

CYCLE SCHEDULING WITH OCP: IS OUTCOME RELATED TO GONADOTROPIN ADMINISTRATION IN ANTAGONIST CYCLES?

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OBJECTIVE: There is a current debate on whether cycle planning with oral contraceptive pills (OCP) may have a deleterious effect on cycle outcome, being one of the hypotheses a depletion in LH levels in women undergoing controlled ovarian stimulation (COS) with pure FSH. Thus, we decided to compare IVF/ICSI outcome in women using FSH alone vs. FSH plus HMG.

STUDY DESIGN: Retrospective study between January 2006 and December 2009. All cycles were planned with OCP prior to COS, either with rFSH alone (284 cycles) or rFSH+HMG (182 cycles) and fixed, daily dose GnRH antagonist (Ganirelix). Inclusion criteria: less than or equal to 37 years old, 1st or 2nd IVF cycle, BMI < 30 kg/m², regular menstrual cycles and antral follicle count (AFC) greater than or equal to 6. Exclusion criteria: polycystic ovaries, endometriosis, previous ovarian surgery and previous low ovarian response.

RESULTS: Both groups were comparable in terms of age (33.1±2.9 vs. 34.8±2.2) and AFC (13.6±4.9 vs. 12.7±8.9). We did not find significant differences in implantation rates (34.3% vs. 30.9%) and pregnancy rates (57.4% vs. 54.2%). Similarly, outcome was comparable in ongoing pregnancy rates (44.9% vs. 41.1%), miscarriage (11.3% vs. 10.4%) and twinning rate (15.5% vs. 9.3%).

CONCLUSION: Even with the confounding variables of a retrospective design, no significant differences were observed in both implantation and pregnancy rates when rFSH alone was used vs. rFSH+HMG in women undergoing cycle planning with OCPs. Thus, we consider that cycle planning with OCPs does not hamper IVF/ICSI outcome.