formulations: A = norethindrone acetate 1 mg/20 μg ethinyl estradiol (EE); B = levonorgestrel 100 μg/20 μg EE; C = desogestrel 150 μg/30 μg EE; D = levonorgestrel 150 μg/30 μg EE; E = norgestimate 250 μg/35 μg EE; F = norethindrone 1 mg/35 μg EE. Blood samples were obtained daily during the seven day PFI of the third consecutive months of OC use. Serum follicle-stimulating hormone (FSH), luteinizing hormone (LH), estradiol (E2), progesterone (P), activin-A, inhibin-A, and inhibin-B were quantified by specific immunoassays. Data were analyzed by repeated measures ANOVA and Student’s t-test.

Results: The P and inhibin-A levels remained suppressed during the PFI with all six formulations. At baseline (day 1 of PFI), formulations A and B were associated with statistically significantly higher levels of FSH and LH than formulations C, D, E, or F; subjects taking formulation A had higher baseline E2 levels than the other five OC formulations; there were no differences in levels of inhibin-B among the six formulations of OC’s. Subjects taking formulation D had LH levels suppressed throughout the PFI. FSH and inhibin B levels reached a plateau in all cases by days 4 and 5, respectively.

P-443
Step Up Compared with High Fixed Dose Gonadotropin Administration Protocols for Controlled Ovarian Stimulation in Obese Patients Without Polycystic Ovaries: Prospective Randomized Study.

Step-Up Compared With High Fixed Dose Gonadotropin Administration Protocols in Obese Patients (BMI > 30) Produces a Variety of Alterations in the Reproductive Systems in Human. This study examined the follicular growth, embryology and clinical outcome in step up compared with high fixed dose gonadotropin administration protocols in obese patients (BMI > 30) without polycystic ovaries (PCO).

Materials and Methods: All patients receiving recombinant gonadotropin (FSH) therapy combined with intrauterine insemination (IUI) from January, 1998, through May, 1999, were included for analysis. Eighty-nine patients received at least 2 cycles of treatment with recombinant FSH (Gonal-F, Serono Laboratories) and thirty-three patients received at least 3 cycles of therapy. Patients were monitored with serial transvaginal sonograms and serum estradiol (E2) levels. Human chorionic gonadotropin (hCG) was administered when at least one follicle exceeded 19 mm in average diameter, and IUIs were performed on the subsequent 2 days following hCG. Both demographic and outcome parameters were assessed using ANOVA and paired t tests where appropriate.

Results: A comparison of cycle outcome parameters is listed below.

<table>
<thead>
<tr>
<th>Days of stim</th>
<th>Tot dose</th>
<th># Foll &gt; 18</th>
<th># Foll &gt; 14</th>
<th>E2 @ hCG</th>
<th>Lut (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle 1</td>
<td>6.8</td>
<td>1471.8</td>
<td>19.6</td>
<td>3.7</td>
<td>920.4</td>
</tr>
<tr>
<td>Cycle 2</td>
<td>9.0</td>
<td>1728.4</td>
<td>23.0</td>
<td>2.24</td>
<td>43</td>
</tr>
<tr>
<td>Cycle 3</td>
<td>8.8</td>
<td>1877.3</td>
<td>25.0</td>
<td>2.09</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Statistically significant differences were observed in terms of total dose of gonadotropin required, total # of ampules administered, and number of follicles >14 mm on the day of hCG administration. There were also trends toward differences in number of follicles ≥18 mm, peak E2 level and luteal phase length.

Conclusion: Significant cycle to cycle variability is present in patients treated with recombinant gonadotropins. In light of the significant purity and consistency present in these products, the intercycle variability observed in patients stimulated with repeated cycles of gonadotropins appears more likely to be due to intrinsic factors, rather than to gonadotropin variability.

IMAGING
Wednesday, October 25, 2000

P-445
Sonohysterography (SHG): A Prospective Study to Determine Patient Acceptability of SHG Over Hysterosalpingography (HSG) in the Assessment of Uterine Structural Abnormalities and Tubal Patency.

G. S.