

Recurrent Implantation Failure



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Implantation Failure

≥ 10 good quality embryos

Tan et al. 2005
ESHRE PGD Consortium 2002

≥ 3 ET w/o pregnancy in women < 37 years

or

≥ 2 ET w/o pregnancy in women ≥ 37 years

Implantation Failure

Hydrosalpinx/
Endom. cavity

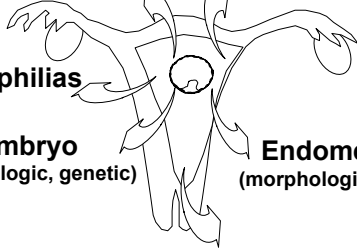
COH

Trombophilias

Embryo
(morphologic, genetic)

Endometrium
(morphologic, genetic)

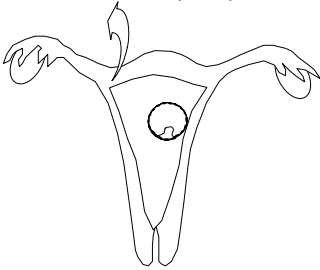
Embryo transfer



Factors involved in IF

Hydrosalpinx: Laparoscopic salpingectomy previous to IVF is beneficial in patients with ultrasonographic visible hydrosalpinges

Strandell A. Hum Reprod Update 2000



Factors involved in IF

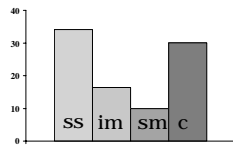
Polyps/submucous myomas / uterine septum

Raga et al. Hum Reprod 1997

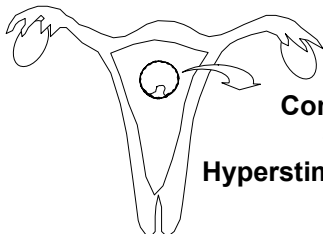
Hysteroscopic resection

Intramural myomas >4 cm

Oliveira et al. Fertil Steril 2004

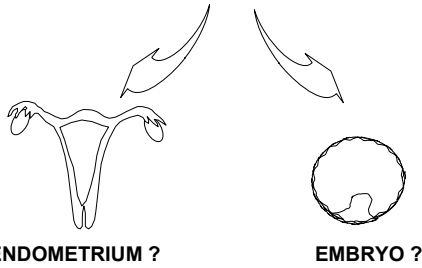


Factors involved in IF



**Controlled
Ovarian
Hyperstimulation**

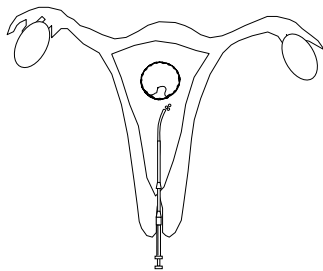
High levels of estradiol



Low implantation in high responders

- **Clinical studies showing low IR in high responder patients**
(Pellicer et al. Hum Reprod 1989; Simón C et al. Hum Reprod 1995; Pellicer et al. Fertil Steril 1996; Valbuena et al, Hum Reprod 1999)
- **Endometrial receptivity but not embryo quality is affected**
(Simón C et al. Hum Reprod 1995; Valbuena et al, Hum Reprod 1999)
- **Evidence of altered endocrine milieu in the periimplantation period**
(Pellicer A et al. Fertil Steril 1996)
- **Increased IR when E2 levels were lower in subsequent cycles**
(Simón C et al. Fertil Steril 1998; 70:234-9)
- **Extremely high E2 levels are embryotoxic for the embryo**
(Valbuena et al. Fertil Steril 2001)

Factors involved in IF



Embryo transfer technique

Factors involved in IF

EMBRYO TRANSFER "ART"

- Aspirate cervical mucus
- Atraumatic negotiation of cx canal
- Mock transfer
- Atraumatic ET
- US guided
- Physician experience

