

## **MILD VERSUS CONVENTIONAL OVARIAN STIMULATION FOR IVF**

**B.C.J.M. Fauser**

*Department of Reproductive Medicine and Gynecology, University Medical Center, Utrecht, The Netherlands*

Mild stimulation involves the administration of low doses (fewer days) of exogenous gonadotrophins in GnRH antagonist co-treated cycles, and/or oral compounds for ovarian stimulation for IVF, aiming to limit the number of oocytes obtained to less than eight. In a recent debate in Human Reproduction (2010, vol 25, p 2678) the pros and cons of such an approach have been outlined in a so called SWOT analysis.

Strength: GnRH antagonist, reduced complexity, less patient discomfort and risk, reduced cost, and beneficial effects on oocyte/embryo quality.

Weakness: Lower pregnancy rates per cycle, excessive response still occurs in some patients, cost of medication is still high, less margin for suboptimal laboratory performance, difficult programming of the cycle, individualized FSH dosing algorithms not yet available, and finally lack of robustness.

Opportunities: possibilities for further development, improved safety, increased access to treatment, improved performance of embryo cryopreservation, increasing focus on patient-centered approaches, IVF for non infertility indications.

Threats: clinical resistance, patient characteristics like increasing age, cost considerations.

Proposed directions for future research: shift in emphasis from mild stimulation to mild ovarian response, further improvement of embryo development, selection and cryopreservation, developing cheaper ovarian stimulation protocols, establish improved patient acceptance, test effectiveness of mild stimulation in older women, rethink the definition of successful IVF.