

Freeze all for all?

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Original presentations by :

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INTRODUCTION

Fresh versus elective frozen embryo transfer: cumulative live birth rates of 7,132 IVF cycles.

L.T.M.Chau, O.P.Thinh, D.V.Dung, N.Quoc-Anh, Roque M



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35th Annual Meeting
Vienna, Austria, 23-26 June 2019

Comparison of the effect of immediate versus delayed transfer following a stimulated IVF cycle on the ongoing pregnancy rate of frozen-thawed embryo transfer cycles: a randomized controlled trial

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Fresh versus elective frozen embryo transfer: The cumulative live birth rates

Comparison of the ongoing pregnancy rate of immediate versus delayed

Study 1: Freeze all vs Fresh ET in ART ^{Stromlund, S. et al.}

- Multicenter, randomized controlled trial
 - Denmark, Sweden, Spain
 - Double blinded trial of 460 women allocated 1:1
 - (1) GnRH agonist trigger and single vitrified-warmed blastocyst transfer
 - (2) hCG trigger and single blastocyst transfer in fresh transfer
- Inclusion criteria
 - Normo-ovulatory women
- Objective
 - Freeze all (GnRH agonist) vs. Fresh transfer (hCG)
- Primary objective
 - On going pregnancy rate per randomized women

Results & Conclusion

Ongoing pregnancy rate, OPR

	Freeze-all (n=218)	Fresh Transfer (n=220)	Risk Ratio (95%CI)	p-value
OPR/randomised, %	26.1%	29.1%	0.96 (0.86 to 1.08)	0.56
OPR/transfer, %	36.1%	37.2%	0.98 (0.83 to 1.16)	0.92

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Freeze-all versus fresh embryo transfer in ART: A multicentre randomised

Live birth rate, LBR

	Freeze-all (n=218)	Fresh Transfer (n=220)	Risk Ratio (95%CI)	p-value
LBR/randomised, %	25.7%	28.2%	0.97 (0.86 to 1.08)	0.63
LBR/transfer, %	35.4%	36.0%	0.99 (0.84 to 1.16)	1.00

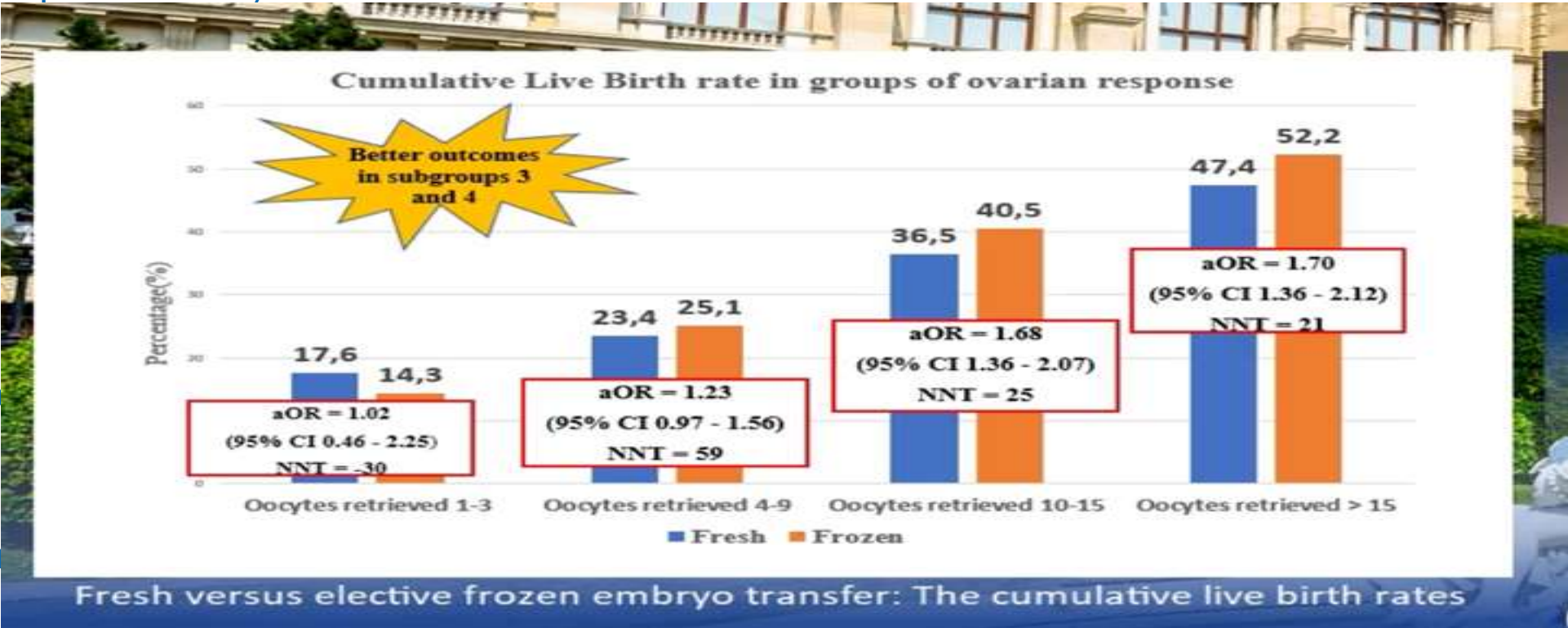
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Freeze-all versus fresh embryo transfer in ART: A multicentre randomised

- Similar ongoing pregnancy and live birth rates
- Freeze all strategy is not indicated in regular cycling women with no risk of OHSS

Study 2: Fresh vs. Elective frozen ET Chau, L.T.M. et al.

- Retrospective analysis



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- **Results and Conclusion:** Good prognosis patients (normal and high responders) benefit from this strategy. Reduces OHSS improves IVF outcomes

Study 3: Comparison of OPR of immediate vs. delayed Frozen-Thawed ET ^{Li, H. et al.}

- Prospective randomised controlled trial

Pregnancy outcomes: PP analysis

n (%)	Immediate group (n=345)	Delayed group (n=342)	Relative Risk (95%CI)	P-value
Ongoing pregnancy	171/345 (49.6)	142/342 (41.5)	0.72 (0.53-0.98)	0.034
HCG positive	215/345 (62.3)	196/342 (57.3)	0.81 (0.60-1.10)	0.181
Implantation rate	248/608 (40.8)	223/599 (37.2)	0.86 (0.68-1.09)	0.205
Clinical pregnancy	197/345 (57.1)	178/342 (52.0)	0.82 (0.60-1.10)	0.183
Multiple pregnancy	47/197 (23.9)	41/178 (23.0)	0.96 (0.59-1.54)	0.851
Miscarriage rate	22/197 (11.2)	35/178 (19.7)	1.95 (1.09-3.47)	0.022

Comparison of the ongoing pregnancy rate of immediate versus delayed

- Objective

- Primary

- Results and conclusion: Immediate FET following a stimulated had a significantly higher ongoing pregnancy rate

Summary of conclusions

Study 1

- Freeze all strategy is not indicated in regular cycling women with no risk of OHSS

Study 2

- Good prognosis patients (normal and high responders) benefit from elective FTET
 - Reduces OHSS & improves IVF outcomes

Study 3

- Immediate FET following a stimulated had a significantly higher ongoing pregnancy rate

