ESHRE 2020 Virtual (5-8 July 2020)

Questions for the speakers

Session 43: ICSI in 2020

The application of AOA-artificial oocyte activation in patients with previous unsuccessful attempt increases the ongoing pregnancy per treatment but not per transfer; a multivariable study - Aránzazu Galán Rivas (Spain)

Q: How can you be sure the activated oocyte proceed as parthenogenesis and not fertilization?

A: I can not be sure

Q: Do you have experience with other AOA techniques (timing, concentration etc.)?

A: No, we have only used calcium ionophore with this protocol

Q: Is there correlation between the number of mature oocytes retrieved and fertilization rate?

A: No we never found such correlation

Q: How many patients did not respond well to AOA? with still failed or low <30% fertilization? I didn't see SDs....

A: Out of the 20 cycles cancelled in the AOA group, 15 had no embryos available either because of fertilization failure (<30%) or embryo arrest. So I guess that in those 15/88 cases (17%) AOA-ICSI was not better than conventional ICSI.

Q: Did you use ready to use commercial media for AOA?

A: yes, GM 508 Cultactive, GYNEMED

Q: Your thoughts about downside of using ca2+? Any cases were to avoid it?

A: I think AOA-ISCI is a safe technique (we have sent for publication our data on newborn, showing no differences with children conceived after conventional ICSI)

Q: Would you perform AOA in patients with fertilization failure or developmental arrest without first testing the activating capacity of the sperm?

A: yes

Q: You showed that amount of abnormal fertilization was reduced in AOA group. Was the difference in the number of 1 PN zygotes or what?

A: 1 PN and 3 PN together

Q: Are you using a commercial ready to use ca-ionophore? If not what is the concentration of your ca-ionophore solution?

A: GM 508 Cultactive, GYNEMED

Q: In the conventional group there was less transfers in blastocyst stage so, could that be the cause of the difference in ongoing pregnancy?

A: Could be, but it is also truth that we did more D3 transfers probably because cycles were worse (less good quality embryos)

Q: Using non-donors for the study, how could you assume that the activation failure is due to the sperm and not because of the activation of the oocyte?

A: We cannot be sure, but being the mean age of women aprox 35 y.o., we can assume that oocytes are not the root problem