

RESULTS: Among the 87 patients, 24 became pregnant (group 1) whereas 62 failed to conceive (group 2) after the third IVF. EPCRs in infertile patients (N=87) was about 141 ± 107 ng/ml. mean EPCRs in group 1 (n= 24) was about 102 ± 32 ng/ml while it was about 156 ± 121 ng/ml in group 2 (n=62). In healthy women (group 3; n=41) the mean value of EPCRs is 94 ± 62 ng/ml. The difference is statistically significant between the two infertile groups ($p < 0.018$), between infertile who conceived after IVF and women who conceived spontaneously ($p < .0007$) and between women who did not conceive and women who conceived spontaneously ($p < .00001$). IVF failure risk calculated for a EPCRs upper 200 ng/ml is near 5.7 with IC 95% [1.2 – 22.6].

CONCLUSIONS: EPCRs is statistically more elevated in patients who experience IVF embryo implantation failure. This study need more patients to improve those results and identify mechanisms associated with EPCR and in embryo implantation.

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IMPLANTATION RATE AS A PREDICTIVE FACTOR FOR PREGNANCY OUTCOME: REVIEW OF 3511 CONSECUTIVE ICSI PREGNANCIES. R. Mansour, O. Kamal, H. Al-Inany, G. Seror, M. Aboulghar. Egyptian IVF-ET, Cairo, Egypt.

OBJECTIVE: Implantation rate is correlated with embryo quality and endometrial receptivity. The aim of this work is to study the correlation of implantation rate and pregnancy outcome in ICSI pregnancies.

DESIGN: Retrospective cohort analysis.

MATERIALS AND METHODS: All ICSI pregnancies in a tertiary IVF center for the years 2003, 2004, 2005. Correlation of the number of gestational sacs at the first ultrasound at 7 weeks gestation and the abortion rates and live births was done.

RESULTS: 3511 pregnancies were studied. At the first US at 7 weeks gestation, 3245 (92.4%) were viable intrauterine pregnancies, 145 (4%) were chemical pregnancies and 121 (3%) were ectopic pregnancies. Out of the 3245 intrauterine clinical pregnancies, 207 (6%) were lost to follow up, 564 (17%) ended as miscarriage ≤ 20 weeks gestation, and 2474 (76%) were ongoing >20 weeks gestation, and were followed up to delivery. Details of pregnancy outcome in relation to the number of sacs are shown in the table.

TABLE 1. Descriptive analysis of 3511 ICSI pregnancies in relation to pregnancy outcome

Number of cases	Abortion	20-27ws	28-32ws	33-36ws	37-41ws	42+
Single (1879)	452*(24%)	53 (2.8%)	36 (1.9%)	277 (14.7%)	# 1030 (54.8%)	8
Twins (812)	86*(10.6%)	34 (4%)	34 (4%)	55 (6.7%)	# 354 (43.6%)	1
Triplet (314)	26^(8%)	12 (3.8%)	32 (10%)	104 (33%)	135+(43%)	1
Quadruplet (33)	0	4 (12.1%)	8 (24.2%)	15 (45.5%)	6 (18.2%)	0

*O.R = 2.67 [95% CI 2.08 to 3.42]; #O.R= 0.63 [95% CI 0.53 to 0.75]; ^ O.R = 3.21 [95% CI 2.12 to 4.84]; +Odds Ratio = 1.34 [95% CI 1.09 to 1.66].

Multiple pregnancy rate is 26.7% twins and 10% triplets. Out of the 314 triplet pregnancies fetal reduction to twins was performed for 257 cases. The abortion rate was significantly higher in singleton (24%) as compared to twins and triplets (8%). The live birth rate of at least one baby per delivery from the time of first US at 7 weeks of gestation was 72% in singleton, 84% in twins and 90% in triplets. Take home baby rate was 71% in singleton, 82.7% in twins, 81.8 % in triplet.

CONCLUSIONS: The implantation rate is a strong predictor of the pregnancy outcome.

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THE USE OF A SINGLE DOSE OF CHORIOGONADOTROPIN ALFA 6500 IU IMPROVES RESULTS IN THE OOCYTE DONATION PROGRAMME. J. Landeras Gutierrez, M. Nicolas Arnao, P. Albero Martinez, L. Fernandez Olmedilla, B. Amorochio Llanos, D. Lopez Castrillón. IVI Murcia, Murcia, Spain.

