

Annex 3: Recommendations for research in OS for IVF/ICSI

From the literature and discussion of the available evidence, several topics were identified for which evidence is inconsistent, insufficient or non-existing. For the benefit of couples undergoing ovarian stimulation for IVF/ICSI, the GDG recommends that future research, where possible in well-designed RCTs, should focus on these research gaps.

Considered are:

- Gonadotropin dose reduction in predicted high responders as a tool for normalization of ovarian response (GnRH agonist or antagonist) compared to a standard dosage with option GnRH agonist trigger and/or a freeze-all strategy (in GnRH antagonist protocol).
- Pre-treatment options for scheduling in GnRH antagonist protocol compared to GnRH agonist protocol
- GnRH agonist LPS compared to progesterone LPS compared to low dose hCG LPS
- The efficacy and safety of a freeze-all strategy in cycles with routine embryo biopsy for PGD of PGS
- GnRH agonist trigger with adjusted luteal support compared to 10.000 hCG trigger with Freeze-all in observed high responders