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COMPARISON OF GONADOTROPIN-RELEASING HORMONE AGONIST DOSES FOR TRIGGERING OOCYTE MATURATION

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Title:

COMPARISON OF GONADOTROPIN-RELEASING HORMONE AGONIST DOSES FOR TRIGGERING OOCYTE MATURATION

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Preferred Presentation Type:

Oral or Poster

Study Type:

Retrospective Cohort Study (includes comparator groups)

Category - Subcategory(ies):

ART: Clinical

ART: Outcomes

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

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Trainee: Yes

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All Other Categories

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Abstract Text:

OBJECTIVE: Leuprolide acetate, a gonadotropin releasing hormone agonist, is commonly used to “trigger” meiosis resumption in oocytes during ovarian stimulation. Adequate response to Leuprolide acetate is determined by the luteinizing hormone (LH) level the morning following its injection the night before. Commonly used Leuprolide acetate doses for ovulatory trigger include 40IU and 80IU. However, it is unknown whether a higher dose is associated with a difference in the post trigger LH level. The objective of this study was to assess the association between Leuprolide acetate trigger dose (40IU vs. 80IU) and risk of an inadequate LH response.

MATERIALS AND METHODS: This retrospective, multicenter cohort study included patients undergoing in-vitro fertilization or oocyte cryopreservation from January 1, 2017 to December 31, 2023. All patients received a Leuprolide acetate trigger, with or without an hCG trigger. Patients with a baseline LH level <2 IU/L were excluded. Group 1 received a 40IU (2mg) Leuprolide acetate dose and Group 2 received an 80IU (4mg) dose, based on individual clinic protocol. The primary outcome was an inadequate LH response, defined as a post-trigger LH <15 IU/L. Statistics were performed using Wilcoxon Rank-Sum Test and Poisson regression analysis adjusted for BMI and age. Sub-analyses of patients over 40 years and separately patients with BMI >25 were also performed.

RESULTS: A total of 26,203 cycles were included: Group 1 (40IU): 8,350 cycles; Group 2 (80IU): 17,853 cycles. The mean day 3 baseline LH level across all cycles was 6.3 IU/L. Mean post trigger LH was 70.3 IU/L in Group 1 and 55.0 IU/L in Group 2. The risk of an inadequate LH response was 0.6% (n= 51) for the 40IU dose and 3.7% (n= 661) for the 80IU group which was statistically significantly increased (aRR 5.50; 95% CI (4.11-7.37)). The mean baseline LH level in inadequate responders to Leuprolide acetate trigger was 4.7 IU/L, compared to 6.3 IU/L in adequate responders (p<0.0001). In patients over 40 or with BMI >25, similarly the 80IU dose was associated with a significantly higher likelihood of an inadequate LH response (aRR 5.73; 95% CI (2.65-12.40) and 4.05; 95% CI (2.75-5.99), respectively).

CONCLUSIONS: Overall, an inadequate LH response to a Leuprolide acetate ovulatory trigger during ovarian stimulation is an uncommon event in patients with a low suspicion for hypothalamic dysfunction, occurring in 2.7% of cycles in this cohort. Higher Leuprolide acetate trigger dose did not increase post trigger LH levels or reduce the likelihood of an inadequate LH response. Differences in lab assays, geographic distribution of patients, or variability in timing of blood draw may explain the higher LH levels associated with lower dose Leuprolide acetate trigger observed. While most patients with a low baseline LH level responded adequately to the trigger, caution should continue to be taken when using a Leuprolide acetate only trigger in this group.

IMPACT STATEMENT: Patients and physicians can be reassured that variability in Leuprolide acetate trigger dose between clinics is not associated with the likelihood of an inadequate LH response. No advantage was observed with an 80IU Leuprolide acetate trigger dose compared to a 40IU dose.

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Organization Name	Relationship Type	Who has this Relationship?	
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Organization Name	Relationship Type	Who has this Relationship?
	Relationship Ended -	
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Lovu Health	Direct Stockholder Relationship Began - Saturday, June 1, 2024 Relationship Ended -	Self
U. S. Fertility	Direct Stockholder Relationship Began - Saturday, August 1, 2020 Relationship Ended -	Self
USF Pharmaceutical Contracting Alliance	Direct Stockholder Relationship Began - Wednesday, January 1, 2020 Relationship Ended -	Self

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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, November 1, 2024	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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