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A COMPARISON OF EMBRYO TRANSFER OUTCOMES BETWEEN TRANSGENDER MEN AND CISGENDER WOMEN

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Title:

A COMPARISON OF EMBRYO TRANSFER OUTCOMES BETWEEN TRANSGENDER MEN AND CISGENDER WOMEN

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Preferred Presentation Type:

Oral or Poster

Study Type:

Retrospective Cohort Study (includes comparator groups)

Category - Subcategory(ies)s:

Infertility: Outcomes

Funding:

This study received no funding.

References:

Leung et al. Assisted reproductive technology outcomes in female-to-male transgender patients compared with cisgender patients: a new frontier in reproductive medicine. *Fertil Steril* 2019;112(5):858-65

Amir et al. Ovarian stimulation outcomes among transgender men compared with fertile cisgender women. *J Assist Reprod Genet* 2020;37:2463-72

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ACCME Disclosure

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

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This abstract did not utilize human subjects or any human materials.

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Trainee: Yes

Abstract Category:

All Other Categories

Applied for the In-Training Award for Research

Abstract Text:

OBJECTIVE: Prior studies reporting fertility treatment outcomes among transgender men have focused on oocyte retrieval outcomes, but data on embryo development and subsequent embryo transfer (ET) outcomes in this population are limited.¹⁻² The primary objective of this study was to assess pregnancy outcomes following ET among transgender male patients.

MATERIALS AND METHODS: Electronic medical records were searched using natural language processing of 23 key terms (e.g. ‘transgender,’ “trans male”) to identify trans men, confirmed by chart review, who presented to a large fertility clinic network between 2005-2023. Trans male patients that underwent IVF and ET during the study period were included. Cisgender female patients with a trans male partner who themselves underwent IVF-ET during the study period were included as a referent group.

The primary outcome was cumulative live birth (CLB) defined as proportion of IVF cycles resulting in at least one live birth from all ETs resulting from that cycle. Secondary outcomes included additional pregnancy and embryo development outcomes. Statistical analysis was performed using generalized linear regression with mixed-effects model controlled for age at retrieval and BMI to compare outcomes between groups. The CLB of each group was estimated via survival analysis with Gray’s test for comparison among groups.

RESULTS: There were 15 trans men who underwent 19 IVF cycles and 42 cisgender females who underwent 52 IVF cycles. The primary outcome of CLB was comparable between trans male patients (70%) compared to the cisgender female referent group (70%; RR 1.02 (0.50, 2.06)). Other pregnancy outcomes were also comparable between the trans male and cisgender female groups including live birth per ET (68% vs. 41%; RR 1.66; (0.84, 3.28)). Of the 15 trans male patients, two underwent an ET to their own uterus and the other 13 trans male patients had a cisgender female partner that underwent ET(s). These two trans male patients both had a live birth after the first ET for a CLB of 100%.

Embryo development outcomes were also comparable between trans men and cisgender women including mature oocytes (13.0 vs. 14.3; RR 0.91 (0.70, 1.19)), 2PNs (9.2 vs. 11.2; RR 0.82 (0.61, 1.10)), and usable blastocysts (5.6 vs. 5.3; RR 1.06 (0.72, 1.56)).

In a subgroup of trans male patients, those with a history of testosterone exposure (n=10) had similar CLB (80%) compared to those without a history of testosterone exposure (n=5) (80%; RR 1.02 (0.31, 3.43)).

CONCLUSIONS: Trans male patients that undergo IVF followed by ET have live birth outcomes comparable to cisgender females. Embryo development outcomes among transgender patients were also comparable to the referent group. In a subgroup of trans male patients with prior testosterone exposure, live birth outcomes were similar to those without prior testosterone exposure. While this is the largest cohort of trans male patients reporting ET outcomes, larger

cohorts will be needed to confirm these results.

IMPACT STATEMENT: Embryos transferred from trans men with and without prior testosterone exposure have similar pregnancy, live birth, and CLBs compared to cisgender female individuals.

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Organization Name	Relationship Type	Who has this Relationship?	
Progyny	Company Officer Relationship Began - Friday, August 25, 2017 Relationship Ended - Thursday, June 1, 2023 Paid Consultant Relationship Began - Relationship Ended - Direct Stockholder Relationship Began - Friday, August 25, 2017 Relationship Ended - Friday,	Self	

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Biographical Sketch Phillip Romanski, M.D., M.Sc., is a Reproductive Endocrinology and Infertility physician at RMA of New York in Manhattan and is a faculty member at the National Institutes of Health. He is an expert in family-building including the evaluation and management of female and male infertility, third-party reproduction, and fertility preservation. Dr. Romanski completed his residency in Obstetrics and Gynecology at Harvard Medical School (Brigham and Women's Hospital/Massachusetts General Hospital) and his fellowship in Reproductive Endocrinology and Infertility at the Weill Cornell Medical Center/NewYork-Presbyterian Hospital. Dr. Romanski additionally serves as the Associate Research Director for US Fertility and has authored over 60 peer-reviewed research publications with a particular interest in patients with a history of unsuccessful treatment and patients with diminished ovarian reserve. In recognition of his research contributions, he has received multiple national awards and has subsequently been invited to speak at both national and international conferences to present his work.

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