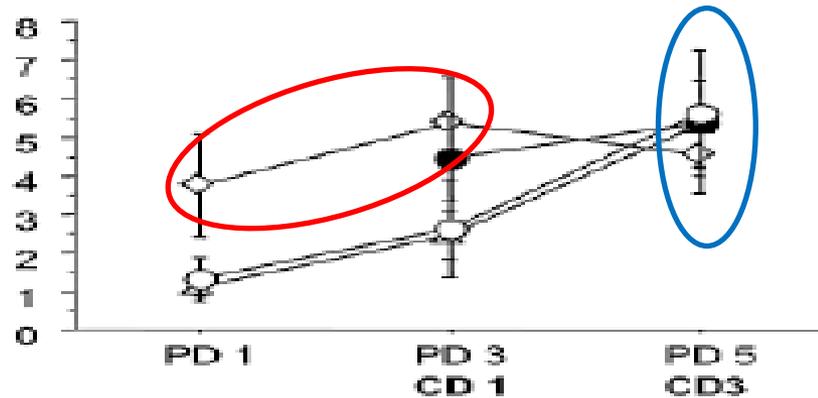
- Transition folliculo-lutéale
 - ↗ FSH 3j avant règle (Mais V JCEM 1987)
 - Inhiber par administration d'E2 (Le Nestour E JCEM 1993)
- Inhomogénéité cohorte folliculaire induite par ↗ FSH femme + agée
 - (Klein NA JCEM 1996)
- Supériorité ago long/ago court
 - (Tan SL fertil Steril 1992)
- Souplesse dans l'organisation

COMMENT L'UTILISER?

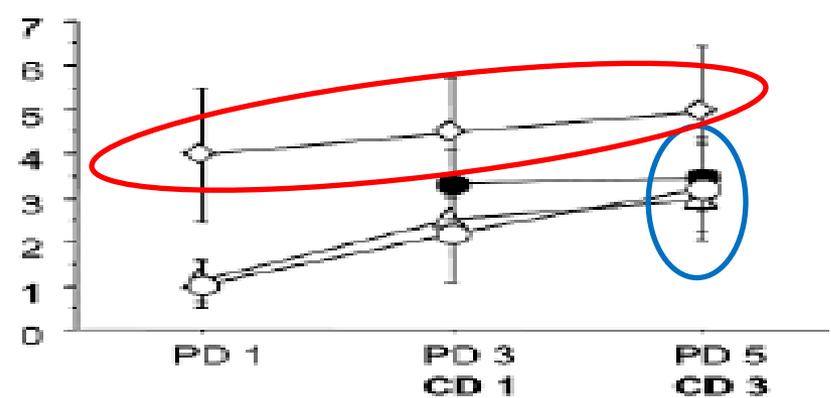
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Profil hormonal à l'arrêt du prétraitement

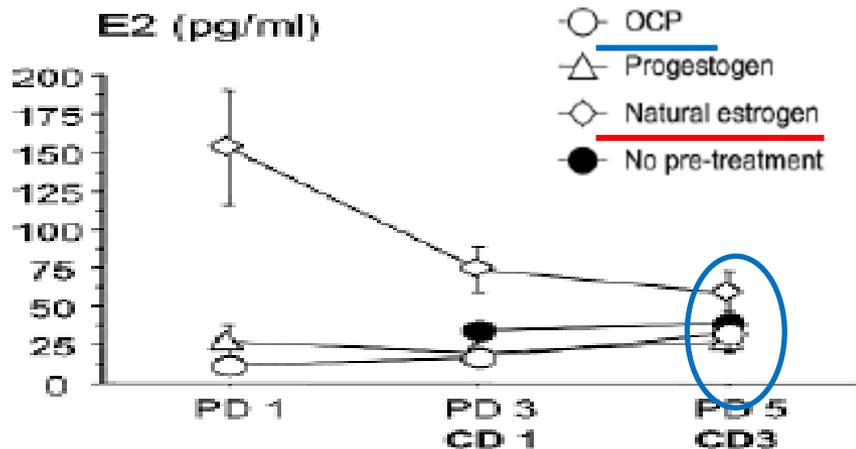
FSH (IU/L)



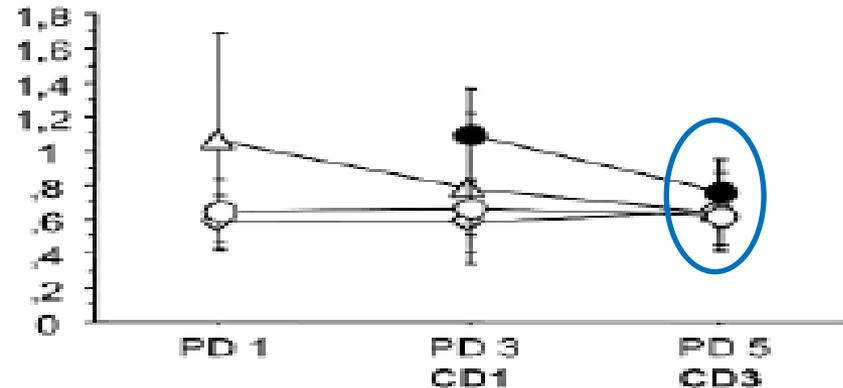
LH (IU/L)



E2 (pg/ml)

