



UNIVERSITY OF  
**Southampton**  
School of Medicine

# **HCG mode of action versus GnRHa action for triggering of final oocyte maturation**

**Nick Macklon**

Professor of Obstetrics and Gynaecology, University of Southampton

# A hammer to crack a nut

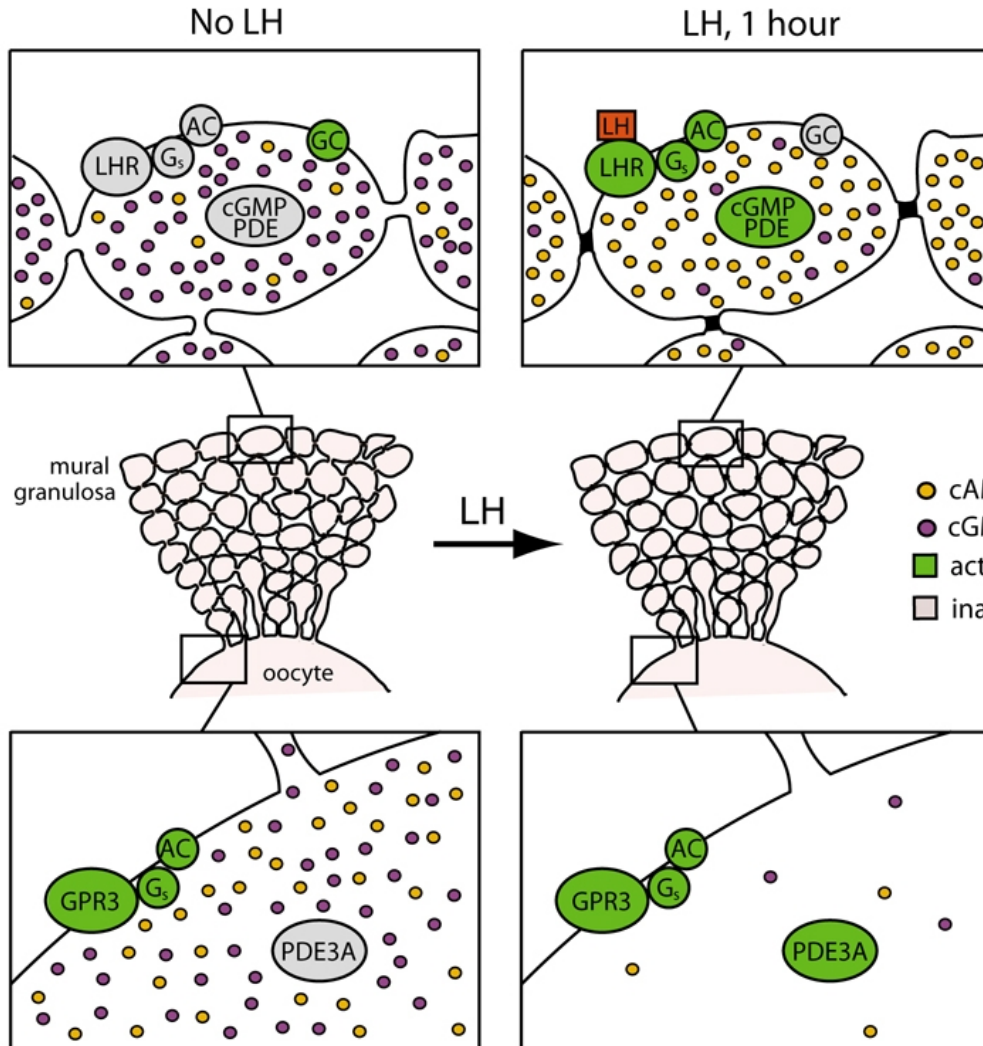


**hCG?**

## **How hard does the hammer hit?**

1. LH and oocyte maturation
2. The real thing: Physiological LH midcycle dynamics
3. The imposters: Midcycle dynamics after GnRH or hCG?
4. Do different dynamics affect oocyte maturation?
5. The luteal phase after LH, GnRH and hCG

# GMP/LH regulation of meiotic arrest and resumption



**High cAMP in oocyte  
Inhibits meiosis**

**No LH:** high cGMP, diffuses into oocyte inhibits cAMP breakdown, and thus meiotic inhibition

**LH:** inhibits cGMP and raises cAMP

Gap junctions close

Low cGMP + Disinhib of PDE3A reduces cAMP

**and Meiosis resumes.**

# HCG as a surrogate for LH

## .. it looks like LH

- Both glycoproteins
- Molecular weight approx 30kDa
- Identical  $\alpha$  subunits
- High cysteine content

## .. it acts like LH

- Granulosa cell luteinization
- Switch from E2 to P4 synthesis
- Resumption of meiosis and oocyte maturation
- Follicle rupture 36-40 hours later

## .. but its not LH

- Sequence of  $\beta$  subunit
- Regulation of secretion
- Pharmacokinetics of clearance

# Pharmacokinetics of LH versus hCG

<u>Test drug</u>	<u>rhLH</u>	<u>uhCG</u>	<u>rhCG</u>
Subjects (n)	12	12	12
Route	i.v.	i.v.	i.v.
Dose (IU)	300	5000	5000
C <sub>max</sub> (IU/l)	32	900	1400
Initial halflife(h)	0.8	5.5	4.7
Terminal halflife (h)	10.5	31	28

