

2nd World Congress on

Polycystic Ovarian Syndrome

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Ovulation induction options for women with polycystic ovarian syndrome

Background: Clomiphene has long been the traditional first-line treatment for women with polycystic ovary syndrome, with letrozole used infrequently in clinical practice as an alternative option.

Methods: In a double-blind, multicenter trial, 750 women with PCOS, in a 1:1 ratio, received letrozole or clomiphene for up to 5 treatment cycles, with visits to determine ovulation and pregnancy. Participants were 18 - 40 years of age, had at least one patent fallopian tube and had a male partner with at least 14 million sperm per milliliter. Women and their partners agreed to have regular intercourse with the intent of conception during the study. The primary study outcome was live birth.

Results: Women who received letrozole had more cumulative live births than those who received clomiphene (103 of 374 [27.5%] vs. 72 of 376 [19.1%], $P=0.007$; rate ratio for live birth, 1.44; 95% confidence interval, 1.10 to 1.87) without significant differences in congenital anomalies. The cumulative ovulation rate was higher with letrozole than with clomiphene (834 of 1352 treatment cycles [61.7%] vs. 688 of 1425 treatment cycles [48.3%], $P<0.001$). There were no significance between-group differences in pregnancy loss or twin pregnancy. Clomiphene was associated with a higher incidence of hot flushes, and letrozole with a higher incidence of fatigue.

Conclusions: As compared with clomiphene, letrozole was associated with higher live-birth among infertile women with polycystic ovary syndrome.

Biography

Gregory M Christman has recently joined the University of Florida to direct the Division of Reproductive Endocrinology and Infertility. He completed his medical school and residency training at the University of Wisconsin before pursuing NIH Post-doctoral Research Training in Endocrinology at the University of Michigan. He completed a Clinical Fellowship in Reproductive Endocrinology at the University of North Carolina before joining the faculty at the University of Michigan (1992-2013). He was the Principal Investigator involved in the last cycle of the NICHD Reproductive Medicine Trial Network and the Pregnancy in Polycystic Ovarian Disease II Trial.

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