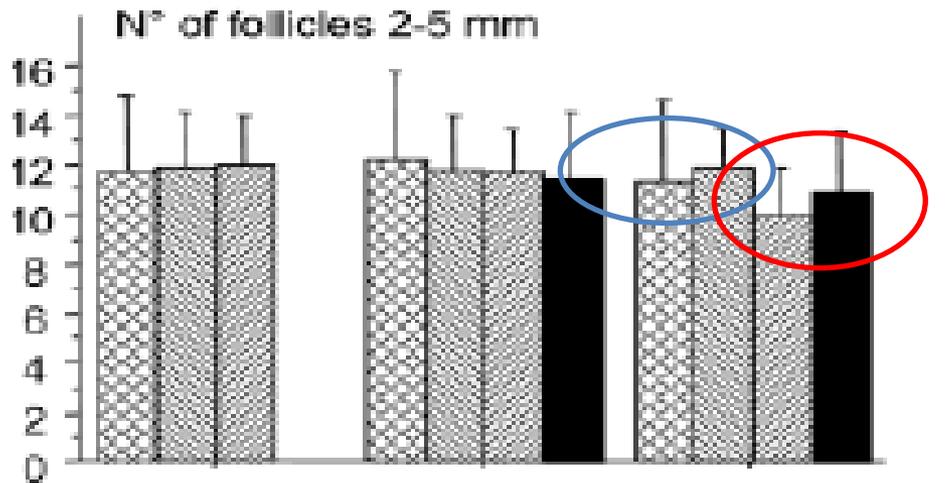


PROGESTERONE (ng/ml)

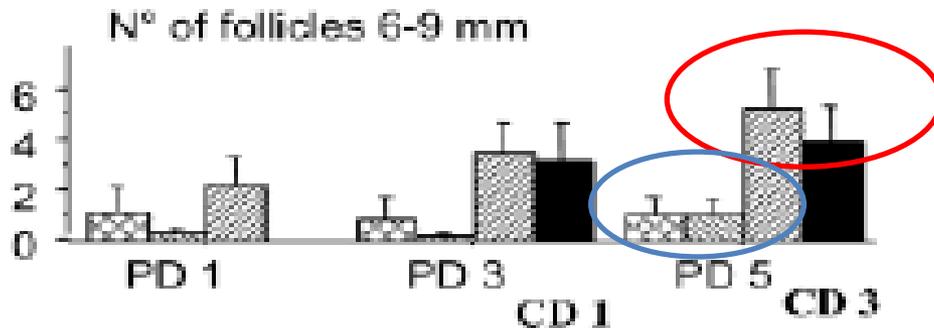
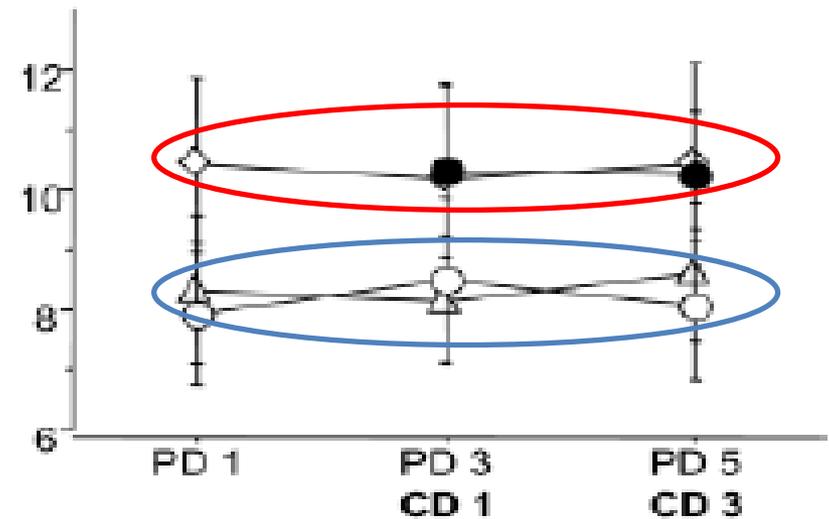


Ovaire arrêt prétraitement

Follicle size distribution



Ovarian surface (cm²)



-   OCP
-   Progesterone
-   Natural estrogen
-   No pre-treatment

Synthèse prétraitement

- Op et progestatif après 5j de wash out
 - Hormonologie = J3 cycle naturel
 - Taille foll antraux < cycle naturel
- Oestrogènes naturels
 - Rebond FSH lendemain arrêt
 - LH reste >
 - Taille foll antraux = cycle naturel

RÉSULTATS OP

Grossesse clinique évolutive Ago long/OP+Antag

Figure 4. Forest plot of comparison: 1 GnRH antagonist versus long course GnRH agonist, outcome: 1.2 Ongoing pregnancy rate per women randomised.

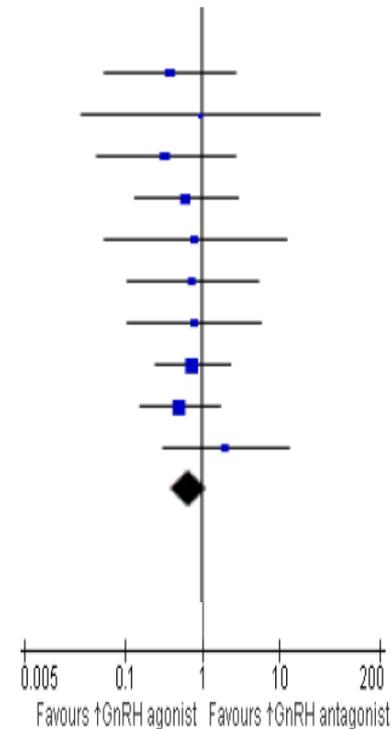
1.2.4 Women receiving GnRH antagonist plus OCP

Barmat 2005	13	40	17	40	8.9%	0.65 [0.26, 1.62]
Cheung 2005	3	33	3	33	2.1%	1.00 [0.19, 5.36]
Engmann 2008 a	16	34	19	32	8.0%	0.61 [0.23, 1.61]
Hurine 2006	17	91	20	91	12.5%	0.82 [0.40, 1.68]
Kim 2004	7	21	7	20	3.7%	0.93 [0.26, 3.38]
Kurzawa 2008	20	37	21	37	7.4%	0.90 [0.36, 2.24]
Lainas 2007	12	26	25	52	6.9%	0.93 [0.36, 2.38]
Lainas 2010	47	110	50	110	22.1%	0.90 [0.53, 1.52]
Rombauts 2006	41	234	26	117	22.1%	0.74 [0.43, 1.29]
Tehranejad 2010	16	45	13	47	6.3%	1.44 [0.60, 3.49]
Subtotal (95% CI)		671		579	100.0%	0.85 [0.66, 1.09]

Total events 192 201

Heterogeneity: $\text{Chi}^2 = 2.53$, $\text{df} = 9$ ($P = 0.98$); $I^2 = 0\%$

Test for overall effect: $Z = 1.28$ ($P = 0.20$)



Programmation Op Antag/long

TABLE 2

Cycle outcome.

