



Age Related Fertility Preservation: Experience at the Reproductive Medicine Service, Hospital Universitari Dexeus (2009-2017)

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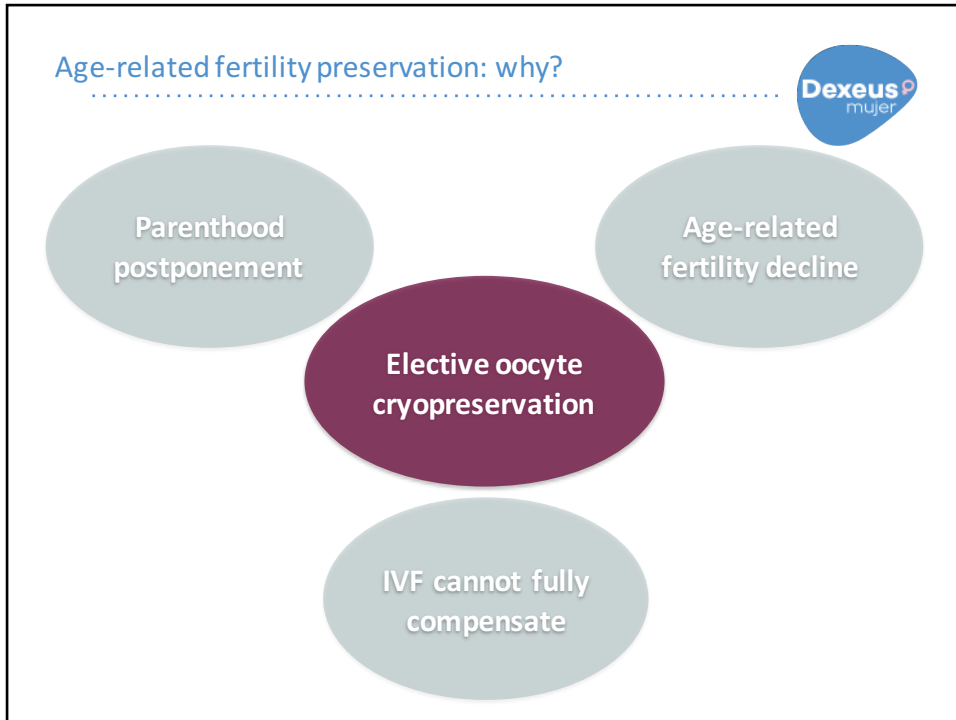
Age-related fertility preservation: why?



Parenthood
postponement

Age-related
fertility decline

IVF cannot fully
compensate



Age-related fertility preservation: why?

This block contains a list of factors and a diagram element. On the left is a dark grey oval labeled "Parenthood postponement". To its right is a white box with a dark border containing the text "Parenthood: personal preference". Below these are three lines of text: "Oral contraceptives", "Education and labour force participation", and "Unstable, multiple relationships; difficulties in finding a partner". At the bottom is the citation "Mills et al, 2011; Miller et al, 2011". A blue "Dexeus mujer" logo is in the top right corner.

Oral contraceptives

Education and labour force participation

Unstable, multiple relationships; difficulties in finding a partner

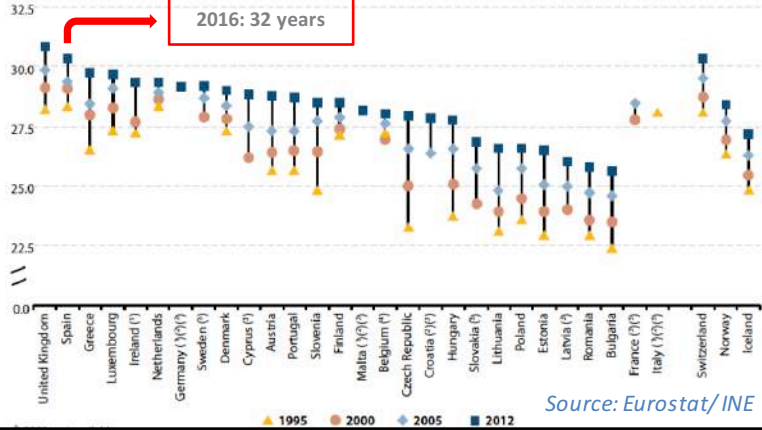
Mills et al, 2011; Miller et al, 2011

Age-related fertility preservation: why?