Le Cotonnec et al F&S 1998

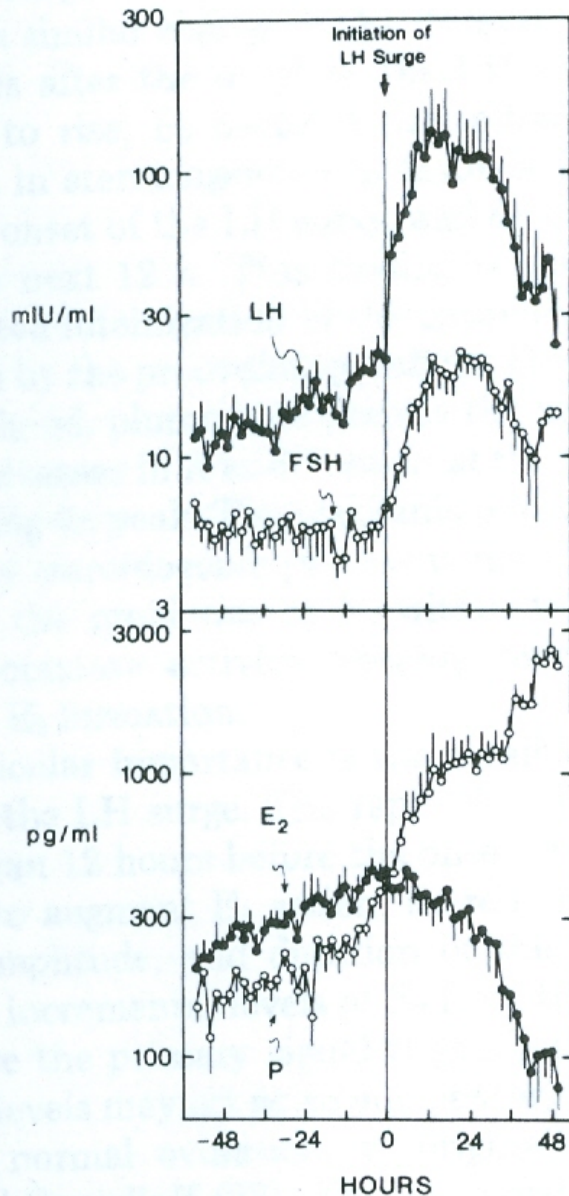
Trinchard et al RBM Online 2002

## ..and hCG does not inhibit the subsequent spontaneous LH surge

- Confirms that an ultrashort loop feedback of LH (by hCG) is not functional.
- hCG administration does not alter GnRH induced LH response
- Elevated P levels immediately after hCG injection induce LH surges in CC/hMG cycles

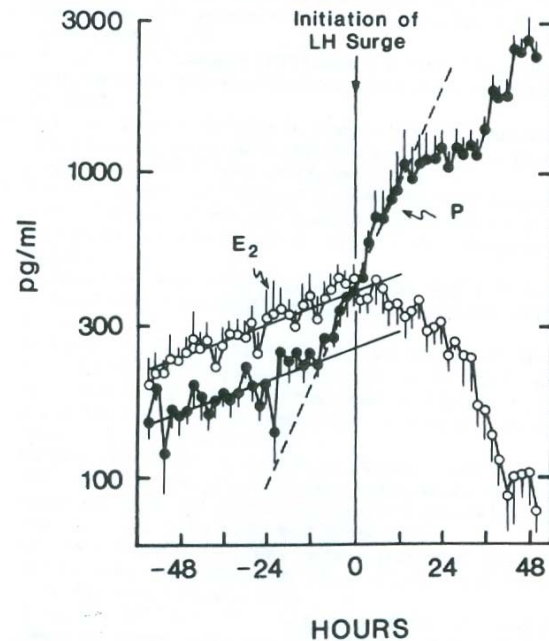
*Kyle et al, JCEM 1989*

# Physiological midcycle hormone dynamics



**LH:** Short ascending phase (14 hrs)  
: Peak plateau phase (14 hrs)  
: Long descending phase (20 hrs)

**FSH:** Similar dynamics  
: Slower rates of increase and decline



**E<sub>2</sub>** : peak at onset LH surge  
: rapid fall when LH falls

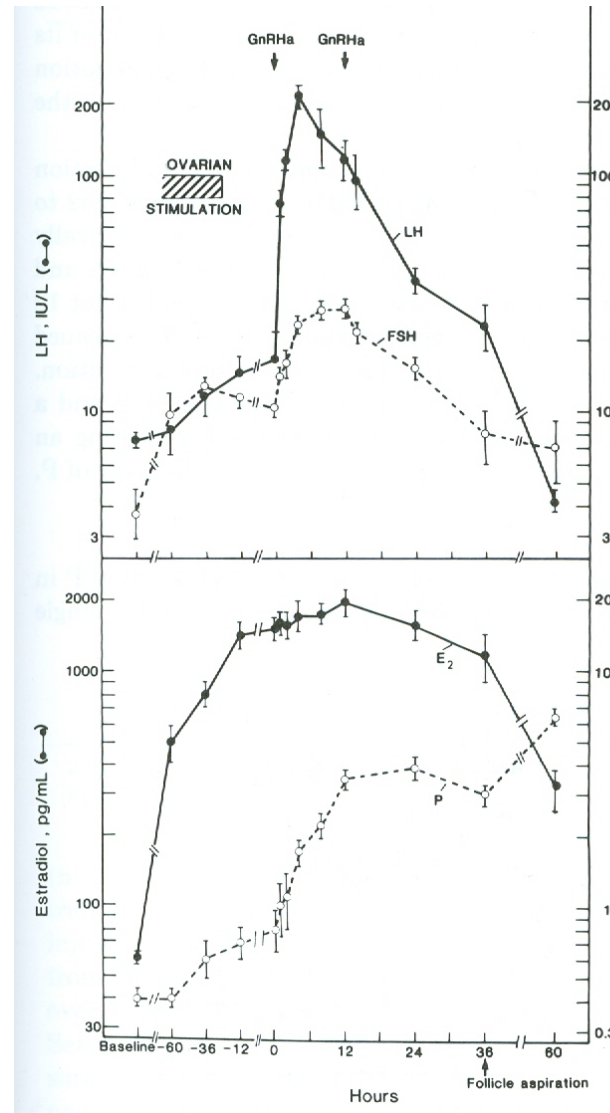
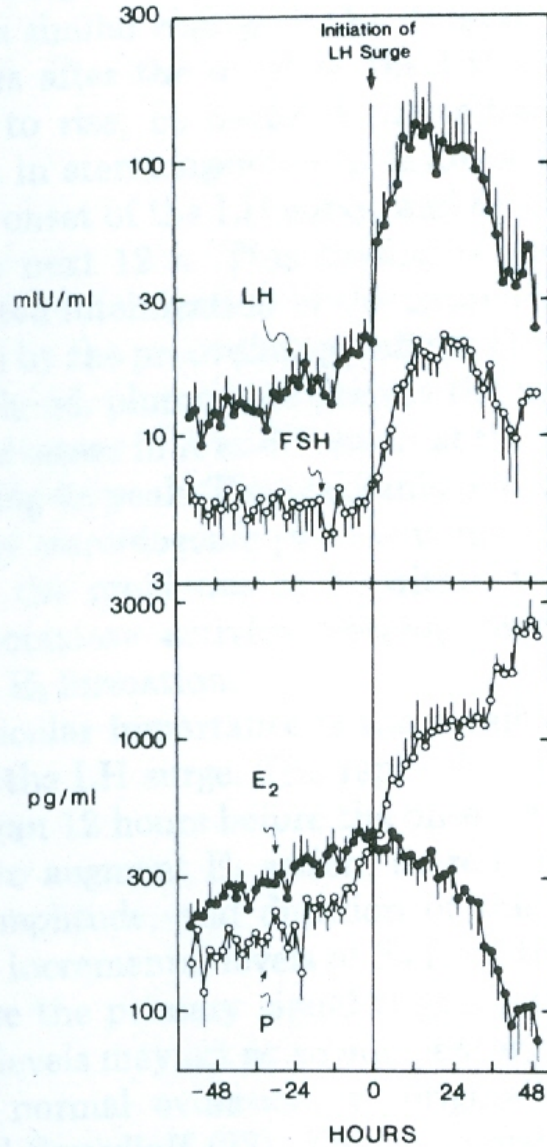
**P<sub>4</sub>** : Multiphasic  
: Phase 1 and 2 as LH  
: Phase 3 plateau  
: Phase 4 to luteal levels