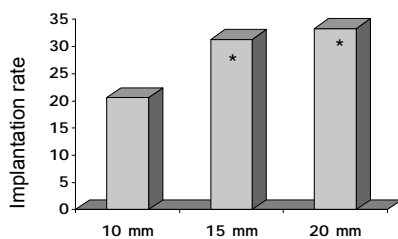
Schoolcraft W et al. Fertil Steril 2001

US guided embryo transfer

Reference	US vs "clinical feel"	p
Coroleu et al, 2000	50 % vs 33.7%	0.002
Prapas et al, 2001	47 % vs 36%	<0.001
Tang et al, 2001	26% vs 23.5%	N.S.
Matorras et al, 2002	26.3% vs 18.1%	< 0.05
Sallam et al, 2002	OR: 1.57 (1.08-2.2)	E.S.
G ^a Velasco et al, 2002	59.9% vs 55.1 % (*)	N.S.
Coroleu et al, 2002	34.4 vs 19.7 (**)	< 0.05

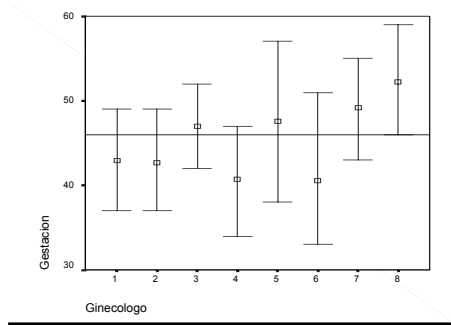
* egg donation
** frozen ET

Distance to the fundus (n=180 IVF cycles)



Coroleu et al. Hum Reprod 2002

**The human factor: the physician
(n=1875 tranfers 2005)**



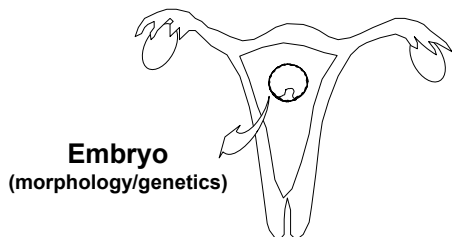
Difficult vs easy ET

- **Meta-analysis of controlled studies**
- **PR 22.3 vs 31.6%**
- **OR 0.74 (0.64 – 0.87)**

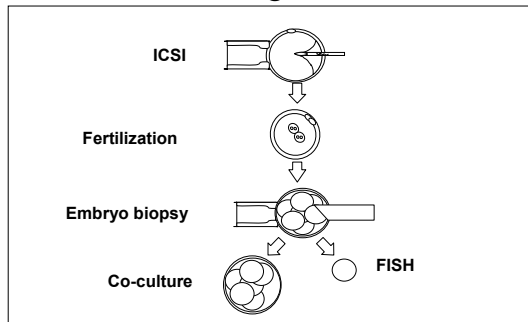
Subjective evaluation
Cervical dilation previously
TET in selected cases?

Sadek et al. 2004

Factors involved in IF



Preimplantation Genetic Diagnosis



PGD – AS pitfalls

- Incomplete information
- 4% loss rate
- Embryo quality after biopsy?
- Mosaicism on day 3?
- Poor thawing after biopsy
- Lack of RCT

Platteau et al 2006

PGD – AS in implantation failure

❖ n= 22, ≥ 2 failed cycles, 34.8±5.6 years

❖ (chromosomes analyzed X,Y,13,18,21)

▪ ≥ 3 failed cycles: 55% abnormal

▪ ≥ 5 failed cycles: 67% abnormal

▪ # cells on day 3:

➢ 3-4 cells: 74% abnormal

➢ 5-6 cells: 61% abnormal

➢ 7-8 cells: 41% abnormal

Gianaroli L et al. Hum Reprod 1997

PGD – AS in implantation failure

- ❖ n= 27 cycles, ≥ 3 failed cycles
- ❖ 138 embryos (X,Y,13,14,15,16,18,21,22)

- Chromosomally abnormal embryos 54%.
- 25% PR; 17.3% IR
- monosomy/trisomy ratio:
 - >3.5:1 in IF
 - >1:1 in ≥ 36 y.o.