	OCP, n (%)	No OCP, n (%)	<i>P</i> value	Odds ratio (95% CI)
Biochemical PR	61/115 (53.0)	67/113 (59.3)	.17	0.7 (0.4, 1.3)
Clinical PR	56/115 (48.7)	64/113 (56.6)	.12	0.7 (0.4, 1.2)
Ongoing PR	55/115 (47.8)	61/113 (53.9)	.18	0.8 (0.5, 1.3)
Multiple PR	15/56 (26.7)	18/64 (28.1)	.43	0.9 (0.4, 2.1)
Implantation rate	75/207 (36.2)	80/204 (39.2)	.26	0.9 (0.6, 1.3)
Miscarriage rate	5/56 (8.9)	11/64 (17)	.09	0.5 (0.1, 1.4)
Live birth rate	51/115 (44.3)	53/113 (47)	.35	0.9 (0.5, 1.5)

Wash out 5J

Grossesse clinique/évolutive

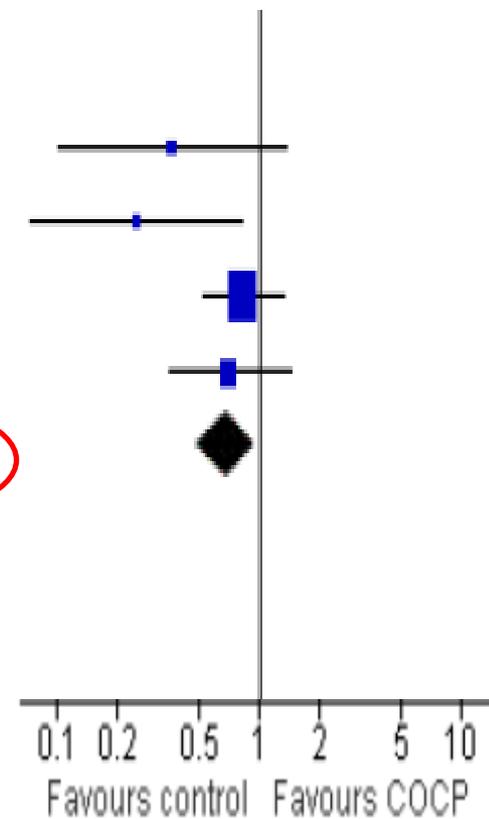
Op Antag/Antag

1.3.2 COCP + Ant vs Ant

Cédrin-Durnerin 2007 (2)	5	21	11	24	7.2%	0.39 [0.12, 1.31]
Huirne 2006b	4	32	12	32	8.3%	0.27 [0.09, 0.83]
Kolibianakis 2006 (3)	51	250	60	254	59.2%	0.83 [0.54, 1.26]
Rombauts 2006 (4)	20	117	26	117	25.3%	0.72 [0.38, 1.38]
Subtotal (95% CI)		420		427	100.0%	0.69 [0.50, 0.96]
Total events	80		109			

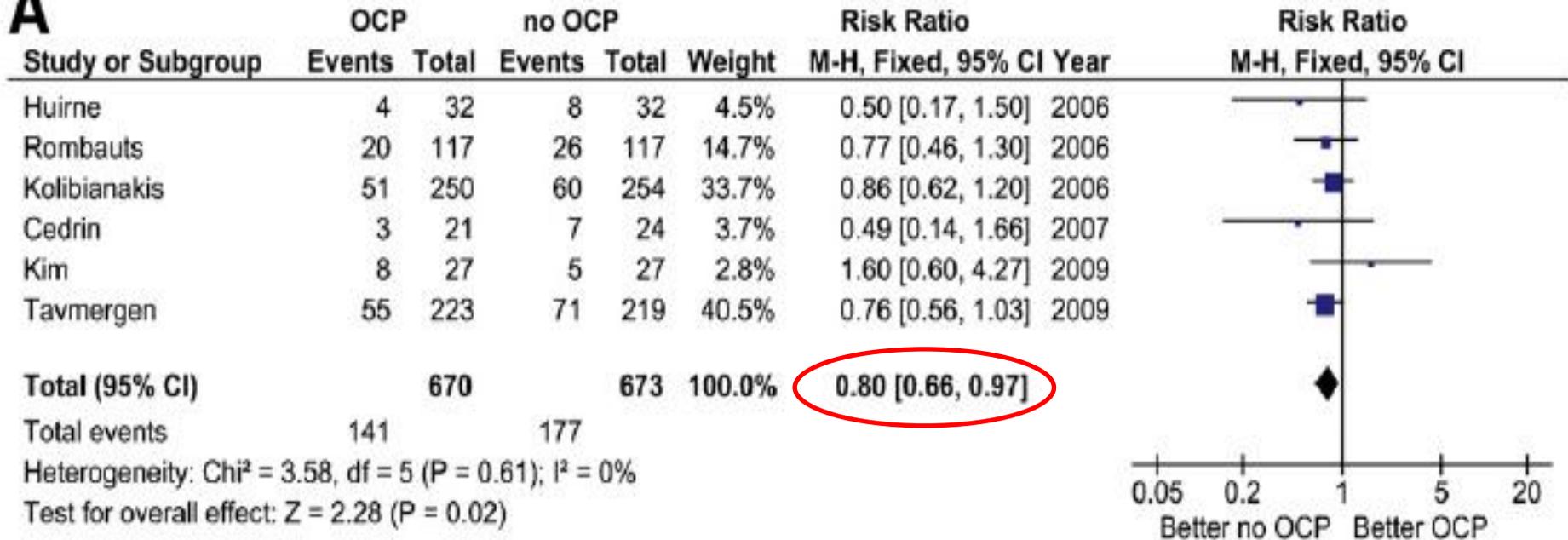
Heterogeneity: $\text{Chi}^2 = 4.30$, $\text{df} = 3$ ($P = 0.23$); $I^2 = 30\%$