# Physiological versus GnRH induced LH rise

**Hoff et al JCEM 1983**

**Itskowitz et al F&S 1991**



Shorter ascending phase

Shorter plateau

Longer decending phase

..but similar P and E<sub>2</sub> secretion patterns

# Hormonal characteristics of follicular fluid from women receiving either GnRH agonist or hCG for ovulation induction

C.Yding Andersen<sup>1,5</sup>, P.Humaid and L.G.Westergaard<sup>4</sup>

**Table I.** Hormonal concentrations in follicular fluid from women receiving either GnRH agonist or hCG for ovulation induction [mean  $\pm$  SEM (range)]

	GnRH agonist group	hCG group
Number of follicular fluid samples	64	74
Number of women	32	37
FSH (IU/l)	6.3 $\pm$ 0.6* (0.4–5.7)	3.3 $\pm$ 0.2* (0.4–5.7)
LH (IU/l)	11.1 $\pm$ 0.6* (0.4–5.7)	3.6 $\pm$ 0.3* (0.4–5.7)
hCG (IU/l)	ND	139 $\pm$ 8
Estradiol ( $\mu$ mol/l)	1.9 $\pm$ 0.2 (0.4–5.7)	1.8 $\pm$ 0.2 (0.2–6.3)
Progesterone ( $\mu$ mol/l)	70 $\pm$ 4* (6.4–172)	94 $\pm$ 5* (16–289)
Inhibin-B (ng/ml)	35.6 $\pm$ 2.8 (5–120)	40.1 $\pm$ 3.1 (5–122)
Inhibin-A (ng/ml)	36.9 $\pm$ 3.1 (5–116)	37.1 $\pm$ 2.5 (12–114)

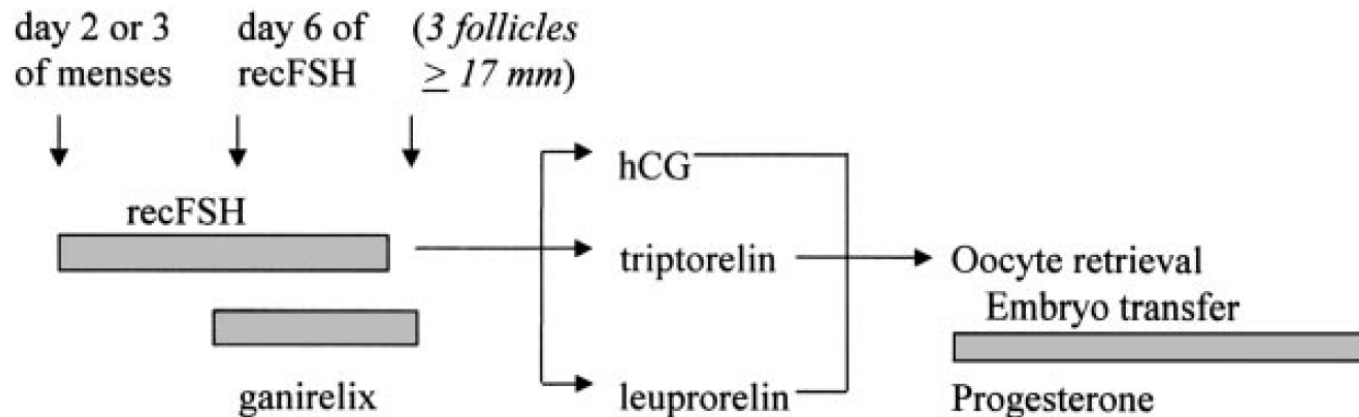
ND, not determined.

\* $P < 0.001$ .

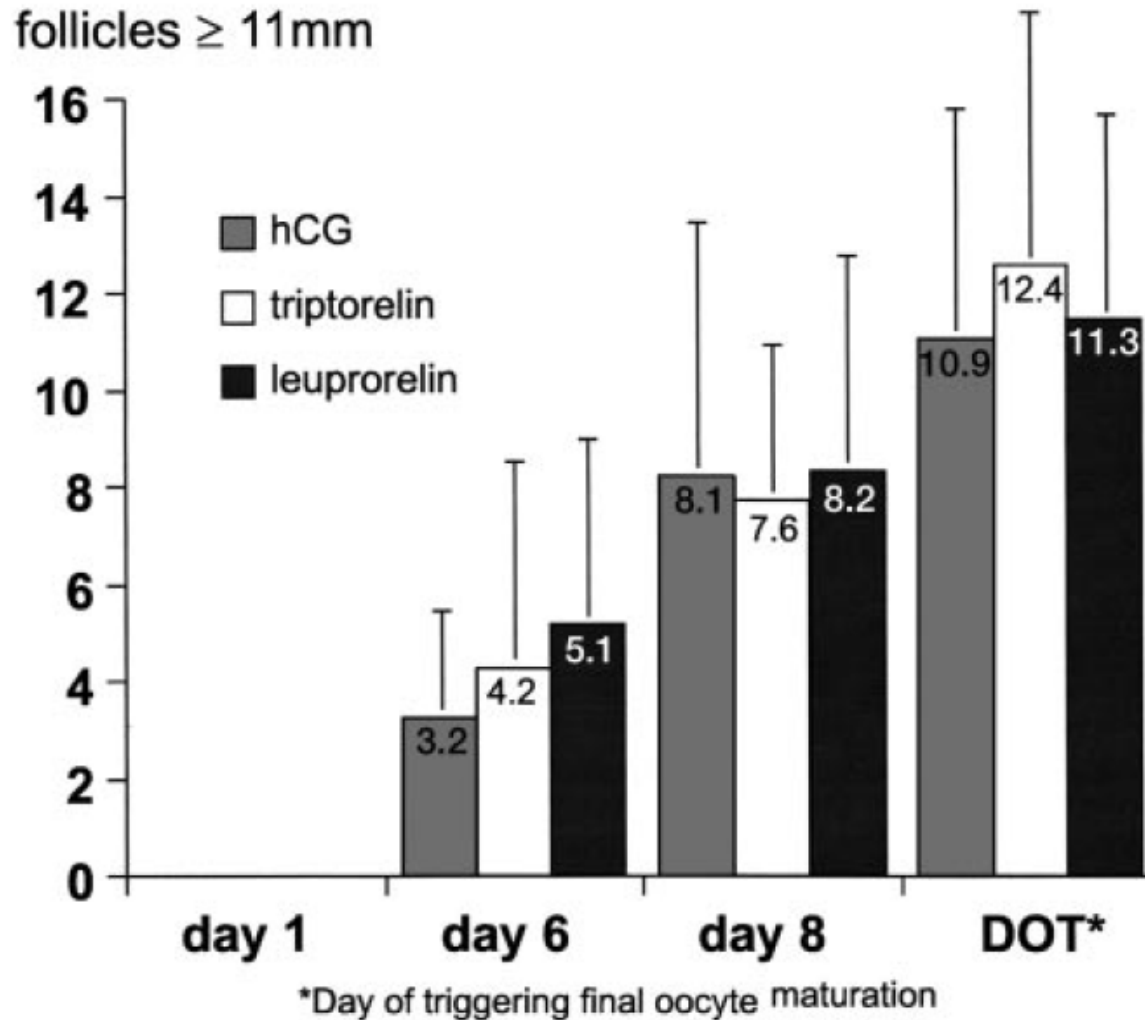
# Endocrine Profiles after Triggering of Final Oocyte Maturation with GnRH Agonist after Cotreatment with the GnRH Antagonist Ganirelix during Ovarian Hyperstimulation for *in Vitro* Fertilization

