

quality (n=78), were more likely to be euploid than non-freeze quality blastocysts (n=369) (64.1% vs., 43.0%, respectively; P<0.01). Transfer of a freeze quality blastocysts resulted in higher implantation rates (94.1% vs., 60.0%, respectively; P=0.06) but not in higher ongoing pregnancy rates (64.7% vs. 51.4%, respectively; P = 0.11). Trophoblast-quality grades were significantly and directly correlated to the euploidy rate (P<0.01). ICM-quality grades trended towards a similar effect on the euploidy rate (P = 0.08). The letter-specific trophoblast- and ICM-quality grades did not have an effect on implantation or ongoing pregnancy rates.

CONCLUSIONS: With the increased use of PGS and the dramatic improvement in blastocyst cryosurvival after vitrification, embryos that would not have been frozen before are now routinely cryopreserved. This study suggests that a significant portion of blastocysts that would not have been considered for cryopreservation in the past are actually euploid and can now survive newer vitrification techniques. While there seems to be a positive relationship between good-quality grades and ploidy, a significant number of embryos below the traditional freeze quality grades still result in successful implantations and ongoing pregnancies.

P-659 Wednesday, October 21, 2015

THEN AND NOW: ARE PAST IVF EXPERIENCES ASSOCIATED WITH CURRENT PREFERENCES REGARDING ELECTIVE SINGLE EMBRYO TRANSFER? J. D. Kapfhamer,^a K. M. Summers,^a G. Ryan,^a E. M. Munch,^a B. Collura,^b G. D. Adamson.^c ^aUniversity of Iowa Carver College of Medicine, Iowa City, IA; ^bRESOLVE: The National Infertility Association, McLean, VA; ^cPAMF Fertility Physicians of Northern California, Saratoga, CA.

OBJECTIVE: Previous experiences with fertility treatment and pregnancy outcomes may influence the likelihood of a patient choosing elective single embryo transfer (eSET). Our objective was to investigate whether desire to undergo eSET is associated with previous IVF experiences.

DESIGN: Retrospective descriptive analysis of on-line cross-sectional survey.

MATERIALS AND METHODS: An anonymous survey regarding eSET preferences and experiences was distributed through social media over a five-week span in 2014. This study focused on survey participants who completed at least one IVF cycle with embryo(s) transferred or were planning to undergo IVF. Respondents self-selected into one of five mutually exclusive groups based on IVF treatment history and outcomes (see Results for description of these groups). Outcome variables included preference for single embryo transfer (defined as transferring one embryo when multiple were available) vs. multiple embryo transfer (MET), and potential likelihood of undergoing multifetal reduction if advised by a provider. Participants with a multiple birth were excluded, as eSET preference data were missing. Bivariate analyses were performed using chi-squared for comparison of proportions among groups. Significant associations (p<.05) were included in a subsequent logistic regression analysis.

RESULTS: 759 of 888 participants met inclusion criteria. Six percent were planning for an IVF cycle (Group 1), 16% were pregnant for the first time as a result of IVF (Group 2), 37% had completed at least 1 IVF cycle with no resulting births (Group 3), and 41% had at least one singleton birth and no multiple births from IVF (Group 4). Compared to Group 3 (no IVF births), participants in Group 4 (at least one singleton IVF birth) were more likely to prefer eSET (OR 1.67[1.06-2.64]). Participants in Group 1 (planning for IVF) would be more likely to consider multifetal reduction if recommended by a physician (OR 2.15 [1.09-4.25]) than those in Group 3 (no IVF births). No other inter-group differences were seen.

CONCLUSIONS: Patients with at least one live birth resulting from IVF may be more likely to elect eSET, possibly reflecting the increased psychological pressure of an unsuccessful IVF cycle. Patients early in infertility treatment may be most likely to consider multifetal reduction.

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ONE VS. TWO: PATIENT PERSPECTIVES ON ELECTIVE SINGLE EMBRYO TRANSFER (ESET). M. D. Werner, M. Costantini, J. M. Franasia, C. R. Juneau, T. L. Metzgar, C. V. Reda, R. T. Scott. RMA, NJ, NJ.