Parenthood postponement

Figure 10: Mean age of women at birth of first child, 1995, 2000, 2005 and 2012 (years)

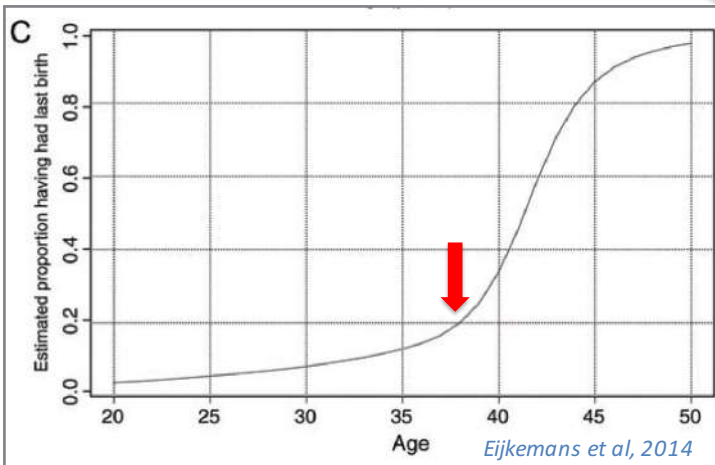


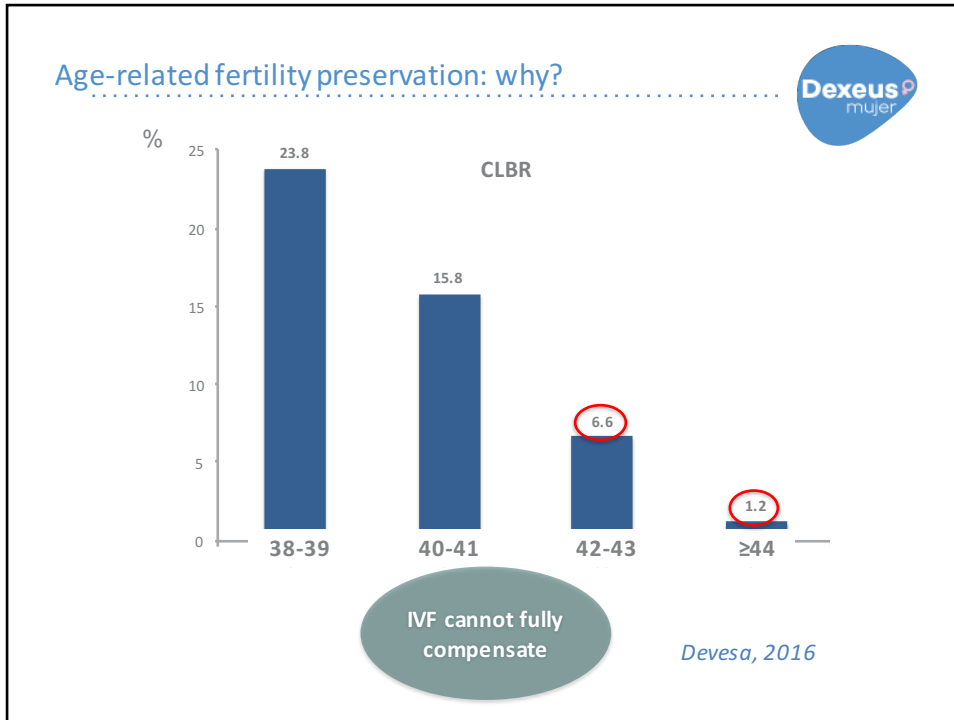
Age-related fertility preservation: why?



Universal pattern of age-related fertility decline

Age-related fertility decline





Age-related fertility preservation: why?

Table 1 Maximum female age (years) at which couples should start building a 1-, 2- or 3-child family, for a 50, 75 and 90% chance of realizing the desired family size, with and without IVF.