B. C. FAUSER, D. DE JONG, F. OLIVENNES, H. WRAMSBY, C. TAY, J. ITSKOVITZ-ELDOR,  
H. G. VAN HOOREN

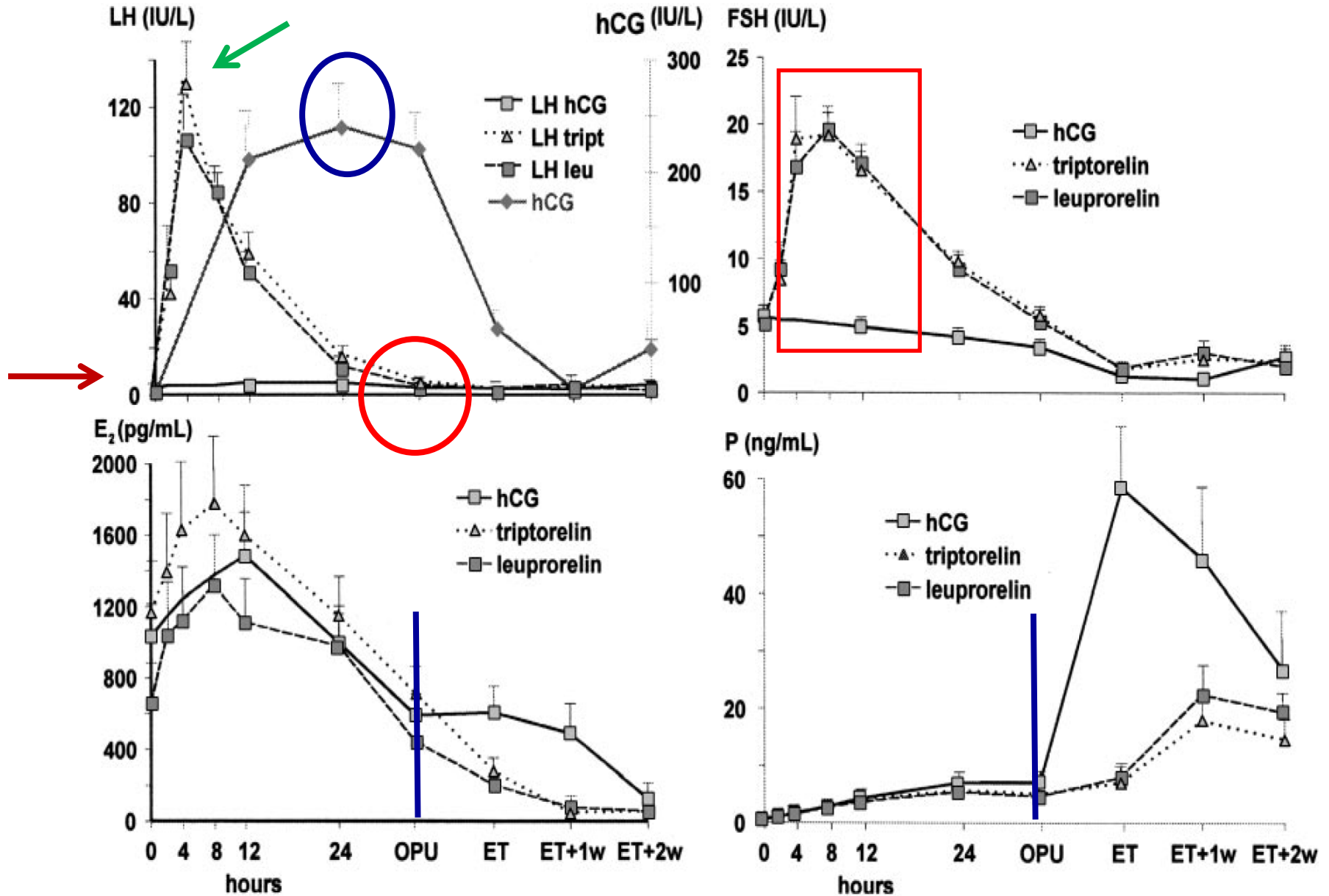
**RCT, n=57**



# Number of follicles 11mm or larger



# Endocrine measurements



# GnRH agonist LH surge vs natural

- Duration of LH surge shorter (24 vs 36 -40 hours)
- Due to immediate pituitary desensitization?
- No impact on oocyte maturation

# Clinical outcomes

	Triptorelin	Leuprorelin	hCG
<b>No of oocytes</b>	9.8±5.4	8.7±4.5	8.3±3.3
<b>Proportion of MII oocytes</b>	72±18%	85±17%	86±17%
<b>Fertilization rate</b>	61±30%	62±23%	56±18%
<b>Grade 1&amp;2 embryos</b>	2.7±1.9	3.2±2.6	3.3±2.0

*Fauser et al JCEM 2002*



# Role of midcycle FSH surge?

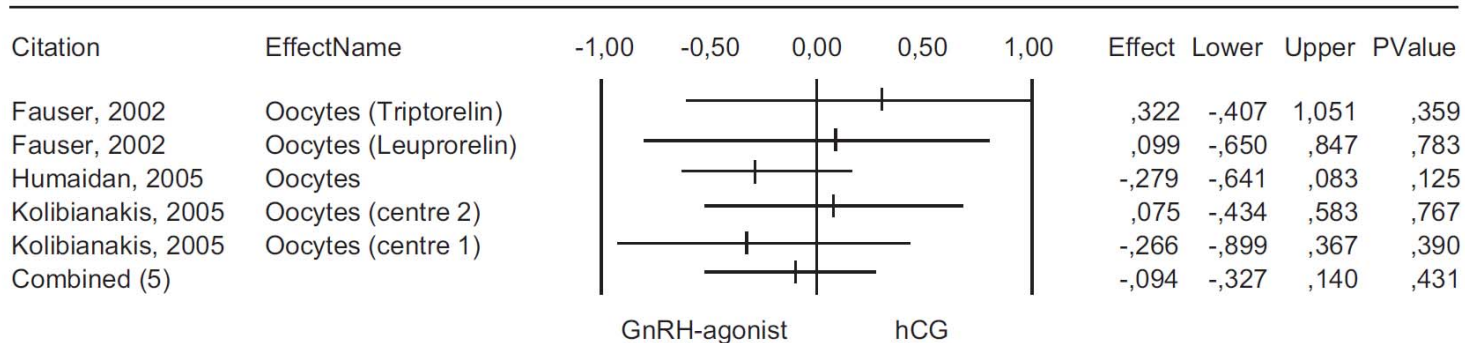
- Not obligatory
- Maturation of oocyte cumulus complex by suppression of intercellular coupling of cumulus cells
- Promotes secretion of glycosaminoglycans from granulosa cells

