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COMPARISON OF PREGNANCY RATES IN PATIENTS WITH POLYCYSTIC OVARY SYNDROME UNDERGOING OVULATION INDUCTION WITH INTRAUTERINE INSEMINATION VERSUS TIMED INTERCOURSE

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Title:

COMPARISON OF PREGNANCY RATES IN PATIENTS WITH POLYCYSTIC OVARY SYNDROME UNDERGOING OVULATION INDUCTION WITH INTRAUTERINE INSEMINATION VERSUS TIMED INTERCOURSE

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Preferred Presentation Type:

Poster

Study Type:

Retrospective Cohort Study (includes comparator groups)

Category - Subcategory(ies):

Reproductive Medicine (Non-Infertility): PCOS

Funding:

NA

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Applied for the Resident In-Training Award**Applied for the In-Training Award for Research****Abstract Text:**

OBJECTIVE: Polycystic ovary syndrome (PCOS) is a leading cause of anovulatory infertility. Letrozole is now considered a first-line agent for ovulation induction (OI) in these patients, offering higher live birth rates, a lower risk of multiple gestation, and less endometrial impact than clomiphene citrate. Although intrauterine insemination (IUI) is often used with OI to boost pregnancy rates, even without male factor infertility, its added value in this setting remains uncertain. This study investigates whether IUI offers a significant advantage over timed intercourse (TIC) for pregnancy achievement in PCOS patients undergoing OI with letrozole and no male factor.

MATERIALS AND METHODS: A retrospective cohort study was conducted at a single urban academic fertility center from 2010 to 2014. PCOS was diagnosed via Rotterdam Criteria. Included patients underwent OI with letrozole, excluding those with male factor infertility or age >40. Letrozole started at 2.5 mg daily for five days and was increased to a maximum of 7.5 mg depending on follicular response (>11 mm on ultrasound). When a follicle reached ≥ 18 mm, ovulation was triggered with hCG. IUI was performed 24–36 hours post-hCG; TIC patients were instructed to have intercourse every other day for 5–7 days. The primary outcome was viable intrauterine pregnancy (IUP) defined by fetal cardiac activity. Secondary outcomes included positive home pregnancy test, clinical pregnancy (gestational sac with yolk sac), ongoing pregnancy, and pregnancy loss. Logistic regression with generalized estimating equations (GEE) adjusted for age, BMI, and AMH. Statistical significance was set at $p < 0.05$.

RESULTS: In total, 317 patients underwent 828 OI cycles (444 TIC, 384 IUI). Baseline characteristics were similar. Positive pregnancy rates were 21.6% (TIC) and 18.8% (IUI) ($p=0.3$). Clinical pregnancy rates were 18.5% vs. 17.0% ($p=0.6$). IUP rates were 16.9% and 15.7%, respectively, while ongoing pregnancy rates were 14.6% (TIC) and 14.9% (IUI). Although unadjusted analyses showed significant differences in viable IUP and ongoing pregnancy ($p < 0.001$), these were not statistically significant after adjusting for confounders ($p=0.20$ and $p=0.10$). Adjusted models showed no significant difference in pregnancy outcomes between groups.

CONCLUSIONS: Among PCOS patients under 40 without male factor, pregnancy outcomes did not significantly differ between TIC and IUI. This remained true after controlling for ovarian reserve and BMI, indicating no clear biological advantage of IUI in this setting.

IMPACT STATEMENT: This study supports the clinical efficacy of letrozole-induced ovulation followed by TIC in PCOS patients, with comparable [pregnancy outcomes to IUI and less intervention.

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Biographical Sketch Early success, marked by his first publication in CELL at Harvard Medical School, inspired Joseph to continue his research endeavors in reproductive endocrinology and infertility. Joseph has been with Reproductive Medicine Associates of New York since 2011. Joseph has authored over 400 peer-reviewed abstracts & manuscripts. Passionate about development, he cultivates relationship with investors & entrepreneurs to advance reproductive endocrinology & infertility care.

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