

ART SPOTLIGHT

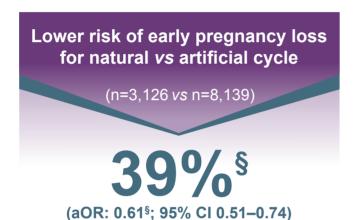




Did you know?

...that the endometrial preparation protocol used may have a significant impact on pregnancy outcomes after frozen embryo transfer?

In a retrospective, multicentre, cohort study of 14,421 frozen cycles from nine centres in France,* using a natural cycle[†] or stimulated cycle[‡] approach before frozen embryo transfer was associated with a significantly lower risk of early pregnancy loss** compared with an artificial cycle (primary endpoint)^{¶1}



Lower risk of early pregnancy loss for stimulated vs artificial cycle

(n=3,156 vs n=8,139)

470/0§

(aOR: 0.53§; 95% CI 0.44-0.65)

Natural cycle and stimulated cycle were associated with a lower risk of early pregnancy loss compared with artificial cycle

No significant difference in outcomes between natural cycle *vs* stimulated cycle. This study is limited by its retrospective design that generates missing data. Routine practice within centres was also heterogeneous.¹

- These results have potential implications for choice of preparation protocol in clinical practice
- An ongoing randomised, controlled trial comparing natural cycle and artificial cycle will provide additional evidence on obstetric outcomes, including pre-eclampsia, and is due to report in 2024^{2,3}

aOR, adjusted odds ratio; CI, confidence interval.

- 1. Vinsonneau L et al. Hum Reprod Open 2022;(2):hoac007.
- 2. Baksh S et al. Trials 2021;22(1):660.
- 3. Natural Versus Programmed Frozen Embryo Transfer (NatPro). Available at: https://clinicaltrials.gov/ct2/show/NCT04551807 [Accessed August 2023].

This infographic has been initiated, funded and produced for HCPs by Ferring Pharmaceuticals.

UK IE-RMMH-2300089 | v1.0 | August 2023

^{*}data (baseline characteristics, treatment-related data and reproductive outcomes) for all cycles performed between 2012 and 2016 from each in vitro fertilisation centre registry were merged in a final database and analysed.

[†]natural cycle (monitoring of a physiological cycle, which can be 'modified' by using human chorionic gonadotropin to trigger ovulation and/or associated to a luteal phase support by progesterone).

^{*}stimulated cycle (ovarian stimulation by exogenous treatments [e.g. gonadotropins, letrozole or clomifene citrate] followed by ovulation triggering by human chorionic gonadotropin).

^{**}before 10 weeks of gestation.

[¶]artificial cycle/traditional medicated cycle (exogenous supplementation by oestradiol and progesterone)

⁵the aORs have been inverted from those stated in the publication and the percentages presenting the risk of pregnancy loss have been calculated from these aORs.