*Moor et al J Embryol Exp Morph 1981*  
*Yanagishita et al Endocrinology 1981*

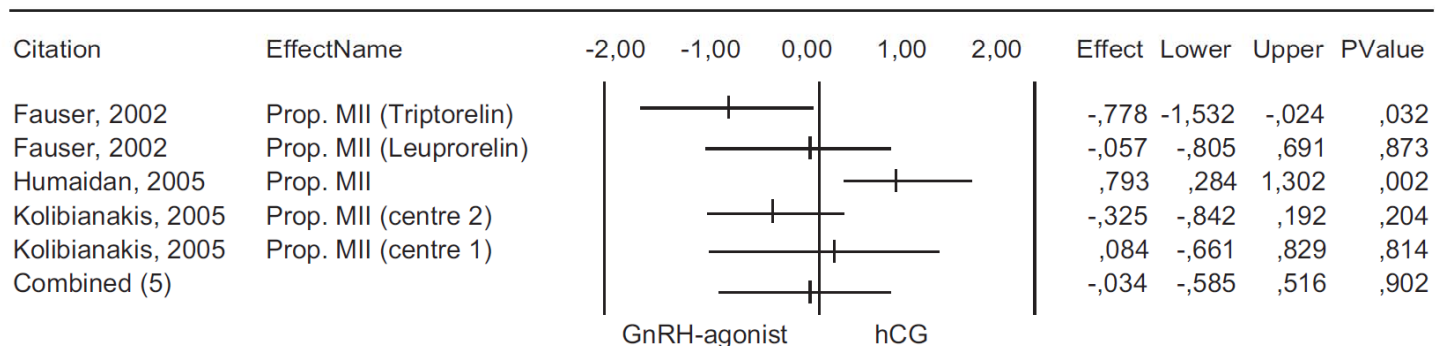


# Clinical data

No. of oocytes retrieved

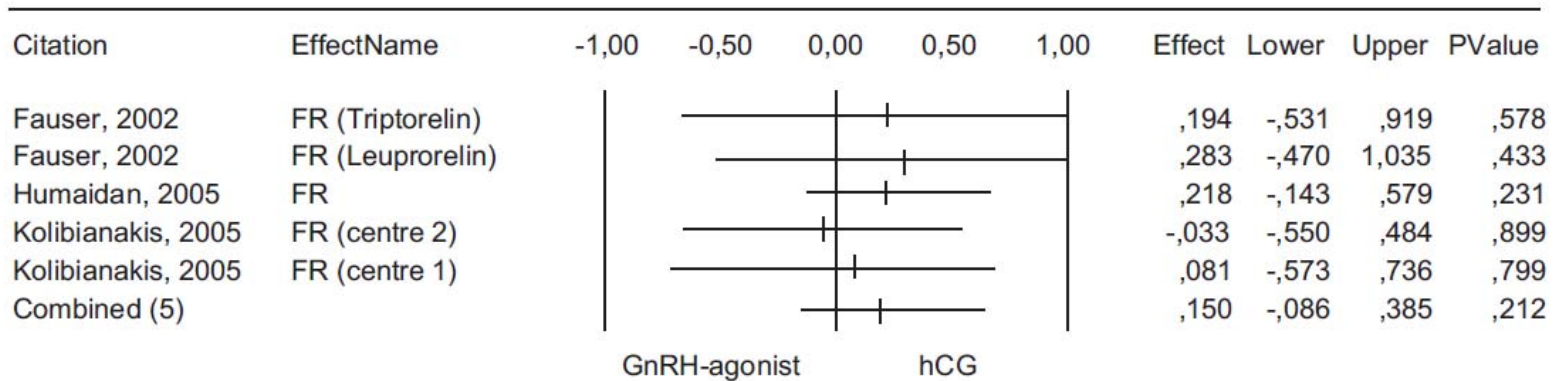


Proportion MII oocytes

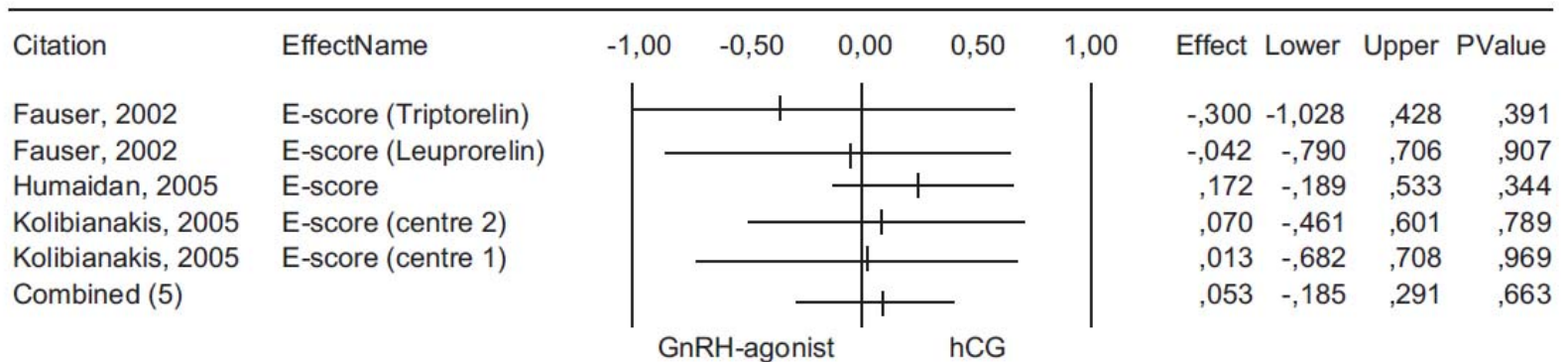


# Clinical data

## Fertilization rate



## Embryo score

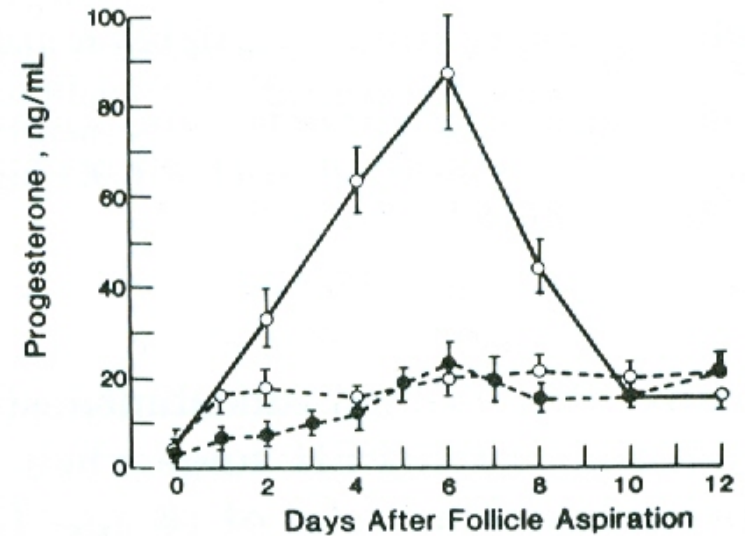
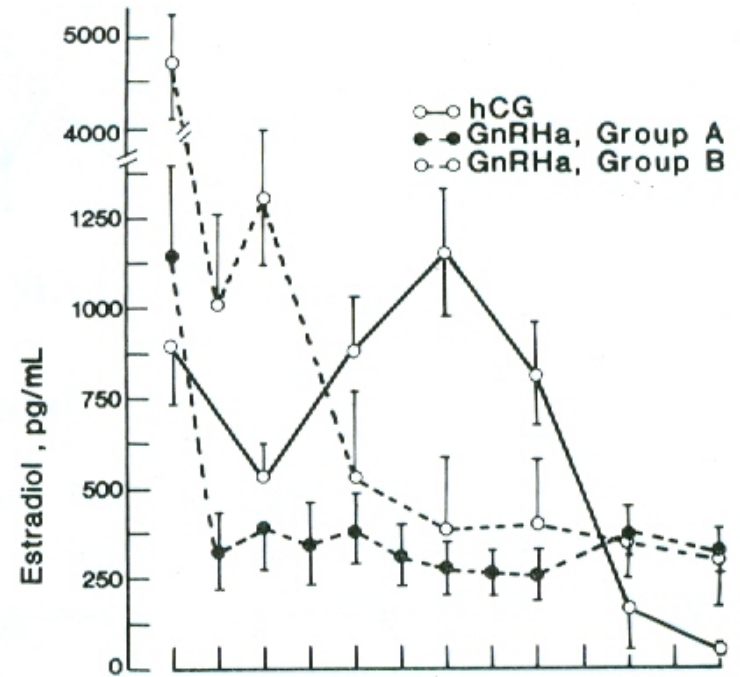