Gianaroli L et al. Fertil Steril 1999

IF vs. control

	IF	Control
N° cycles	194	35
N° analyzed embryos	1158	215
N° abnormal embryos (%)	745 (64,3)*	97 (45,1)
Mean # ET	1.9 ±0.8	1.8 ±1.3
Reached ET (%)	154 (79,4)	31 (88,6)
PR/ embryo transfer (%)	40 (32,5)	9 (29,0)
IR	21,4	20,6
Miscarriage (%)	9 (22,5)	0

* p<0.0001 (IF vs. controls)

High incidence of aneuploidy and mosaicism in embryos of young women

- 60 patients <38 y.o.
- Panel of 10 chromosomes
- 196 embryos analyzed
- ONLY 36% were normal on day 3
- 50% showed mosaicism
- Confirmation rate of 54%

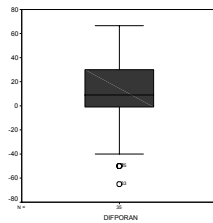
Baart et al. Hum Reprod 2006

IF <37 years

	IF	Control
N° cycles	129	15
N° analyzed embryos	810	111
N° abnormal embryos (%)	496 (61,2)*	37 (33,3)
Mean # ET	1,9 ±0,7	2,1 ±1,4
Reached ET (%)	107 (83,6)	15 (100)
PR/ embryo transfer (%)	37 (34,6)	7 (46,7)
IR	24,04	32,4
Miscarriage (%)	5 (13,5)	0

* $p < 0.0001$ (IF vs. controls)

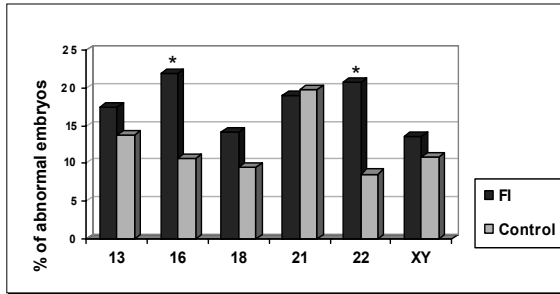
Differences in % abnormal embryos between 1st and 2nd PGD cycle (Boxplot graphic)



IF <37 years: # failed cycles

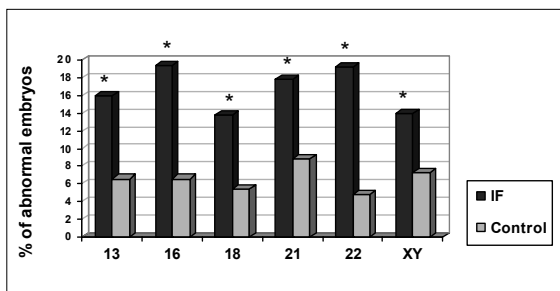
	2-3 cycles	4-6 cycles	≥ 7 cycles
N° cycles	59	58	10
N° analyzed embryos	367	368	69
N° abnormal embryos (%)	220 (59,9)	232 (63,1)	39 (56,5)
Mean # ET	1,9 ±0,7	2,0 ±0,7	2,1 ±0,9
Reached ET (%)	49 (83,0)	50 (86,2)	7 (70,0)
PR/ embryo transfer (%)	18 (36,7)	16 (32,0)	2 (28,6)
IR	26,0	24,2	13,3
Miscarriage (%)	4 (22,2)	1 (6,2)	0

IF vs. controls



* $p < 0.05$ (IF vs. Control)

IF <37 years



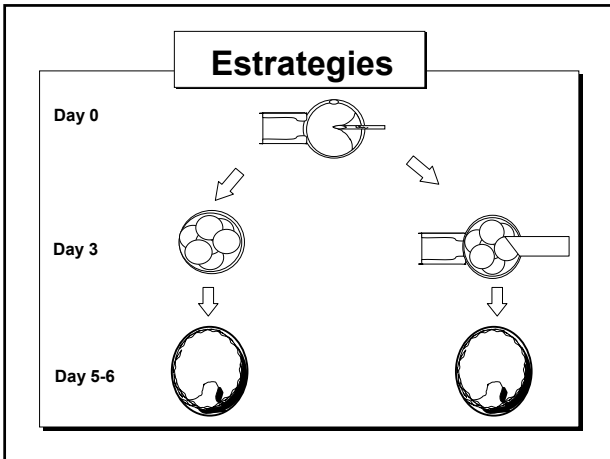
* $p < 0,05$ (IF vs. Control)

IF: hysteroembryoscopy

9 miscarriages after PGD

<37 {
 - 3 w/o diagnosis
 - 1 case 46,XX
 - 1 case 46,XY

≥37 {
 - 3 w/o diagnosis
 - 1 case 46,XX



Problems:

