

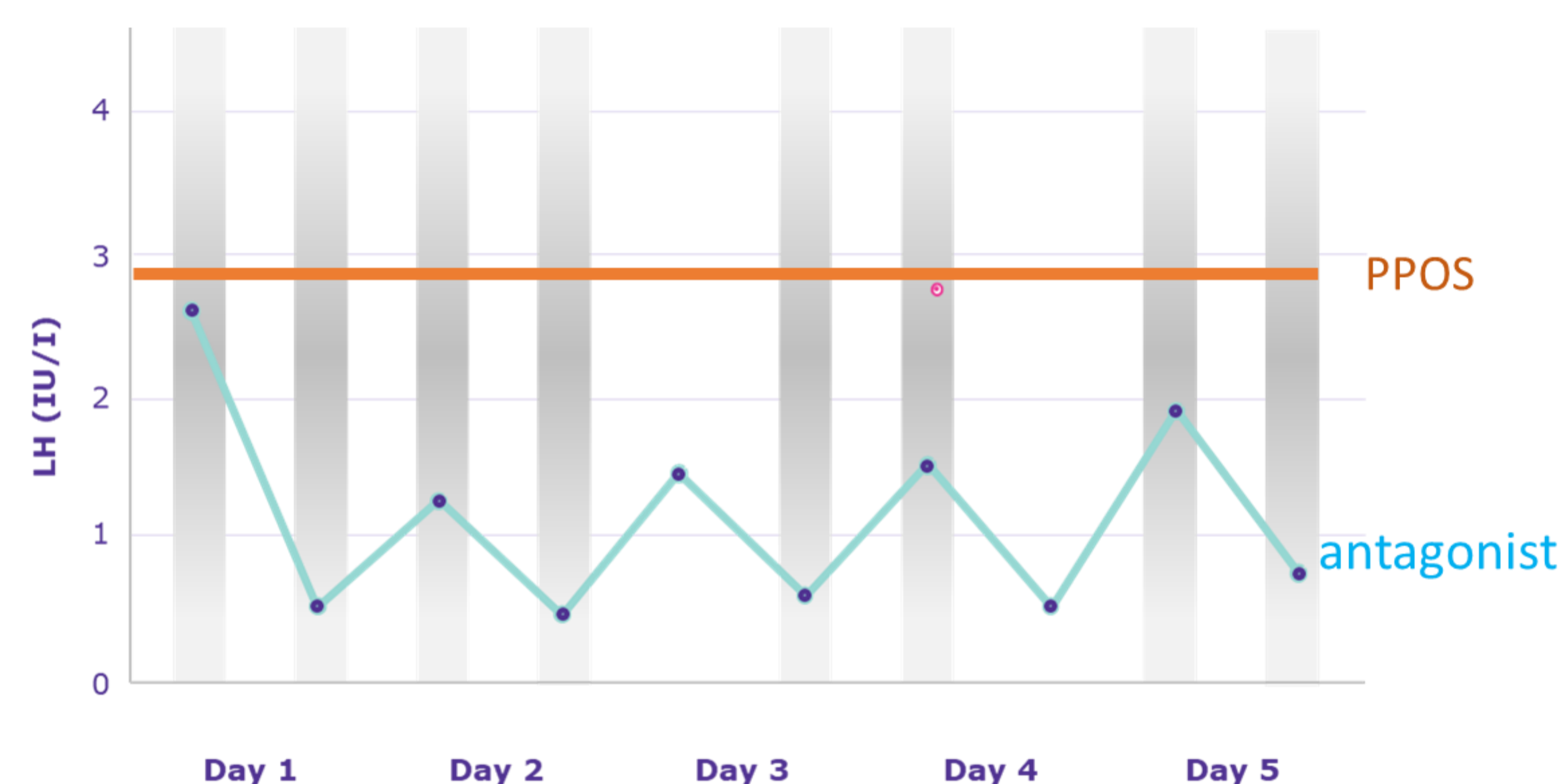
Progestin primed ovarian stimulation (PPOS) for fertility preservation patients: Effective and patient-friendly option

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Introduction: PPOS became a popular option for ovarian stimulation for "freeze all" cycles, most notably in fertility preservation patients. Recent review (Ata B, Kalafat E. Reprod Biomed Online, February 2024) concluded that oocytes collected in PPOS cycles have similar developmental potential, including blastocyst euploidy rates. Furthermore, frozen embryo transfer outcomes of PPOS and GnRH analogue cycles seem to be similar in terms of both ongoing pregnancy and live birth rates, and favorable obstetric and perinatal outcomes.

Purpose: To summarize the outcome of PPOS cycles performed for fertility preservation patients, and to focus on the endocrinology during ovarian stimulation in those patients

Results: Seventy-six fertility preservation patients underwent 108 ovarian stimulation cycles with the PPOS protocol. Dyrogesterone (Duphaston) and Follitropin- α (Gonal-F) were used during stimulation, final oocyte maturation was triggered with triptorelin (Decapptyl) 0.2 mg. Out of the 971 oocytes retrieved, 791 (81%) were MII, suitable for freezing. Ovarian stimulation endocrinology was characterized with steadily increasing estradiol, stable LH levels within the physiologic range, and no premature rise in progesterone.



Conclusion: PPOS is a cost-effective, patient friendly ovarian stimulation protocol that yields excellent oocyte maturation rate.