Chance of realization	1-child family	2-child family	3-child family
Without IVF			
50%	41	38	35
75%	37	34	31
90%	32	27	23
With IVF			
50%	42	39	36
75%	39	35	33
90%	35	31	28

IVF cannot fully compensate

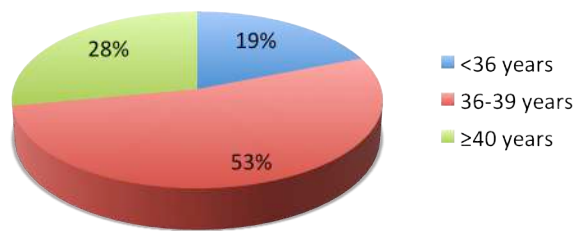
Habbema et al, 2015

Experience at the Reproductive Medicine Service, Hospital Universitari
Dexeus (2009-2017)



Hospital Universitari Dexeus:

- 246 patients (267 cycles)
- mean age: 37.8 ± 2.7 years



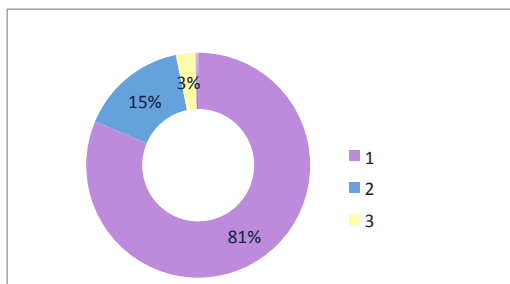
Age related FP	N=267
Age	37.8 ± 2.7
AFC (n)	13.31 ± 6.14
FSH (mIU/ml)	6.92 ± 1.89
AMH (ng/ml)	2.12 ± 1.88
Gn dose (IU)	2572 ± 882
Ovarian stimulation (days)	9.86 ± 1.80
E2 at hCG day (pg/ml)	2292 ± 1029
Oocytes retrieved (n)	12.36 ± 7.18
MII (n)	10.18 ± 5.86



Experience at the Reproductive Medicine Service, Hospital Universitari
Dexus (2009-2017)



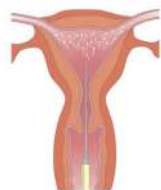
Number of * cycles	N=246
1	200
2	38
3	7
4	1



Experience at the Reproductive Medicine Service, Hospital Universitari
Dexus (2009-2017)



17 spontaneous



3 IUI cycles, donor sperm
(1 LB)

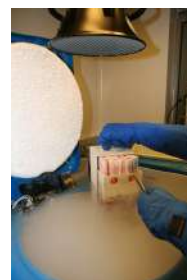


15 IVF cycles, donor sperm
(3 LB)



1 patient

Dexus
8 years follow-up



27 patients

Experience at the Reproductive Medicine Service, Hospital Universitari
Dexeus (2009-2017)



Warming cycles (Dexeus Women's Health)	
No. of cycles	27
Mean age at vitrification (years)	38.8 ± 2
Mean storage time (months)	21 ± 14
Oocyte survival rate	82%
Mean n of thawed oocytes	10.3
Mean n of inseminated oocytes	8.56
Sperm source: Partner/ Donor	16/11
Mean n of fertilized oocytes	6.26

Experience at the Reproductive Medicine Service, Hospital Universitari
Dexeus (2009-2017)



Warming cycles (Dexeus Women's Health)	
Mean n of embryos transferred	1.5
Pregnancy rate/warming cycle	48.1%(13/27)
-Live Birth	61.5% (8/13)
-Ongoing pregnancies	2
-Miscarriage rate	23.1% (3/13)
Patients cryopreserving embryos	16 (59.3)
No of cryotransfers	7
No of pregnancies	6
Cumulative pregnancy rate	66.7%

Experience at the Reproductive Medicine Service, Hospital Universitari
Dexeus (2009-2017)



- Low percentage of patients using cryopreserved oocytes in the studied period. (11%)
- Patients should cryopreserve oocytes at younger ages.
- Adequate cumulative pregnancy rates



*Yesterday, today
and forever*



Muchas gracias por su atención

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Quirónsalud



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