1) Higher cancellation rate

Evaluate embryo quality on D3
 * \geq two 8-cell embryos
Levitas E et al. Fertil Steril 2004
 * \geq three 7-cell embryos
de los Santos MJ et al. Placenta 2003

2) Morphology vs chromosomes (discordant)

Add PGD to extended embryo culture

Chromosome abnormalities are reduced during the preimplantation period

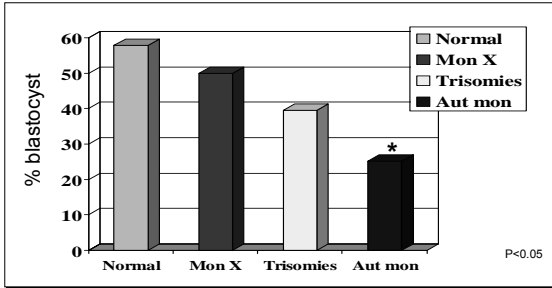
n=216 D5 embryos

- ❖ 66% normal embryos reach blastocyst stage
- ❖ 37% trisomy
- ❖ 9% monosomy
- ❖ 21% polyploid
- ❖ 0% haploid

reach Blastocyst Stage

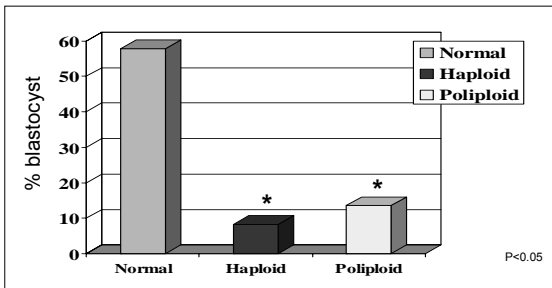
Sandalinas et al. Hum Reprod 2001

Embryo development and chromosomal abnormalities



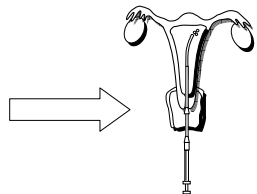
Rubio et al. Hum Reprod 2003

Embryo development and chromosomal abnormalities



Rubio et al. Hum Reprod 2003

Embryo selection



Blastocyst stage ET only partially prevents chromosomally abnormal embryo development

Future

gene arrays focussed on implantation



Genetic PGD

CGH

CGH vs FISH:

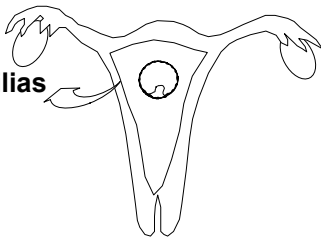
60% incorrect (5)

40% incorrect (9)

Wilton 2005

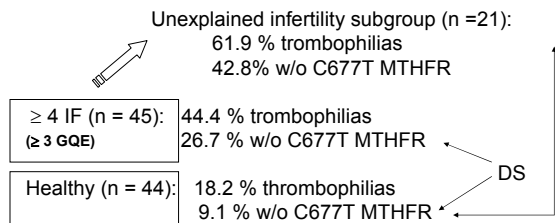
Factors involved in IF

Trombophilias



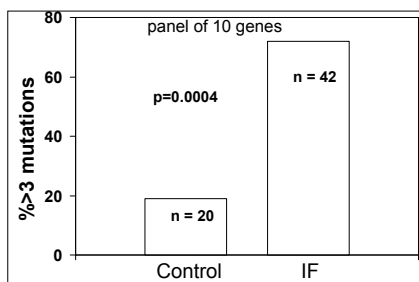
Antiphospholipid syndrome
 lupus anticoagulant
 anticardiolipin
 Factor V Leiden
 Protein C and S deficiency
 Antithrombin III deficiency
 MTHFR
 Prothrombin G20210A gene

Hereditary thrombophilic gene mutations may have a role in IF, especially in unexplained infertility



Azem et al. Hum Reprod 2004

Multiple thrombophilic gene mutations are risk factors for implantation failure



Coulam et al. 2006

Acquired and inherited thrombophilia: implication in recurrent IVF and embryo transfer failure

Hussein S.Qublan^{1,7}, Suhair S.Eid², Hani A.Ababneh³, Zouhair O.Amarin⁴, Aiman Z.Smadi¹, Farakaid F.Al-Khafaji⁵ and Yousef S.Khader⁶

