

The efficacy of GnRH antagonists in cycles with mild ovarian hyperstimulation with recFSH in an intrauterine insemination program. A randomised placebo-controlled double-blinded investigator initiated study.

Submission date 09/01/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 09/01/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 25/08/2009	Condition category Urological and Genital Diseases	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

NTR497

Study information

Scientific Title

Acronym

IUI study IMP 26162

Study objectives

We hypothesize that the use of a GnRH-antagonist in cycles with Mild Ovarian Hyperstimulation (MOH) combined with Intrauterine insemination (IUI) programs significantly improves live birth rates compared with MOH and a placebo.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from local medical ethics committee

Study design

Multicentre randomised double blind placebo controlled parallel group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Intrauterine Insemination (IUI), Infertility, Subfertility

Interventions

The research group of patients will consist of two arms:

One group will receive ovarian stimulation with recFSH combined with placebo (the recFSH group).

One group will receive recFSH combined with a GnRH-antagonist (the recFSH-anta group).

Both ovarian stimulation protocols will be followed by intrauterine insemination.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Live birth rate per couple

Key secondary outcome(s))

1. Total costs and cost-effectiveness
2. Ongoing (>12 weeks amenorrhoea) pregnancy rate per cycle commenced
3. Miscarriages (Preclinical miscarriage: spontaneous cessation of a biochemical pregnancy. Early miscarriage: any spontaneous abortion occurring after confirmation of clinical pregnancy and before completed 12 weeks of gestation. Late miscarriage: any spontaneous abortion occurring between completed 12 weeks of gestation and 16 completed weeks of gestation.) and ectopic pregnancies
4. Cumulative ongoing pregnancy rates per couple
5. Multiple births including the chorionicity
6. The occurrence of an LH surge or premature luteinization
7. Response of the ovaries to stimulation (number of follicles on day of Ovitrelle administration, speed of development, length of stimulation, quantities of medication used, etc.)

Completion date

14/11/2007

Eligibility

Key inclusion criteria

Primary and secondary subfertile patients between 18 and 35 years of age with a diagnosis of unexplained or mild male infertility will be included.

Definition of unexplained subfertility:

1. Normozoospermia using the guidelines of the WHO
2. Patent Fallopian tubes (both ovaries should be in situ)
3. Cycles varying between 24 and 35 days with an indication of ovulation
4. No abnormalities at laparoscopy and/or hysterosalpingography

Information from the post-coital test when performed will only be used for a prognostic model and not as an exclusion criterion.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

35 years

Sex

Female

Key exclusion criteria

1. Age of the woman <18 or >35 years
2. Duration of subfertility below 2 years
3. Manifest pathology of the Fallopian tubes
4. Severe forms of endometriosis (when laparoscopy has been performed: >AFS II)
5. An average total number of motile spermatozoa during semen analysis (performed twice in case of abnormal findings) below 10 million
6. Cycle disturbances (where otherwise ovulation induction would be used)
7. Previous IUI or IVF/ICSI treatment
8. If an initial ultrasound shows an image of a cyst that is larger than 25 mm treatment will be postponed for 1 month. Persistence of a cyst is a reason for exclusion.
9. Contraindications for recFSH (Gonal-F), rec-hCG (Ovitrelle) and Cetrotide

Date of first enrolment

15/11/2005

Date of final enrolment

14/11/2007

Locations

Countries of recruitment

Netherlands

Study participating centre

Isala Clinics Zwolle, location Sophia

Zwolle

Netherlands

8000 GK

Sponsor information

Organisation

Isala Clinics, Sophia (Isala Klinieken Locatie Sophia) (Netherlands)

ROR

<https://ror.org/046a2wj10>

Funder(s)

Funder type

Research council

Funder Name

Reproductive Medicine Research and Education Foundation (Stichting Onderzoek en Onderwijs Voortplantingsgeneeskunde Zwolle [SOOVZ]) (Netherlands)

Funder Name

Serono Benelux B.V. (Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration