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DO SERUM HCG LEVELS DIFFER BETWEEN PATIENTS WITH AND WITHOUT MULLERIAN ANOMALIES WHO UNDERGO A SINGLE EUPLOID EMBRYO TRANSFER?

Jensen Reckhow, MD, MPH[1], Victoria Kirilov Lazarov, MD[1], Carlos Hernandez-Nieto, MD[2], Morgan Baird, MPH[2], Joseph A. Lee, BA[2], Stephanie Brownridge, MD[2], Kimberley A. Thornton, M.D.[2], Alan B. Copperman, M.D.[3] and Erkan Buyuk, M.D.[2], (1)Icahn School of Medicine at Mount Sinai, New York, NY, (2)Reproductive Medicine Associates of New York, New York, NY, (3)Icahn School of Medicine at Mount Sinai / Reproductive Medicine Associates of New York, New York, NY

Title:
DO SERUM HCG LEVELS DIFFER BETWEEN PATIENTS WITH AND WITHOUT MULLERIAN ANOMALIES WHO UNDERGO A SINGLE EUPLOID EMBRYO TRANSFER?

Submitter's E-mail Address:
jensen.reckhow@usfertility.com

Preferred Presentation Type:
Oral or Poster

Study Type:
Retrospective Cohort Study (includes comparator groups)

Category - Subcategory(ies)s:
Patient Centered Care: General

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Trainee: Yes

Abstract Category:
All Other Categories

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Abstract Text:

OBJECTIVE: Abnormal uterine architecture likely contributes to increased clinical pregnancy loss and reduced live birth in patients with Mullerian anomalies. Whether early trends in serum hCG levels predict later pregnancy losses in patients with Mullerian anomalies remains under-researched. The study assesses early serum hCG trends and subsequent pregnancy outcomes in patients with and without Mullerian anomalies.

MATERIALS AND METHODS: This retrospective cohort study conducted at a single academic institution evaluated single euploid embryo transfer (SEET) cycles between January 2013 and January 2025. Patients were grouped by presence or absence of Mullerian anomalies, confirmed with diagnostic imaging. The primary outcome was initial serum hCG (mIU/mL) 9 days post-SEET. Secondary outcomes included 48-hour serum hCG trend, live birth/ongoing pregnancy (LB/OP), clinical pregnancy, pregnancy loss (CPL), and biochemical pregnancy. Statistical analysis utilized chi square, Student's t-test, Kruskall-Wallis tests, and mixed-effects models adjusting for patient and cycle characteristics. Receiver operating characteristic (ROC) curves were modeled to identify clinically relevant serum hCG thresholds.

RESULTS: A total of 16,217 SEET cycles were analyzed, including 856 cycles (5.3%) from 428 patients (4.7%) with Mullerian anomalies and 15,360 cycles (94.7%) from 8,598 patients (95.3%) without Mullerian anomalies. Mullerian anomaly diagnoses included arcuate uterus (n=532), bicornuate uterus (n=31), uterine didelphys (n=12), T shaped uterus (n=12), unicornuate uterus (n=55), and uterine septum (n=214). Median serum hCG 9 days post-SEET was lower in patients with Mullerian anomalies compared to those without Mullerian anomalies (70.4; IQR 1-154.7 vs 80; IQR 3.1-166, p 0.0175). The proportion of patients whose serum hCG doubled between day 9 to 11 post-SEET was similar between groups (59% vs 61.9%, p=0.0894). Among patients with any Mullerian anomaly who experienced a decline in serum hCG, the biochemical pregnancy rate reached 89.5%. When serum hCG levels increased by <100%, patients with Mullerian anomalies had a biochemical pregnancy rate of 35.2%, a CPL rate of 25.9%, and a LB/OP rate of 38.9%. When serum hCG doubled, patients with Mullerian anomalies had a LB/OP rate of 75.9%. Initial serum hCG <55 had a negative predictive value (NPV) of 98.9% for LB/OP in patients with Mullerian anomalies (sensitivity 99.3%, specificity 58.5%). Among patients without Mullerian anomalies, only an initial serum hCG <31 demonstrated a high degree of predictability, with a NPV 97.2% (sens. 99.7%, spec. 22.7%). An increase in serum hCG of <65% had a NPV of 98.7% for LB/OP in patients with Mullerian anomalies (sens. 99.0%, spec. 68.1%).