# **What about the luteal phase?**

# The luteal phase after hCG and after GnRH

Despite multiple preovulatory follicles, luteal phase E2 and P levels close to Physiological after GnRH

*Itskowitz et al F&S 1991*



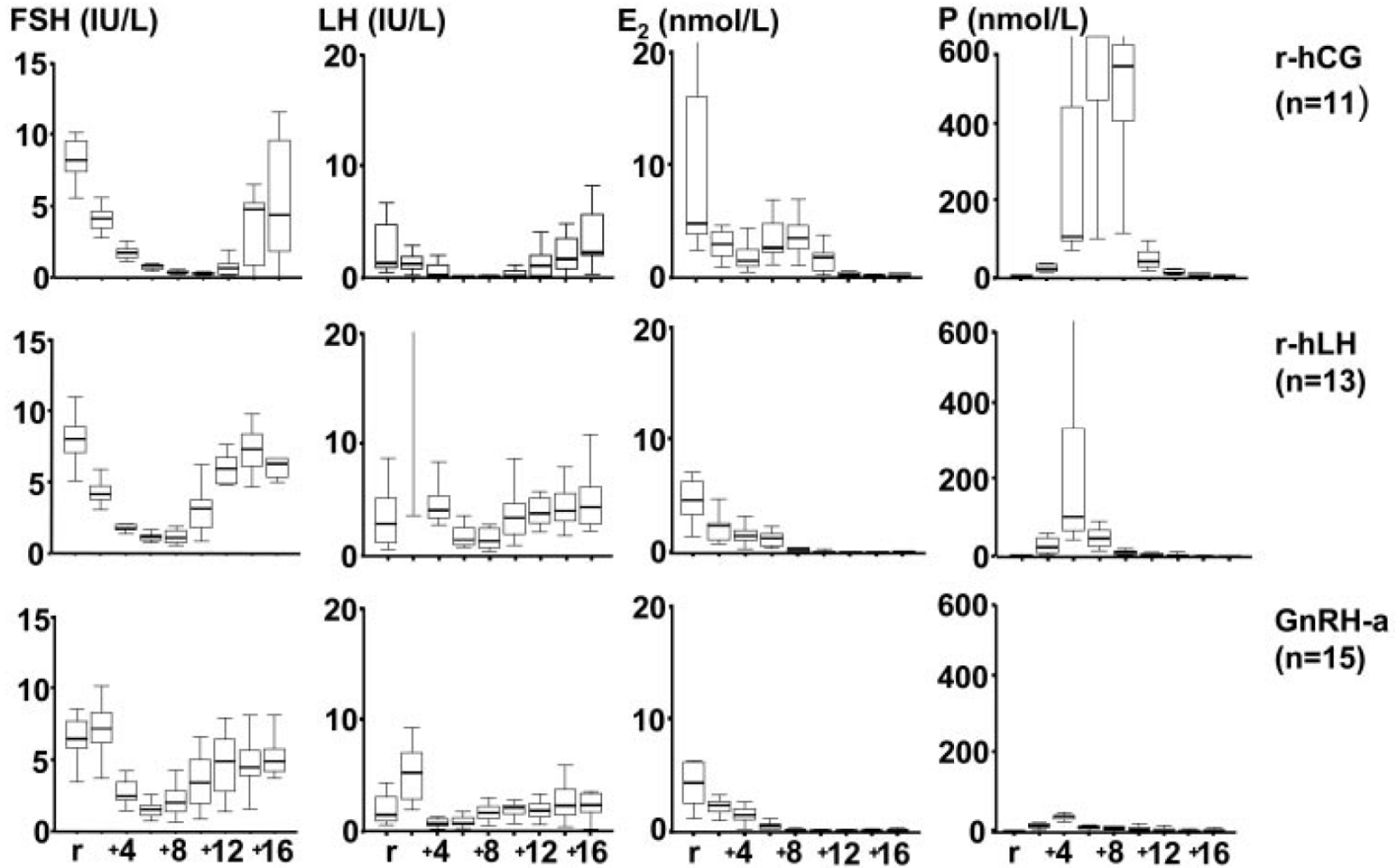
**Good news?**

**No.**

# **Nonsupplemented Luteal Phase Characteristics after the Administration of Recombinant Human Chorionic Gonadotropin, Recombinant Luteinizing Hormone, or Gonadotropin-Releasing Hormone (GnRH) Agonist to Induce Final Oocyte Maturation in *in Vitro* Fertilization Patients after Ovarian Stimulation with Recombinant Follicle-Stimulating Hormone and GnRH Antagonist Cotreatment**

NICOLE G. M. BECKERS, NICHOLAS S. MACKLON, MARINUS J. EIJKEMANS, MICHAEL LUDWIG, RICARDO E. FELBERBAUM, KLAUS DIEDRICH, SHELLY BUSTION, ERNEST LOUMAYE, AND BART C. J. M. FAUSER

# The luteal phase after hCG, LH & GnRH-a





# The bad news..

**TABLE 1.** Follicular and luteal phase characteristics (median and ranges) of 39 subjects undergoing ovarian stimulation for IVF using r-hFSH/GnRH antagonist, randomized for three different strategies for the induction of final oocyte maturation

	r-hCG (n = 11)	r-LH (n = 13)	GnRH agonist (n = 15)	<i>P</i> value <sup>a</sup>
Duration follicular phase (d)	11 (9–14)	12 (10–14)	12 (9–16)	0.9
No. days GnRH antagonist	4 (3–8)	4 (3–6)	4 (2–7)	1.0
No. follicles ≥ 11 mm	7 (5–16)	8 (2–18)	9 (3–13)	0.8
No. oocytes retrieved	7 (3–23)	7 (1–26)	10 (1–17)	0.9
No. patients achieving embryo transfer <sup>b</sup>	9	11	14	0.4
Pregnancy <sup>b</sup>	2 (18%)	1 (8%)	2 (13%)	0.8
Ongoing pregnancy <sup>b</sup>	2 (18%)	0 (0%)	1 (7%)	0.3
LH <sub>(day of oocyte retrieval)</sub> (IU/liter)	1.3 (0.3–2.9)	50.6 (3.7–54.1)	5.5 (2.0–9.6)	<0.001
Day of P <sub>maximum</sub>	6 (6–8)	4 (4–6)	4 (4–6)	<0.001
Day of decrease of P	8 (6–8)	4 (4–8)	4 (4–8)	<0.001

<sup>a</sup> Parameters were tested for significance using Kruskal Wallis test.

