

**The 2022 Digital Learning Journey on ART****VIDEO LECTURE****LAUNCH DATE 31 October 2022****Which patients could benefit from personalization during COS (addition of LH) and during luteal phase support?****OVERVIEW**

Controlled ovarian stimulation (COS) is an essential component of ART. It is important to select the protocol, gonadotropin, and starting dose according to the individual patient's profile (i.e., age, AMH, AFC, BMI). The POSEIDON group introduced a new and more detailed stratification for patients characterized by a reduced ovarian reserve or an odd ovarian response to exogenous gonadotropins moving from a poor ovarian response to a low prognosis concept, and considering not only the number of oocytes retrieved, but also the age-related aneuploidy rate and the ovarian 'sensitivity' to exogenous gonadotropins. In this regard, in order to optimize the ovarian response, LH administration during COS continues to be actively debated, causing some confusion among practitioners. Indeed, the question remains open regarding the cost-benefit of LH. However, some evidence suggests that LH activity may decrease the total dose of FSH required and could be associated with improved ART outcomes. Moreover, evidence suggests that some clinical conditions may benefit from LH activity supplementation, including hypogonadotropic hypogonadism, patients with hypo-response to FSH monotherapy or patients whose endogenous LH secretion is profoundly suppressed with GnRH analogues (agonist or antagonist) during COS. Luteal phase supplementation is another hot topic in ART. Based on current evidence, no major differences in efficacy have been found when different administration routes of progesterone, and dose or duration of progesterone, in fresh or frozen embryo transfers have been compared. Different clinical practices have been proposed for frozen ET timing according to the different preparation methods: natural cycle, modified natural cycle or hormone replacement.

LEARNING OBJECTIVES

- The POSEIDON group: a new and more detailed stratification for patients
- Define the ideal strategy to optimize the number of the oocytes retrieved to obtain at least one euploid embryo in each patient with different ovarian response to gonadotropins
- The clinical utility of adding recombinant Luteinizing Hormone (rLH) in women with ovarian resistance to gonadotropin
- Identify patients who and how could benefit from supplementation with LH activity

TARGET AUDIENCE

Clinicians, physicians and embryologists

LANGUAGE

English with voice over into Spanish

FACULTY**1° LECTURE:**

Poseidon criteria: a detailed stratification to personalize ovarian stimulation for poor prognosis

Sandro Esteves

ANDROFERT, Andrology and Human Reproduction Clinic
Referral Center for Male Reproduction
Campinas, Brazil

**2° LECTURE:**

What is the role of LH activity during COS?

Nikolaos Polyzos

Department of Reproductive Medicine
Dexeus Mujera
Dexeus University Hospital
Barcelona, Spain

Scientific Seminars International Foundation

Junior Program Manager: Sara Bassetti
sara.bassetti@scientificseminars.com

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