Test for overall effect: $Z = 2.23$ ($P = 0.03$)



Oral contraceptive pretreatment significantly reduces ongoing pregnancy likelihood in gonadotropin-releasing hormone antagonist cycles: an updated meta-analysis

A



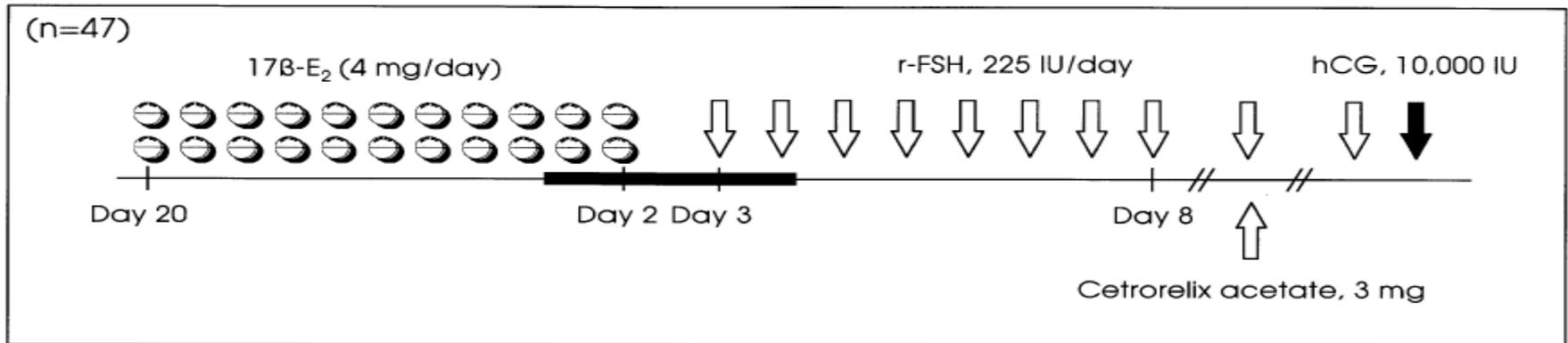
Durée de wash out variable 2 à 5j

Perte de 1 grossesse / 20 femmes traitées

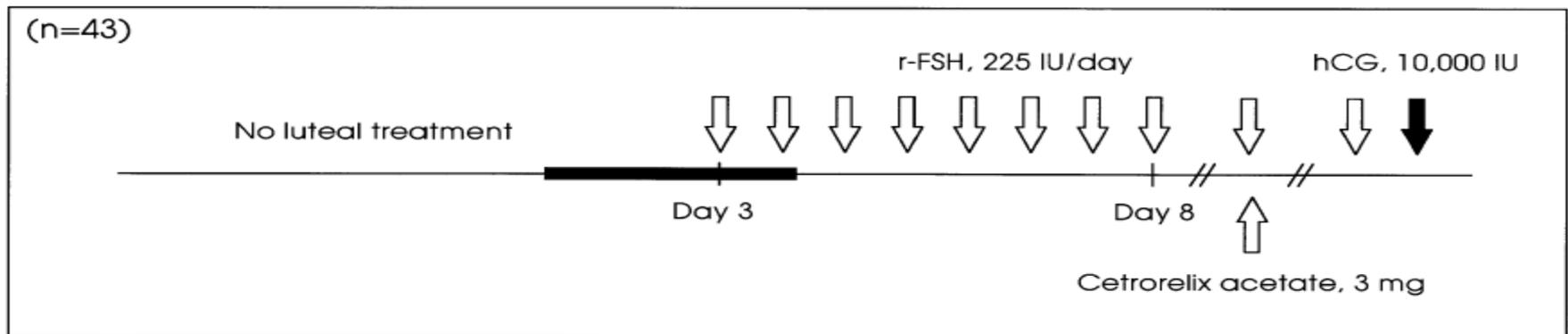
RÉSULTATS E2

Prétraitement par E2

Luteal E₂ group



Control group



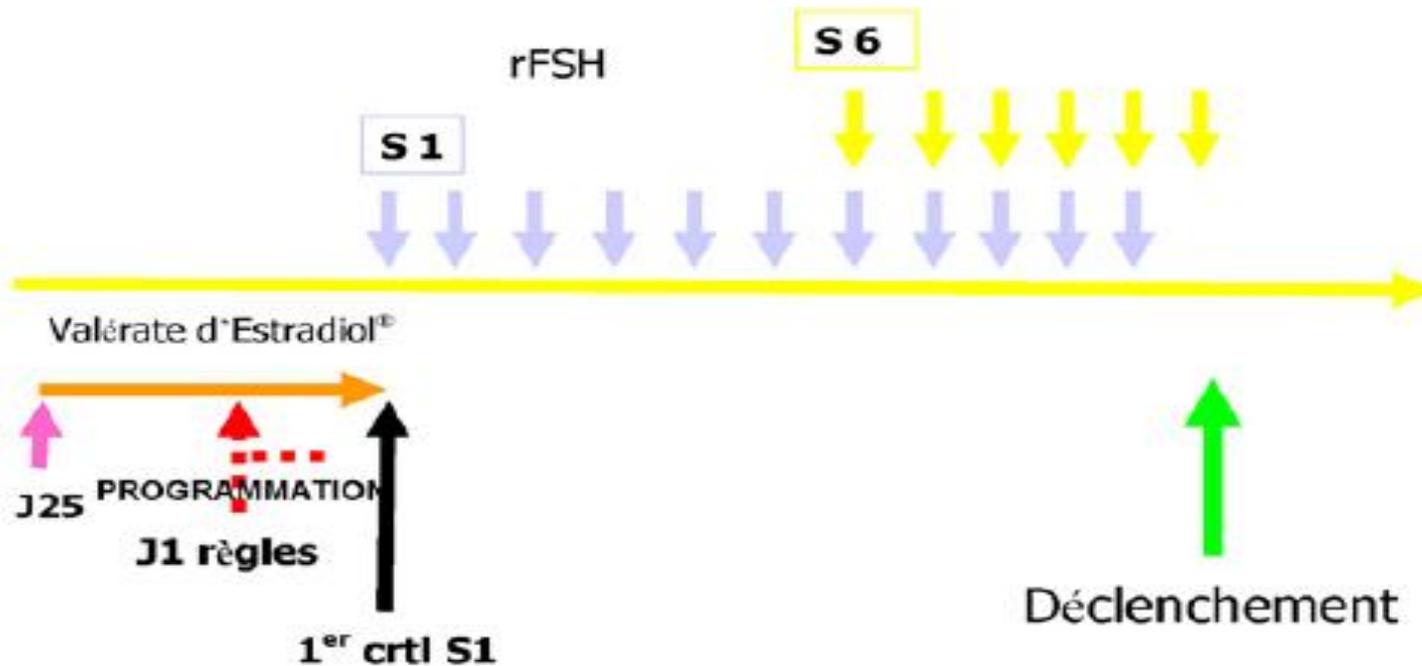
Luteal estradiol pre-treatment coordinates follicular growth during controlled ovarian hyperstimulation with GnRH antagonists