OBJECTIVE: To study if the use of a single dose of Choriogonadotropin Alfa used subcutaneously on the first day of therapy with progesterone in oo-

cyte donation procedures is associated with an improved implantation and gestation rate.

DESIGN: A prospective randomised controlled trial in patients undergoing substitution treatment with oestrogen and progesterone for embryo transfer within an oocyte donation procedure.

MATERIALS AND METHODS: The oocyte donation programme patients were recruited between 04/05/05 and 12/03/08 and were randomly assigned to two groups: Group 1: one dose of Choriogonadotropin Alfa 6500 IU was administered subcutaneously on the first day of treatment with progesterone. Group 2: nothing was administered.

RESULTS: The groups were homogenous as regards clinical indications, average patient age and the number of transferred embryos per cycle. Group 1: a total of 206 transfers and a total of 390 embryos transferred; we obtained a gestation rate (excluding biochemistry) of 54.37% and an implantation rate of 36%. Group 2: a total of 170 transfers and a total of 330 embryos transferred; we obtained a gestation rate (excluding biochemistry) of 35.80% and an implantation rate of 28.75%. The differences between both groups are statistically significant both for gestation rates ($p < 0.05$) and for implantation rates ($p < 0.05$).

CONCLUSIONS: In the light of the results, an improved gestation and implantation rate can be observed which would favour the use of Choriogonadotropin Alfa 6500 IU subcutaneously on the first day of treatment with progesterone. Taking into account the homogenous embryo quality, the effect of HCG administration appears to have a positive effect on endometrial receptivity, which is concordant with the literature.

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INDIAN ETHNICITY IS ASSOCIATED WITH DECREASED LIVE BIRTH RATE AFTER BLASTOCYST TRANSFER. L. K. Shahine, R. B. Lathi, E. S. Langen, A. A. Milki, K. Beaver, L. M. Westphal. Reproductive Endocrinology and Infertility, Stanford University, Stanford, CA; Obstetrics and Gynecology, Stanford University, Stanford, CA.

OBJECTIVE: Previous research has shown lower live birth rate (LBR) after in vitro fertilization (IVF) in Indian women compared to Caucasians. The cause of this discrepancy is unclear; however, IVF success rates are closely tied to oocyte number and embryo quality. The objective of this study was to compare LBR of Indian patients to Caucasians after blastocyst transfer (BT) in order to limit the influence of embryo quality.

DESIGN: Retrospective review in university center.

MATERIALS AND METHODS: Data were collected for all fresh, non-donor BT cycles in Indian and Caucasian women in 2005-2006 at our center. Ethnicity was determined by patients' response to a questionnaire and mixed ethnicity was excluded. Blastocyst culture is offered to patients with 4 or more 8 cell embryos on Day 3. Statistical analysis includes Chi square and student t test.

RESULTS: A total of 202 patients (167 cycles) met inclusion criteria: 131 Caucasians and 71 Indians. The groups were similar in obstetric history, BMI, CD3 FSH, number of previous IVF cycles, history of endometriosis, endometrial thickness, and use of ICSI. Indians were more likely to have PCOS (38% vs. 12%, $P=0.001$) and have male factor (41% vs. 23%, $P=0.03$) however the LBR did not differ based on these characteristics or use of ICSI. Clinical pregnancy rate and LBR per cycle were significantly lower in Indians compared to Caucasians.

TABLE 1. Ethnicity and Outcome after Blastocyst Transfer

Variable	Caucasian (N=131)	Indian (N=71)	P-value
Age	36.61 ± 3.93	34.20 ± 4.11	0.01
CD3 FSH	6.4 ± 2.1	6.3 ± 1.9	
Oocytes	16.9 ± 6.1	16.7 ± 5.6	
Fertilization rate	69%	67%	
8 cell embryos	6.0 ± 2.9	5.8 ± 2.5	
Blastocyst formation rate (blasts/2PN)	38%	40%	
Embryos transferred	2.0 ± 0.7	1.9 ± 0.7	
Embryos Frozen	2.8 ± 2.8	3.3 ± 3.2	
Implantation rate	41%	27%	0.02
CPR	55%	35%	0.007
LBR	43%	23%	0.004

Only $P < 0.05$ listed.