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### SINGLE EUPLOID EMBRYO TRANSFER OUTCOMES IN PATIENTS WITH AND WITHOUT MULLERIAN ANOMALIES

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**Title:**

SINGLE EUPLOID EMBRYO TRANSFER OUTCOMES IN PATIENTS WITH AND WITHOUT MULLERIAN ANOMALIES

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**Preferred Presentation Type:**

Oral or Poster

**Study Type:**

Retrospective Cohort Study (includes comparator groups)

**Category - Subcategory(ies):**

**Infertility:** Outcomes

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Nothing to disclose. No off-label or otherwise non-approved product use.

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**Abstract Category:**

All Other Categories

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**Abstract Text:**

**OBJECTIVE:** Despite advances in assisted reproductive technology (ART) treatment, pregnancy outcomes in patients with Müllerian anomalies (MA) remain unclear. Lower live birth rates in this population might stem from abnormal vascularization and suboptimal endometrial development. This study evaluates ART outcomes between patients with and without MA after single euploid embryo transfer (SEET).

**MATERIALS AND METHODS:** This single center retrospective cohort study evaluated SEET cycles between January 2013 and January 2025. Patients were grouped by the presence or absence of MA by diagnostic imaging. The primary outcome was live birth and ongoing pregnancy (LB/OP). Secondary outcomes included pregnancy, clinical pregnancy loss, and number of cycles to live birth. Statistical analyses included chi square analysis, Student t test, Kruskal-Wallis test, and generalized linear mixed models to adjust for patient and cycle characteristics, including whether the MA was surgically corrected at cycle start. Time to live birth was modeled using Kaplan-Meier curves, with adjusted survival analysis performed with Cox proportional hazards regression modeling.

**RESULTS:** A total of 9,026 patients underwent 16,217 SEET cycles. Of these, 428 patients (4.7%) with MA accounted for 856 SEET cycles (5.3%), and 8,598 patients (95.3%) without MA accounted for 15,360 SEET cycles (94.7%). MA diagnoses included arcuate uterus (n=272), bicornuate uterus (n=15), uterine didelphys (n=6), T shaped uterus (n=4), unicornuate uterus (n=24), and uterine septum (n=107). Patients with MA compared to those without MA were younger at initiation of treatment (36.1±4.2 vs 37.0±4.4 years old, p<0.0001) but had similar median AMH (2.39 vs 2.38, p=0.9274) and antral follicle count (12 vs 11, p=0.6956). Patients with MA compared to those without MA had lower implantation (71.9% vs 75.2%, p=0.0306) and LB/OP (47.4% vs 54.1%, p=0.0002), along with higher clinical pregnancy loss (13.2% vs 9.3%, p=0.0002). Patients with unicornuate or didelphic uteri experienced the lowest implantation rates (67.3% and 58.3%, respectively). In an adjusted analysis, patients with MA compared to those without MA were less likely to achieve LB/OP (OR 0.761; 95% CI 0.62, 0.93) and more likely to experience clinical pregnancy loss (OR 1.613; 95% CI 1.29, 2.01). In a censored analysis, the mean number of cycles to live birth was 2.48±0.13 for patients with MA and 2.06±0.03 for patients without MA (p=0.0019). No difference in mean number of cycles to pregnancy (1.22 vs 1.18, p=0.1135) was observed.

**CONCLUSIONS:** Patients with MA have lower pregnancy and live birth rates after undergoing a SEET cycle compared to patients without MA. The lowest pregnancy rates are seen among patients with unicornuate or didelphic uteri. Patients with MA should be counseled on the potential need for additional SEET cycles to achieve live birth, as compared to those without MA.

**IMPACT STATEMENT:** Patients with Mullerian anomalies may be at a disadvantage compared to those without Mullerian anomalies; however, with additional transfers of euploid embryos, successful pregnancy remains achievable.

#### First Presenting Author

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Biographical Sketch Jensen Reckhow is a PGY-3 Resident in Obstetrics and Gynecology at Mayo Clinic. She completed her BS in Environmental Engineering and MPH at Yale University. She conducted translational immunology research at NIH for two years prior to attending Ben Gurion University in Israel for medical school. This is her first time attending and presenting at ASRM and she is looking forward to learning from this passionate and inspiring community.

Within the past 2 years, have you or your spouse/partner had any potential COI?

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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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