Renato Fanchin^{1,3}, Laurent Salomon¹, Altina Castelo-Branco¹, François Olivennes¹, Nelly Frydman² and René Frydman¹

Table I. Follicular development and embryological results in women pre-treated or not with E₂ during the luteal phase

	Luteal E ₂ group	Control group	<i>P</i>
No. of follicles >10 mm on day 8	16.4 ± 1.0	16.8 ± 0.9	NS
Mean follicular size on day 8 (mm)	9.9 ± 0.2	11.1 ± 0.3	<0.001
CV of follicular sizes on day 8	0.22	0.26	<0.02
Day of GnRH antagonist administration	9.1 ± 0.2	8.5 ± 0.2	<0.01
Day of HCG administration	11.9 ± 0.2	10.8 ± 0.2	<0.001
No. of follicles ≥16 mm on day of HCG	9.9 ± 0.5	7.9 ± 0.5	<0.01
No. of mature follicles	9.3 ± 0.7	7.3 ± 0.5	<0.03
No. of available embryos	6.4 ± 0.6	4.6 ± 0.3	<0.01
No. of embryos transferred	2.6 ± 0.1	2.7 ± 0.1	NS
Clinical pregnancy rates/cycle	34%	25%	NS

Programmation par E2



E2 Antag/ago long

Comparaison des populations traitées par Antagonistes et Agonistes de GnRH.

	Antagonistes <i>n</i> = 436	Agonistes <i>n</i> = 412	Significativité Test de Khi ²
Âge patientes	32,5 ± 5,9	33,1 ± 4,7	NS
Rang tentative	2,7 ± 1,4	2,2 ± 1,5	NS
Nombre de cycles	426	412	–
Taux d'annulation	12,4 %	12,1 %	NS
Taux de ponctions	87,6 %	87,9 %	NS
Taux de transferts	77,9 %	78,4 %	NS
Nombre moyen d'ovocytes inséminés	6,8 ± 5,3	7,6 ± 5,7	<i>p</i> < 0,001
Nombre moyen d'embryons	3,7 ± 3,2	4,1 ± 3,6	<i>p</i> < 0,001
Nombre d'embryons transférés	1,6 ± 1,03	1,6 ± 0,9	NS
Taux de grossesse/transfert (si transfert d'au moins 1 embryon « 411 »)	37,0 %	34,8 %	NS
Taux de grossesse/transfert – ICSI	32,2 %	33,3 %	NS
Taux de grossesse/transfert – FIV	22,8 %	21,1 %	NS
Taux de grossesse/transfert – Total	28,6 %	27,9 %	NS

Pretreatment with estrogen does not affect IVF-ICSI cycle outcome compared with no pretreatment in GnRH antagonist protocol: a prospective randomized trial

Isabelle Cédric-Dumerin, M.D.,^a Anne Guivarc'h-Levêque, M.D.,^b and Jean-Noël Hugues, M.D., Ph.D.,^a on behalf of the Groupe d'Etude en Médecine et Endocrinologie de la Reproduction

Parameter	Estrogen (n = 233)	No pretreatment (n = 220)	P value
Total FSH dose (IU)	1,557 ± 408	1,389 ± 347	<.0001
Daily FSH dose (IU)	162 ± 31	158 ± 30	NS
hCG administration (d)	10.8 ± 1.4	10.0 ± 1.5	<.0001
Oocytes	10.9 ± 5.7	10.2 ± 5.6	NS
M2 oocytes	8.0 ± 4.6	7.6 ± 4.7	NS
Delivery rate/cycle	26.6%	30%	NS
Delivery rate/retrieval	28.6%	32.3%	NS
Delivery rate/transfer	31.5%	34.3%	NS

Oestradiol valerate pretreatment in GnRH-antagonist cycles: a randomized controlled trial

Christophe Blockeel ^{a,*}, Sara Engels ^a, Michel De Vos ^a, Patrick Haentjens ^b, Nikolaos P Polyzos ^a, Dominic Stoop ^a, Michel Camus ^a, Paul Devroey ^a

	<i>Control group (n = 39)</i>	<i>Pretreatment group (n = 37)</i>	<i>Between-group difference</i>	<i>P-value</i>
Days of rFSH stimulation	8.6 ± 1.5	9.6 ± 1.4	1.0 (0.4 to 1.7)	0.004
Total rFSH (IU)	1295.0 ± 254.2	1485.1 ± 248.7	190.1 (75.1 to 305.1)	0.002
COC	12.2 ± 8.7	12.2 ± 6.2	0 (-3.5 to 3.5)	NS
MII oocytes	9.9 ± 7.8	10.0 ± 4.7	0.1 (-2.9 to 3.1)	NS
2PN oocytes	7.8 ± 6.5	8.4 ± 3.7	0.6 (-1.8 to 3.1)	NS