OBJECTIVE: To determine patients' perspectives and attitudes regarding eSET after the outcome of an embryo transfer is known. This approach gains

novel insight on patient choices in an effort to identify barriers to eSET and improve patient counseling.

DESIGN: Prospective.

MATERIALS AND METHODS: Patients ≤42 years old who had previously completed a single or double blastocyst transfer (DET) as at a single IVF center were offered participation. Data were collected via an IRB approved HIPPA compliant electronic survey.

RESULTS: Of the 774 patients contacted via email, 235 completed the survey. The mean age was 34.1±4.0 years and 92.8% had delivered in the treatment cycle. 33.2% (N=78) of patients had completed a SET and 85.9% (N=67) of these delivered a singleton. 66.8% (N=157) completed a DET: 51.6% (N=81) of delivered a singleton and 44.6% (n=70) delivered twins. There were no deliveries of monozygotic twins or triplets. 71.1% of patients would have chosen to deliver their children one at a time regardless of transfer order, and 44.3% of study participants would recommend an eSET to a friend. Finally, 64.3% (N=151) of participants replied that they would elect for Comprehensive Chromosome Screening (CCS) with SET if free of charge. Most patients preferred to deliver children one at a time, with the exception of the patients who underwent DET and delivered twins. The majority of patients who were unsuccessful as well as those delivering singletons after SET would recommend eSET to a friend, whereas only a minority of those patients successfully delivering either one or two after DET would recommend eSET. The majority of patients in all groups reported a preference for eSET with CCS if free of charge, with the lowest incidence in the group of patients who had a singleton after DET. Table 1 displays responses based on transfer order and delivery outcome.

| Patients' recommendations for eSET stratified by historical cycle outcomes:. | | | | |
|--|----------------------------------|---|---|-------------------------------------|
| | ET with no delivery (N=17) | SET delivered singleton (N=67) | DET delivered singleton (N=81) | DET delivered twins (N=70) |
| Preferred to deliver children one at a time (N;%) | 15 (88.2) | 61 (91.0) | 64 (79.0) | 27 (38.6) |
| Would recommend eSET to a friend (N;%) | 9 (52.9) | 52 (77.6) | 18 (22.2) | 25 (35.7) |
| Would choose eSET with CCS if free of charge (N;%) | 10 (58.8) | 59 (88.1) | 41 (50.6) | 41 (58.6) |

CONCLUSIONS: Patients who were successful preferred the transfer order that they originally selected. Overall patients preferred to deliver children one at a time. The majority of patients in all groups recognized the value of eSET with CCS and would choose that option if they had access to treatment free of charge. Given the impact of higher order multiples and the significant long term health consequences that may result this information may be helpful to clinicians when counseling their patients. Support: None.

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A COMPARISON OF PREGNANCY RATES OF FROZEN EMBRYO TRANSFERS OF VITRIFIED BLASTOCYSTS TO VITRIFIED EUPOID BLASTOCYSTS. A. Picou,^a A. Hellmers,^a H. Werland,^a T. G. Turner,^a K. Silverberg.^b ^aAustin IVF, Austin, TX; ^bTexas Fertility Center, Austin, TX.

OBJECTIVE: To compare the pregnancy rates of frozen (vitrified) blastocyst transfers to the transfers of vitrified euploid blastocysts.

DESIGN: Retrospective study in a private assisted reproductive technology program.

MATERIALS AND METHODS: Pregnancy rates for transfer of vitrified blastocysts were compared with those of euploid vitrified blastocysts in a total of 448 embryo transfer cycles. A total of 94 euploid embryos and 354 frozen embryo transfers (FET) were performed. All embryos were cultured in Continuous Single Culture Media (Irvine Scientific) to the blastocyst stage. The embryos were vitrified dependent on freeze quality (grade CC or higher). The embryos that underwent preimplantation genetic screening (PGS) were laser assist-hatched on day 3, then biopsied once they reached