CONCLUSIONS: Initial serum hCG levels, but not 48-hour trends post-SEET, differed between patients with and without Mullerian anomalies. In patients with Mullerian anomalies, higher initial serum hCG levels were more predictive of live birth/ongoing pregnancy after SEET.

IMPACT STATEMENT: Serum hCG dynamics can serve as a valuable predictor for clinicians when assessing early pregnancy outcomes for patients with Mullerian anomalies undergoing SEET.

First Presenting Author

Presenting Author

Jensen Reckhow, MD, MPH
Email: jensen.reckhow@usfertility.com -- Will not be published

Icahn School of Medicine at Mount Sinai
Department of Obstetrics, Gynecology, and Reproductive Science
1176 Fifth Ave, Klingenstein Pavilion
9th floor
New York NY 10029
USA

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.
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Signature: Jensen Reckhow, MD, MPH

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Jensen Reckhow CV 3.10.2025.docx

Second Author

Victoria Kirilov Lazarov, MD
Email: victoria.lazarov@mountsinai.org -- Will not be published

Icahn School of Medicine at Mount Sinai
Department of Obstetrics, Gynecology, and Reproductive Science
Resident Physician
1176 Fifth Ave, Klingenstein Pavilion
9th floor
New York NY 10029
USA

Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Victoria Lazarov

CV Upload:

Lazarov_CV.pdf

Third Author

Carlos Hernandez-Nieto, MD
Email: chernandez@rmany.com -- Will not be published

Reproductive Medicine Associates of New York
635 Madison Ave 10th Fl
New York NY 10022-1009
USA

Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Carlos Hernandez-Nieto

CV Upload:

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Fourth Author

Morgan Baird, MPH
Email: mbaird@rmaofny.com -- Will not be published

Reproductive Medicine Associates of New York
635 Madison Avenue
10th Fl.
New York NY 10022-1009
USA

Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Morgan Baird, MPH

Fifth Author

Joseph A. Lee, BA
Email: jlee@rmany.com -- Will not be published

Reproductive Medicine Associates of New York
635 Madison Ave 10th Fl
New York NY 10022-1009
USA

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.
Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Joseph Adam Lee

CV Upload:

Joseph Lee CV.docx

Sixth Author

Stephanie Brownridge, MD
Email: sbrownridge@rmaofny.com -- Will not be published

Reproductive Medicine Associates of New York
635 Madison Ave
Fl 10
New York NY 10022-1009
USA

Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Stephanie Brownridge

Seventh Author

Kimberley A. Thornton, M.D.
Email: kthornton@rmaofny.com -- Will not be published

Reproductive Medicine Associates of New York
635 Madison Ave 10th Fl
New York NY 10022-1009
USA

Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Kimberley A. Thornton

Eighth Author

Alan B. Copperman, M.D.
Email: acopperman@rmany.com -- Will not be published

Icahn School of Medicine at Mount Sinai / Reproductive Medicine Associates of New York
Department of Obstetrics, Gynecology, and Reproductive Science
New York NY
USA

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Yes

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Signature: Alan B Copperman

CV Upload:

Alan B. Copperman M.D. - CV (March 2024).docx

Ninth Author

Erkan Buyuk, M.D.
Email: ebuyuk@rmaofny.com -- Will not be published

Reproductive Medicine Associates of New York
635 Madison Ave Fl 10
New York NY 10022-1009
USA

Within the past 2 years, have you or your spouse/partner had any potential COI?
No
Signature: Erkan Buyuk, M.D.

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