	<i>Control group</i>	<i>Pretreatment group</i>	<i>Between-group difference (%)</i>
Clinical pregnancy rate			
Per started cycle	16/42 (38.1)	17/44 (38.6)	0.5 (-20.0 to 21.1)
Per retrieval	16/39 (41.0)	17/37 (45.9)	4.9 (-17.4 to 27.2)
Per embryo transfer	16/37 (43.2)	17/35 (48.6)	5.4 (-17.7 to 28.3)

PRETRAITEMENT ET MAUVAISE REPONDEUSE

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Op antag/antag/ago long Mauvaise répondeuse

	Group A (MDP with OCP)	Group B (MDP without OCP)	Group C (GnRH agonist low-dose LP)	P ^a
No. of patients	27	27	28	
No. of cycles initiated	27	27	28	
No. of cycles completed	27	27	28	
Total dose of rhFSH (IU)	2963.9 ± 433.1	2931.5 ± 464.0	3390.2 ± 443.2	< .001
Days of rhFSH administration	10.0 ± 1.4	9.7 ± 1.4	11.6 ± 1.7	< .001
No. of follicles ≥ 14 mm on hCG day	4.9 ± 2.1	4.8 ± 2.1	4.9 ± 2.2	NS
Endometrial thickness on hCG day (mm)	10.3 ± 1.8	10.7 ± 2.2	10.6 ± 2.0	NS
No. of cycle with premature LH surge	0	0	0	NS
No. of cycles with ICSI	12 (44.4%)	10 (37.0%)	10 (35.7%)	NS
No. of oocytes retrieved	4.8 ± 2.0	4.4 ± 1.8	4.7 ± 2.1	NS
No. of mature oocytes	3.9 ± 1.5	3.0 ± 1.2	3.9 ± 1.8	.04
No. of fertilized oocytes	3.8 ± 1.6	2.9 ± 1.2	3.8 ± 1.7	.03
No. of grade I, II embryos	2.2 ± 1.1	1.5 ± 0.9	2.3 ± 1.2	.02
No. of embryos frozen	0.3 ± 0.7	0.2 ± 0.5	0.5 ± 0.9	NS
No. of embryos transferred	3.1 ± 0.3	3.0 ± 0.2	3.1 ± 0.3	NS
Clinical pregnancy rate per cycle (%)	33.3 (9/27)	22.2 (6/27)	25.0 (7/28)	NS
Implantation rate (%)	13.1 (11/84)	8.6 (7/81)	9.2 (8/87)	NS
Miscarriage rate per clinical pregnancy (%)	11.1 (1/9)	16.7 (1/6)	14.3 (1/7)	NS
Live birth rate per cycle (%)	29.6 (8/27)	18.5 (5/27)	21.4 (6/28)	NS
Twin pregnancy rate per clinical pregnancy (%)	22.2 (2/9)	16.7 (1/6)	14.3 (1/7)	NS

E2 Antag/Antag

Mauvaise répondeuse

Variable	Luteal E ₂ group (n=86)	Standard GnRH antagonist group (n=69)	P value
Total dose of gonadotropin (IU)	2356.3±824.8	1980.9±714.9	.004
Total length of stimulation (day)	10.8±2.0	10.1±2.7	.045
Peak E ₂ level (pg/mL)	938.9±653.9	588.5±318.5	<.0001
Maximal endometrial thickness (mm)	10.2±3.6	9.8±2.3	.586
No. of oocytes retrieved	4.5±2.9	3.2±1.9	.001
No. of 2PN embryos	2.9±2.1	2.3±1.9	.043
Fertilization rate	65.6%	65.6%	1.00
Good quality embryo rate	51.2%	25.0%	.047
No. of embryos transferred	2.2±0.9	1.6±1.2	.014

Variable	Luteal E ₂ group (n=86)	Standard GnRH antagonist group (n=69)	P value
Cancellation rate	15.1%	37.7%	.002
Implantation rate	19.3%	8.7%	.020
Pregnancy rate per ET	37.0%	16.3%	.021
Clinical pregnancy rate per ET	30.1%	11.6%	.024
Ongoing pregnancy rate per ET	24.7%	9.3%	.051