Table II. Frequency of thrombotic factors in the study groups

Thrombotic factors	Study group		Control group	
	Group A (n = 90)	Group B (n = 90)	Group C (n = 100)	
Factor V Leiden				
Heterozygous	9 (10)	1 (1.1)	2 (2)	
Homozygous	4 (4.4)	0	0	
Methylenetetrahydrofolate reductase (C677T) mutation				
Heterozygous	7 (7.8)	8 (8.9)	9 (9)	←
Homozygous	13 (14.4)	3 (3.3)	2 (2)	←
Prothrombin G20210A gene				
Heterozygous	5 (5.6)	3 (3.3)	3 (3)	
Homozygous	1 (1.1)	1 (1.1)	0	
Protein C deficiency	2 (2.2)	1 (1.1)	0	
Protein S deficiency	3 (3.3)	2 (2.2)	3 (3)	
Antithrombin III deficiency	1 (1.1)	0	1 (1)	
Lupus anticoagulant	8 (8.9)	2 (2.2)	2 (2)	
Anticardiolipin	9 (10)	2 (2.2)	3 (3)	←
Combined thrombophilia	32 (35.6)	4 (4.4)	3 (3)	←

No evidence for treatment benefit

Assisted Hatching in IF

Poor embryo quality → Blocked → No implantation

AHA+ FA: Effective? IF and AMA

Edi-Osagie E et al. Hum Reprod 2003; 18:1828:35

Magli M et al. Hum Reprod 1998; 13:1331-5

INDICATION:

Chromosomally normal embryos with poor morphologic quality with a high % of arrested embryos

Factors involved in IF

• 23 RCT (2668 women)

• Pregnancy rate: OR 1.33 (1.12 . 1.57)

• Miscarriage rate: OR 1.23 (0.73 – 2.05)

• MPR : OR 1.83 (1.19 – 2.83)

Not enough evidence to recommend its use (live birth rate)

IF: research treatments

- hrLIF
- NK cell tests
- IVIG's infusion
- Allogenic lymphocyte therapy (Th1/Th2)
-

Intrauterine administration of autologous peripheral blood mononuclear cells promotes implantation rates in patients with repeated failure of IVF-embryo transfer

S.Yoshioka¹, H.Fujiwara^{1,3}, T.Nakayama¹, K.Kosaka¹, T.Mori² and S.Fuji¹

	FPMC treated	Non-treated
Characteristics of the patients		
N	17	18
Age	37.5 ± 4.4	36.6 ± 4.4, n.s.
Number of IVF-embryo transfer previous attempts	5.76 ± 2.5	5.2 ± 1.4, n.s.
Endometrial thickness (mm) on day of oocyte removal	9.59 ± 1.47	10.7 ± 1.97, n.s.
Number of embryos transferred	2.76 ± 0.56	2.72 ± 0.58, n.s.
Number of good quality embryos	1.65 ± 0.70	1.50 ± 0.71, n.s.
Clinical outcome		
Clinical pregnancy rate	41.2% (7/17)	11.1% (2/18) (P = 0.042)
Implantation rate	23.4% (11/47)	4.1% (2/49) (P = 0.011)
Live birth rate	35.3% (6/17)	5.5% (1/18) (P = 0.028)

Clinical Management of Implantation Failure at IVI

Transvaginal US → ↓ Hysteroscopy →	Hydrosalpinx Submucous myo. or >3 cm Endometrial polyp Uterine septum Sinechiae	Salpingectomy Myomectomy Polypectomy Resection Adhesiolysis
Maternal chromosome	High order IF	PGD/ Egg donation
Trombophilias	APCR, FVL, AT, prot. C & S, MTHFR & f II, APS	Anticoagulation Folic ac.+B12+B6
COH (GnRH antag, step-down)	Hyperresponder → Low or no responder →	Cryopreservation HRT frozen cycle Egg donation
Gamete quality	Poor	Gamete donation
Embryo quality	Poor → Good →	Fragment asp + AHA Gamete/embryo donation
Delicate ET	Difficult	Blastocyst after PGD Cx-hysteroscopy
Failed gamete/embryo donation: Surrogacy / alternative therapies		