

ESHRE 2020 Virtual (5-8 July 2020)

Questions for the speakers

Session 70: Ovarian stimulation strategies in IVF and IUI

Ovarian stimulation strategies in intrauterine insemination for unexplained or mild male factor infertility – an individual participant data meta-analysis - Rui Wang (Australia)

Q: What do you mean by mild male factor infertility? Have you considered consecutive ejaculates?

A: Thanks for asking this important question. The definition on male factor infertility varies in the literature, with pre-washed total motile sperm count ranging from 1 to 5 (or even 10) million. We used 1 million as the threshold. Some studies also named this group as unexplained infertility. As the definition is based on semen analysis, detailed on consecutive ejaculates were not reported in included studies.

Q: For gonadotrophin vs CC for IUI, was there any criteria for cycle cancellation in terms of dominant follicle number in the included studies?

A: Great question. We included trials with all cancellation criteria. In three of the included studies with IPD, strict cancellation criteria were used, i.e., cancellation of the cycle when more than three follicles ≥ 14 mm.

Q: Have seen the large study between IUI and IVF? IUI is favored at several levels, multiple births and cost <https://bmjopen.bmj.com/content/10/3/e034566>

A: Thanks for sharing this interesting reference. IVF is not the intervention of interest in our IPD meta-analysis. I agree with your comment but we should be aware of the key limitations of the cited reference when interpreting the data: 1) the comparison was on a per cycle basis, not per couple starting treatment; 2) the indications for IUI and IVF are different.

Q: How many iui we can do before icsi for unexplained infertility couple?

A: Thank you. The included trials evaluated evidence on IUI up to 4 cycles. The current guideline also recommends up to 4 cycles of IUI (ASRM. 2020). But I don't think ICSI should be the next step, given that there is no evidence to support ICSI over conventional IVF for couples with unexplained infertility.

Q: Did you also look into the quality of the shared versus non-shared trials? And if so was there a difference?

A: Thank you. This part is planned but has not completed yet. For the comparison between letrozole and clomiphene citrate, the only study sharing IPD is of good quality whereas studies not sharing IPD have lower quality.

Q: What about combination of oral agents and gonadotrophin for IUI (Male factor)?

A: Thank you. We did not include studies on combination ovarian stimulation strategy for IUI in this IP meta-analysis and therefore I could not draw any conclusion on this strategy.

Q: Over 1 million is not mild Male fertility?

A: Thank you for your comment. Please refer to the response to a previous question on the definition of mild male infertility.