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OBJECTIVE

Progestin-primed ovarian stimulation (PPOS) has emerged as a promising alternative to conventional GnRH-antagonist protocols for preventing premature LH surge and ovulation. The PPOS protocol offers advantages such as oral administration and lower costs. However, there are ongoing concerns regarding its potential impact on oocyte biology and quality. The aim of this study was to investigate whether PPOS maintains oocyte quality, as assessed by MAGENTA™, and achieves reproductive outcomes comparable to conventional GnRH-antagonist protocols in ICSI cycle.

METHOD

Retrospective Cohort Study

Jan 2020 – May 2024

Oocyte images captured pre-ICSI

MAGENTA™ Score (MS: from 0-10)

PPOS :
434 cycles
2,688 oocytes

Vs.

GnRH-antagonist:
1432 cycles
9,046 oocytes

Evaluated Parameters

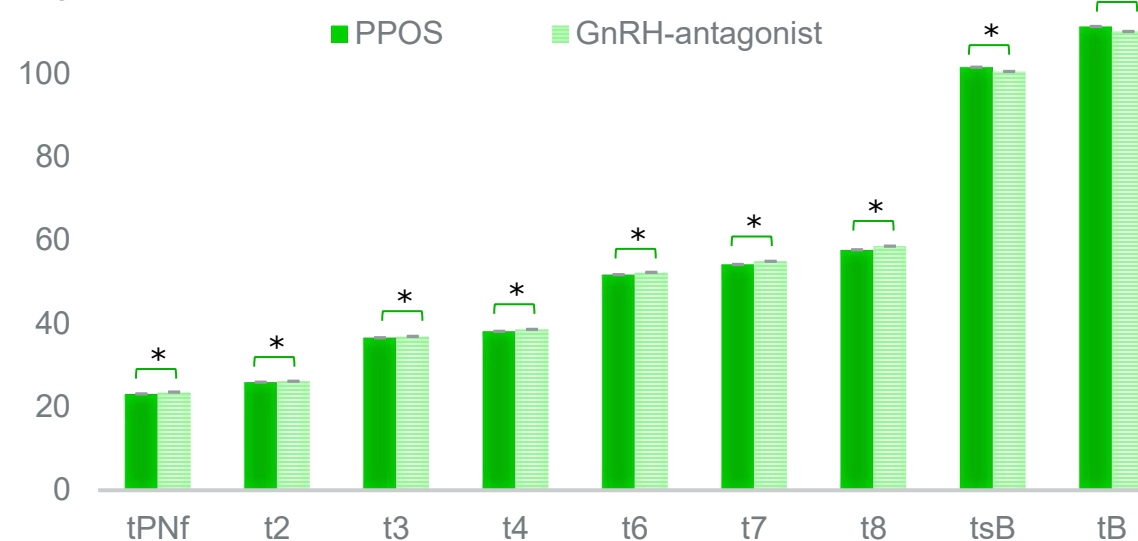
- Magenta Score
- KIDScore-D5
- Embryo kinetics
- Laboratory and clinical outcomes

CONCLUSION

Although PPOS is associated with slower final embryo development, it preserves AI-assessed oocyte quality comparable to GnRH-antagonist, achieves similar clinical outcomes, and reduces miscarriage rates

RESULTS

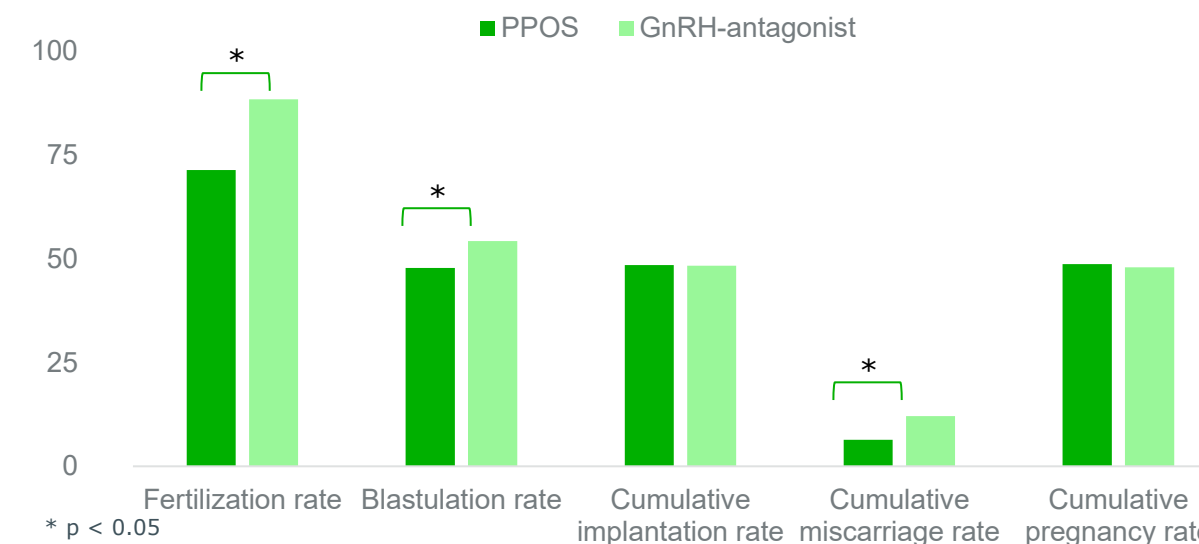
EMBRYO MORPHOKINETICS PARAMETERS



	S1	S2	S3	CC2
PPOS	1.96 ± 0.087	1.12 ± 0.120	6.21 ± 0.320	7.82 ± 0.20
GnRH-antagonist	2.22 ± 0.030*	1.42 ± 0.040*	7.22 ± 0.110*	8.68 ± 0.07*

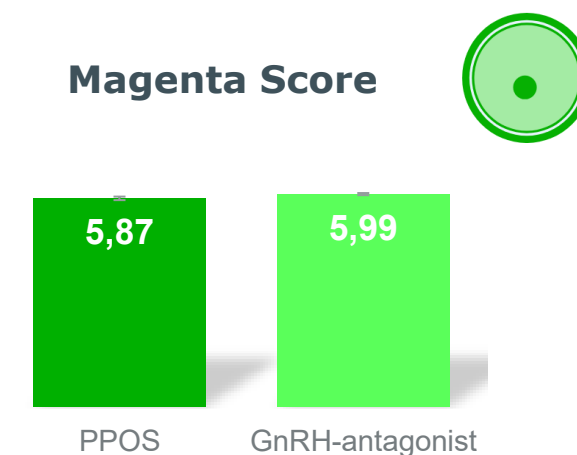
* p < 0.05

LABORATORY AND CLINICAL OUTCOMES

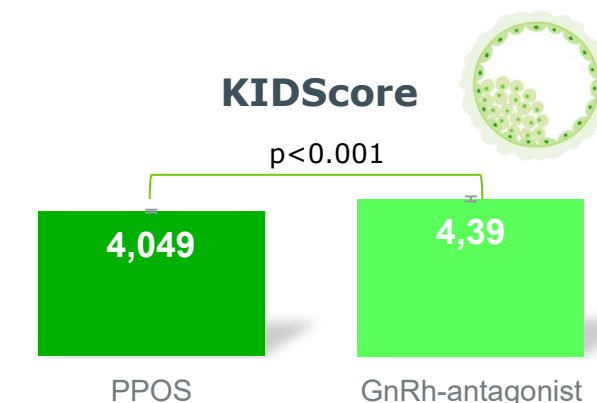


* p < 0.05

Magenta Score



KIDScore



p < 0.001