

# Follicle diameter study: timing of human chorionic gonadotropin administration according to predetermined criteria of follicular size

<b>Submission date</b> 08/02/2007	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 08/02/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 15/08/2011	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Study website

<http://www.studies-obsgyn.nl>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

**ClinicalTrials.gov number**

**Secondary identifying numbers**

N/A

## **Study information**

**Scientific Title**

### **Study objectives**

To assess whether delayed administration of human Chorionic Gonadotropin (hCG) for controlled ovarian hyperstimulation for In Vitro Fertilisation (IVF) and embryo transfer leads to an increased advanced stage of endometrium, and prolonged exposure to high levels of estradiol which may result in a lower pregnancy rate.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approval received from the Ethics Board of the Academic Medical Center, Amsterdam, on the 20th July 2005 (ref: MEC 05/161 #05.17.1237).

### **Study design**

Randomised, active-controlled, parallel group, multicentre trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Not specified

### **Study type(s)**

Treatment

### **Participant information sheet**

### **Health condition(s) or problem(s) studied**

In Vitro Fertilisation (IVF), timing of human Chorionic Gonadotropin (hCG) administration, follicle size

### **Interventions**

hCG administration for follicular maturation when the dominant follicle measures 18 mm compared to hCG administration for follicular maturation when the dominant follicle measures 22 mm.

### **Intervention Type**

Drug

**Phase**

Not Specified

**Drug/device/biological/vaccine name(s)**

Human Chorionic Gonadotropin (hCG)

**Primary outcome measure**

Ongoing pregnancy rate, defined as a positive foetal heartbeat by ultrasound at ten weeks after oocyte retrieval.

**Secondary outcome measures**

1. Endometrium thickness, three-layer aspect
2. Total days of controlled hyper stimulation
3. Total amount of recombinant FSH (rFSH) used
4. Total number of retrieved oocytes
5. Number of score one oocytes (IVF only)
6. Number of metaphase two oocytes (ICSI only)
7. Fertilisation rate
8. Number and quality of embryos
9. Pronuclear morphology
10. Presence of early cleavage
11. Daily morphological quality of embryos until transfer
12. Number of embryos suited for cryo-preservation
13. Ovarian Hyper-Stimulation Syndrome (OHSS)/discontinuation due a high risk of OHSS
14. Biochemical and clinical pregnancy rates, defined as a increase in serum hCG or a positive pregnancy test and positive heartbeat by ultrasound at seven weeks after oocyte retrieval, respectively

**Overall study start date**

01/04/2006

**Completion date**

01/04/2008

## **Eligibility**

**Key inclusion criteria**

1. Age between 18 and 42 and 11 months
2. Valid indication for IVF or Intra-Cytoplasmic Sperm Injection (ICSI)
3. Undergoing their first or second IVF/ICSI attempt
4. Normal Follicle-Stimulating Hormone (FSH) levels (less than 15)
5. Antral follicle count more than five for women between 40 and 43

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Not Specified

**Target number of participants**

400

**Key exclusion criteria**

1. Endocrinopathological disease as: Poly-Cystic Ovarian Syndrome (PCOS), cushing syndrome, adrenal hyperplasia, hyperprolactinaemia, acromegaly, hypothalamic amenorrhoea, hypothyroidy, diabetes mellitus type one
2. Premature ovarian failure defined as a FSH level on cycle-day three of more than or equal to 15 IU at the age of 40
3. Low responders defined as follicle growth of less than three follicles during controlled ovarian hyperstimulation (including the dominant follicle)

**Date of first enrolment**

01/04/2006

**Date of final enrolment**

01/04/2008

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Academic Medical Centre

Amsterdam

Netherlands

1100 DE

**Sponsor information****Organisation**

Academic Medical Centre (AMC) (The Netherlands)

**Sponsor details**

Center For Reproductive Medicine

P.O. Box 22660

Amsterdam  
Netherlands  
1100 DD

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.amc.uva.nl/#http://www.amc.uva.nl/>

**ROR**

<https://ror.org/03t4gr691>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Organon (The Netherlands)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/05/2011		Yes	No