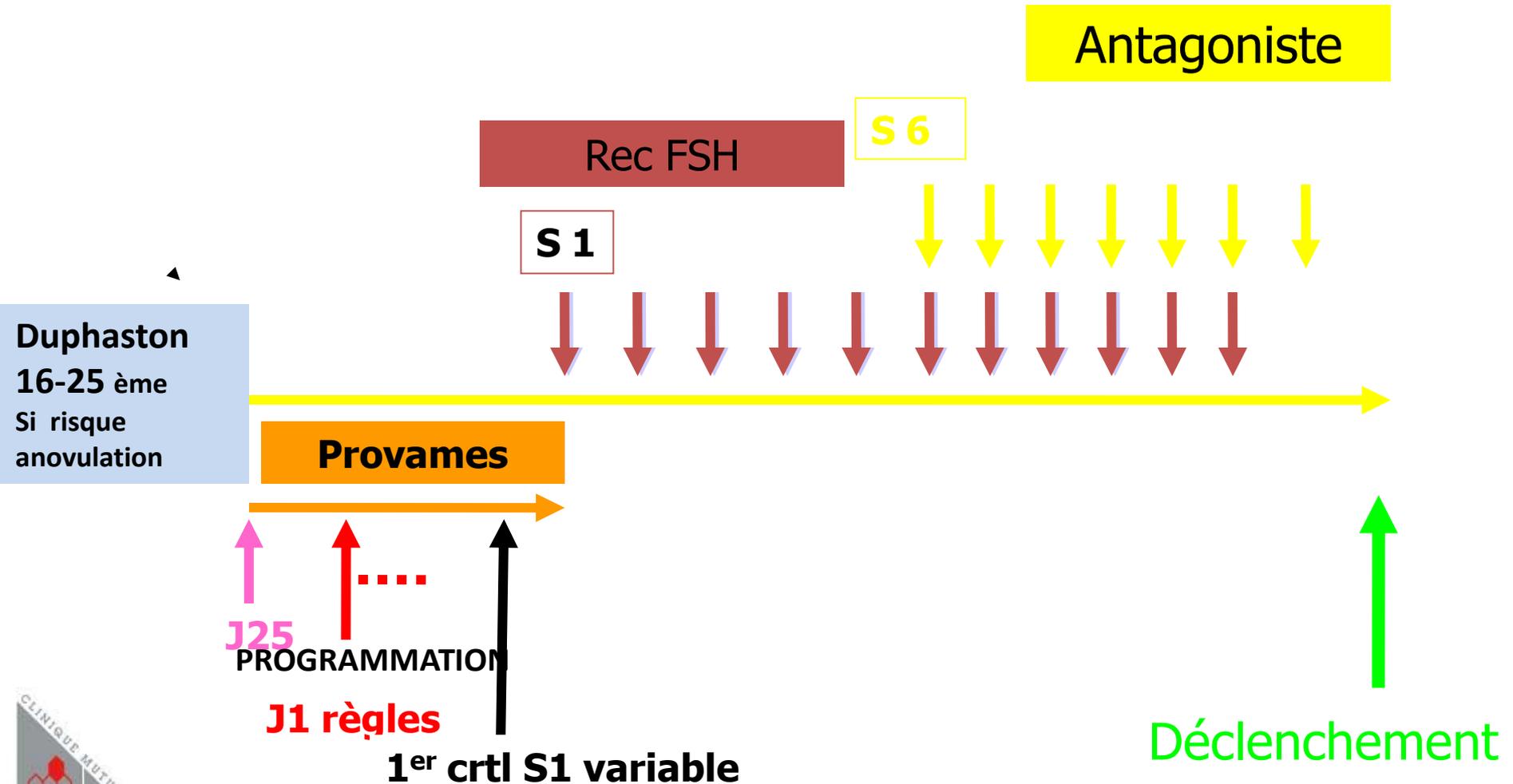
ORGANISATION DE L'ACTIVITÉ

Paris 11/2012

Objectifs

- Alléger l'activité du week end
- Répartir l'activité sur la semaine

Programmation par Oestrogènes



Organisation pratique



Provames 2mg

1 cp matin et soir à débiter 3 à 5j avant date théoriques des règles

Appeler secrétariat de FIV en début de cycle qui vous indiquera le jour de votre début de stimulation

Poursuivre le Provames dans l'intervalle



ponction	Lundi (max 8)	Mardi	Mercredi	Jeudi	Vendredi
	- - - -	- - -	- - -	- - -	- - -
Programmation début de stimulation	Jeudi (max 10) - - - - -	Vendredi - - - - -	Samedi - - - -	Dimanche - - - -	Semaine N° 20
Programmation début de stimulation					Semaine N° 21
Programmation début de stimulation					Semaine N° 22

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Can oestradiol pretreatment be used to reliably avoid weekend oocyte retrievals?

[G. Griesinger](#)  [E.M. Kolibianakis](#)

OUI !!

Début de stimulation	1 ^{ère} ponction	Dernière ponction
Jeudi	HCG S10	HCG S14
Vendredi	HCG S9	HCG S13
Samedi	HCG S8	HCG S12
Dimanche	HCG S7	HCG S11

OUI !!

	Control group (n = 39)	Pretreatment group (n = 37)	Between-group difference	P-value
Days of rFSH stimulation	8.6 ± 1.5	9.6 ± 1.4	1.0 (0.4 to 1.7)	0.004

Parameter	Estrogen (n = 233)	No pretreatment (n = 220)	P value
hCG administration (d)	10.8 ± 1.4	10.0 ± 1.5	<.0001

Avoidance of weekend oocyte retrievals during GnRH antagonist treatment by simple advancement or delay of hCG administration does not adversely affect IVF live birth outcomes

K.P. Tremellen^{1,2,*} and M. Lane^{1,2}

Human Reprod 2011

Paris 11/2012



La durée de prise d'E2 au-delà des règles n'influence pas les résultats

TABLE 3

Comparison of hormonal and endometrial data between groups.

	1+2	3	4	5	6	7+8	P value ^b
E ₂ at S1 (pg/mL)	134.9 ± 96.2	161.5 ± 106.9	174.7 ± 109.5	177.4 ± 119.5	188.2 ± 134.1	178.6 ± 101.3	< .0001 ^c
LH at S1 (IU/L)	4.2 ± 2.9	4.5 ± 3.7	5.5 ± 4.0	6.2 ± 3.8	7.0 ± 4.0	7.9 ± 3.8	< .0001 ^c
P at S1 (ng/mL)	0.57 ± 0.33	0.56 ± 0.29	0.53 ± 0.37	0.51 ± 0.36	0.49 ± 0.23	0.52 ± 0.37	NS
E ₂ on the day of hCG (pg/mL) ^a	1,583 ± 788	1,720 ± 903	1,766 ± 876	1,867 ± 924	1,813 ± 909	1,964 ± 901	< .0001 ^c
Endometrial thickness on the day of hCG (mm) ^a	10.1 ± 1.8	9.7 ± 1.8	10.1 ± 1.9	10.1 ± 2.0	10.0 ± 1.9	10.1 ± 2.0	NS
No. of oocytes retrieved	8.9 ± 7.0	8.9 ± 5.7	8.2 ± 4.9	8.4 ± 5.6	8.2 ± 5.2	8.1 ± 4.9	NS ^b
No. of obtained embryos	4.6 ± 3.9	4.9 ± 3.5	4.5 ± 3.1	4.8 ± 3.5	4.4 ± 3.1	4.7 ± 3.2	NS ^b
No. of transferred embryos	1.7 ± 0.9	1.7 ± 0.7	1.9 ± 0.8	1.9 ± 0.6	1.7 ± 0.7	1.9 ± 0.7	NS ^b
No. of cryopreserved embryos	0.9 ± 1.8	1.0 ± 2.0	0.8 ± 1.5	0.8 ± 1.7	0.7 ± 1.5	0.7 ± 1.7	NS ^b
Ongoing PR/transfer (%)	26.9	31.4	30.0	28.6	30.0	34.8	NS ^d
Delivery rate/transfer (%)	23.1	26.4	23.5	22.4	24.2	29.5	NS ^d

Répartition activité ponction

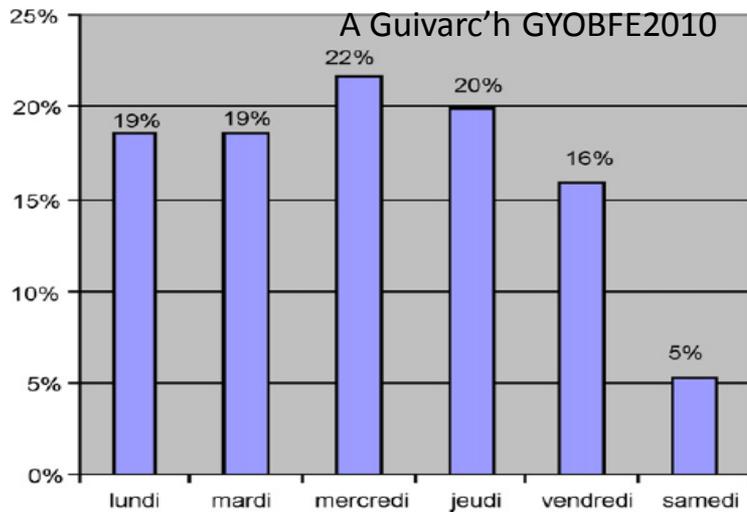
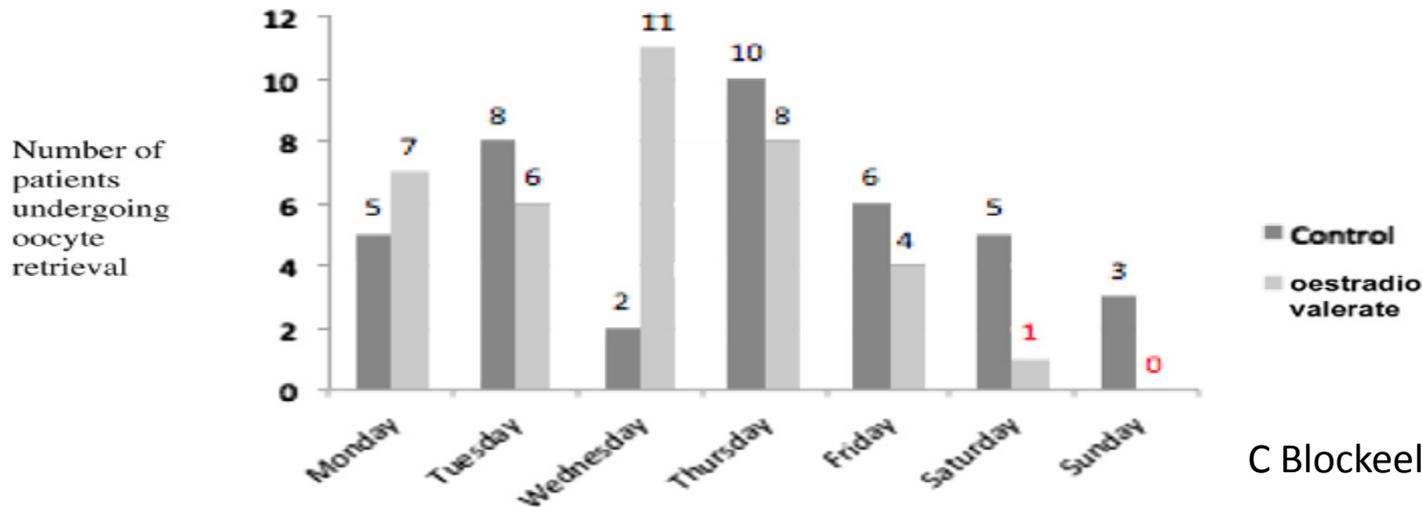
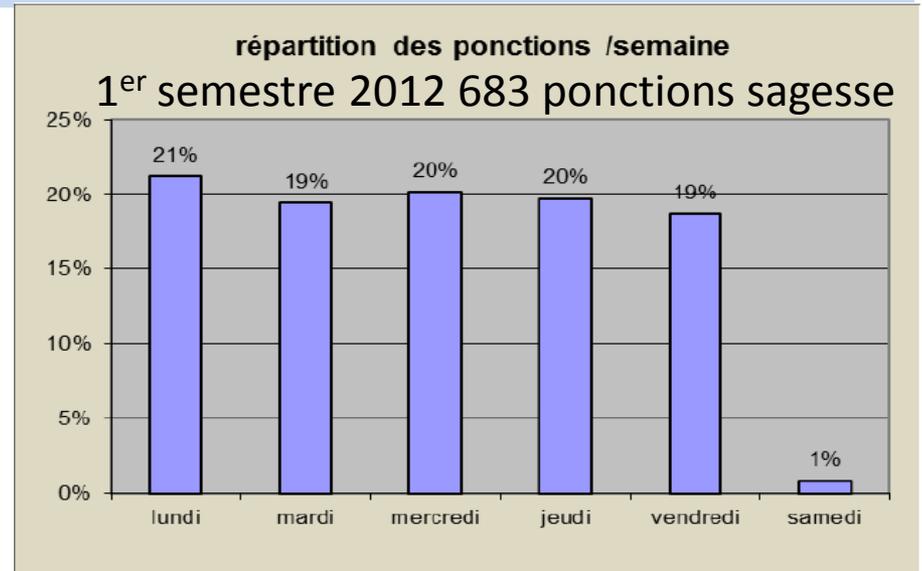


Fig. 3. Répartition de l'activité de ponction.



Conclusion

- Prétraitement inhibe \uparrow FSH prémenstruelle et harmonise cohorte
 - Peu impact chez normo répondeuse
 - Bénéfice très probable
 - mauvaise répondeuse
 - Femme âgée
- Intérêt du prétraitement pour organiser les cycles antagonistes
- > E2/OP ? (la pilule est contraceptive!!)