<sup>b</sup> Calculated per randomized group and tested for significance using a two-tailed Fisher's exact test.

# The impact of GnRH agonist versus hCG on the SUPPLEMENTED luteal phase in PCOS

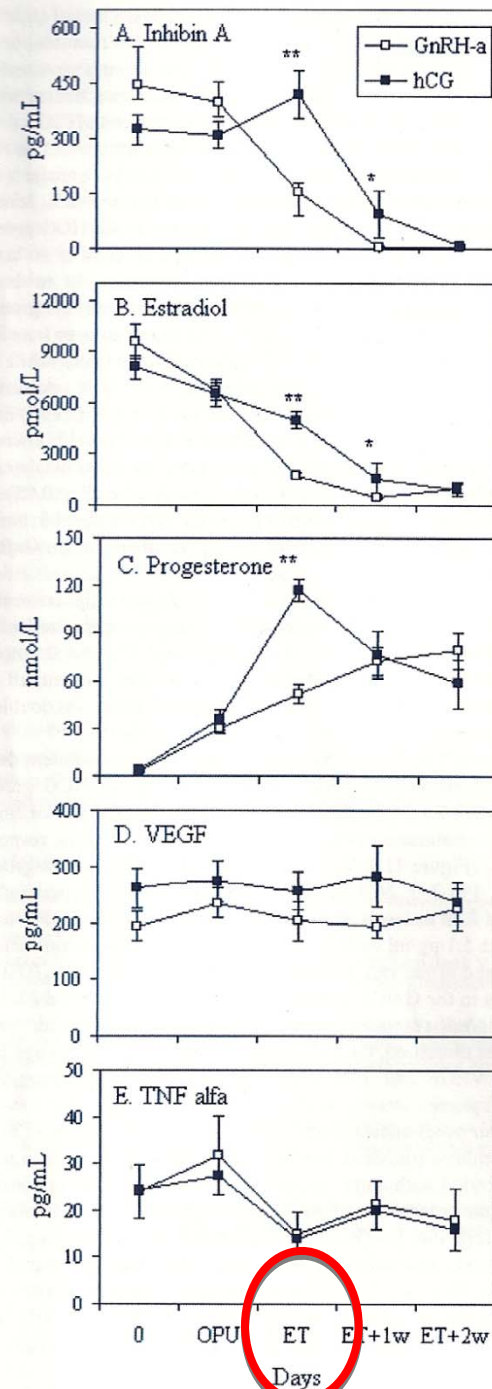
**Inhibin A ↓**

**Estradiol ↓**

**Progesterone ↓**

**VEGF ≈**

**TNF alpha ≈**



# Hcg versus GnRH agonist

- Causes rise in intrafollicular P4 (*Yding Andersen et al 1993*)
- Development of multiple corpora lutea
- Supraphysiological estradiol and progesterone synthesis
- hCG increase LH activity but does not reconstitute the midcycle physiologic FSH surge.
- Higher luteal phase levels of E2 and P induced by supraphysiological hCG concentrations

# GnRH agonist versus hCG

- More physiological mid-cycle dynamics, but still different from rec LH.
- Similar oocyte and embryo quality
- A more physiological luteal phase, but impacted more severely by ovarian stimulation
- So remove ovarian stimulation and then.....?

# Cryopreserved-thawed human embryo transfer: spontaneous natural cycle is superior to human chorionic gonadotropin–induced natural cycle

Human Mousavi Fatemi, M.D., Ph.D.,<sup>a</sup> Dimitra Kyrou, M.D.,<sup>a</sup> Claire Bourgain, M.D., Ph.D.,<sup>b</sup> Etienne Van den Abbeel, Ph.D.,<sup>c</sup> Georg Griesinger, M.D., Ph.D.,<sup>d</sup> and Paul Devroey, M.D., Ph.D.<sup>a</sup>

	Spontaneous LH (n = 61)	hCG group (n = 63)	P value
Day 3			
FSH (IU/L)	7.3 ± 1.7	7.4 ± 4.9	NS
LH (IU/L)	5.1 ± 1.9	4.7 ± 1.3	NS
E <sub>2</sub> (pg/mL)	41.7 ± 18.6	39 ± 14.4	NS
P (ng/mL)	0.6 ± 0.3	0.7 ± 0.4	NS
Day of hCG administration/LH rise			
FSH (IU/L)	9.9 ± 5	7 ± 4.1	NS
LH (IU/L)	34.6 ± 18.3	17.5 ± 16.7	.001
E <sub>2</sub> (pg/mL)	275.4 ± 121.3	252.7 ± 91.3	NS
P (ng/mL)	0.93 ± 0.45	0.91 ± 1.6	NS

Note: Data are given as mean ± SD. NS = not significant.

## Treatment outcomes in spontaneous LH and hCG group.

	Spontaneous LH (n = 61)	hCG group (n = 63)	Difference, % (95% CI)	P value
Ongoing pregnancy rate–ET (%)	31.1 (19)	14.3 (9)	16.9 (2.1–30.9)	.025
Miscarriage rate–ET (%)	0 (0)	3.2 (2)	–3.2 (–10.9 to 3.2)	NS
Biochemical rate–ET (%)	3.3 (2)	3.2 (2)	0.1 (–7.9 to 8.3)	NS
Positive hCG–ET(%)	34.4 (21)	20.6 (13)	13.8 (–1.9 to 28.7)	NS

Note: CI = confidence interval; NS = not significant.

Fatemi. Natural cycle vs. hCG induced for frozen ET. *Fertil Steril* 2010.

FOCUS ON  
**Reproduction**

EUROPEAN SOCIETY OF HUMAN REPRODUCTION AND EMBRYOLOGY



- ESHRE news
- ART and stem cells
- Can ART halt Europe's population fall?



# ESHRE Campus

Winchester, UK

May 13-14 2011

UNIVERSITY OF  
**Southampton**  
School of Medicine

‘The embryo as a patient’

