

RESEARCH IN MAJOR INFERTILITY JOURNALS: A QUALITY ASSESSMENT. D. Glujovska,^a B. Riestra,^a A. Coscia,^a C. Boggino,^a A. Ciapponi,^b C. Sueldo,^a ^aReproductive Medicine, CEGYR (Centro de Estudios en Ginecología y Reproducción), Buenos Aires, Argentina; ^bCochrane South-American Branch, Instituto de Efectividad Clínica y Sanitaria/Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina.

OBJECTIVE: To evaluate the type of research of published studies in five major fertility journals.

DESIGN: Systematic review (SR).

MATERIALS AND METHODS: We selected the five journals with the highest impact factor that cover infertility. A search strategy was performed in Pubmed, identifying the meta-analyses and randomized controlled trials published in 2006-2010. We analyzed the potential number and proportion of SRs with meta-analysis and RCTs among all the retrieved studies. From potential RCTs published in 2010, we screened the actual RCTs, performed data extraction and assessed the methodological quality by pairs of independent reviewers. Discrepancies were solved by consensus.

RESULTS: Among all articles from the top-five fertility journals, 7.1% and 1.4% were potential RCTs and SRs respectively. Fertility and Sterility was the journal with more potential SRs and RCTs (mean 16.8 and 117 per year respectively) and Human Reproduction Update was the one with a trend toward increasing the number of potential SRs (from 4 to 16 per year in the last five years). Except for Human Reproduction Update (mean 12.6% per year), all the rest of the journals published a proportion of SR below 2%. In 2010, 152 out of the 169 retrieved potential RCT studies were confirmed RCTs. The most common risk of bias was related to concealment allocation, which was classified as unclear or high risk of bias in almost 50% of studies. Only 23% had a trial registration, 74% mentioned not having conflict of interest and 26% of the trials were sponsored by a pharmaceutical company.

CONCLUSION: This is the first study about methodological quality of publications in top fertility journals. More than 90% of all the publications in the top-five journals are neither SRs nor RCTs. It is remarkable that the risk of bias was generally low, although a quarter of the studies were funded by the pharmaceutical industry. We hope this information is useful to researchers, Editorial Boards and clinicians, moving forward with research in our field.

PREGNANCY OUTCOMES AFTER SINGLE EMBRYO TRANSFER LEGAL REGULATION IN A UNIVERSITY HOSPITAL. C. M. Ercan,^a O. Secilmis Kerimoglu,^b M. Sakinci,^c C. Korkmaz,^a N. K. Duru,^a A. Ergün.^a ^aObstetrics and Gynecology, Gulhane Military Medical Academy, Ankara, Merkez, Turkey; ^bObstetrics and Gynecology, Selcuk University Selcuklu Medicine Faculty, Konya, Merkez, Turkey; ^cObstetrics and Gynecology, Akdeniz University Medical Faculty, Antalya, Merkez, Turkey.

OBJECTIVE: Today multiple births are the greatest challenge of the infertility specialists in the world. To prevent high order pregnancies since 1 March 2010 Turkish government has legally limited the number of transferred embryos to one under the age of 35 and two over 35. We aimed to present our IVF pregnancy outcomes after elective single embryo transfer (eSET) policy and to demonstrate its feasibility by analysing our results.

DESIGN: Retrospective study.

MATERIALS AND METHODS: We retrospectively studied the records of all our subjects who had underwent IVF between 01 March 2010 and 31 December 2011. Descriptive statistics were shown as the number of subjects and percentages for categorical variables. Chi-square test was used for the comparison of categorical variables. A *P*-value <0.05 was accepted as significant.

RESULTS: During the 21 month study period, 353 ETs were performed in which 261 (73.9%) were SET, 244 (69.1%) were eSET, 17 (4.8%) were compulsory SET and 92 (26.1%) were double ETs (DET). The average age of SET group was 29.6±4.5 whereas DET group was 36.5±2.4. Clinical pregnancy rates (PR) per transfer were similar in SET and DET groups (41.0% (n:107) vs 43.4% (n: 40); *P*>0.05) respectively. The ongoing PR for SET group was 38.3% with 28.4% live borns (continuing pregnancies were excluded). Twin PR after SET was significantly lower than DET group respectively 2.8% (n:3) and 32.5% (n:13), *P*<0.05). Of the 261 SETs, 16 (6%) were frozen-thawed embryos in which 6 (37.5%) clinical and 5 (31.3%) ongoing pregnancies were achieved. No significant difference was recorded between

SET and DET groups in terms of their miscarriage rates (16 (6.1%) vs 6 (6.5%); *P*>0.05). Although the clinical PR per ET was (41.0% (n:107/261) in the study period, more realistically pregnancy per OPU was 36% (107/298).

CONCLUSION: SET has resulted in a comparable PR with a significantly reduced multiple PR. Moreover DET in all cases over 35 should be rechecked because of the high rate of multiple pregnancies.

PREDICTORS OF INFERTILE WOMEN OBTAINING EVALUATION AND TREATMENT. A. Y. Collier,^a K. Correia,^a P. F. B. Per Dr. La Barbera,^b J. E. Chavarro,^c J. Rich-Edwards,^d S. A. Missmer.^b ^aObstetrics and Gynecology, UCLA Medical Center, Los Angeles, CA; ^bDepartment of Obstetrics, Gynecology, and Reproductive Biology, Brigham and Women's Hospital and Harvard Medical School, Boston, MA; ^cDepartment of Nutrition, Harvard School of Public Health, Boston, MA; ^dConnors Center for Women's Health and Gender Biology, Brigham and Women's Hospital and Harvard Medical School, Boston, MA.

OBJECTIVE: Most women meeting clinical criteria for infertility do not receive treatment. Our objective was to assess what characteristics are associated with seeking an infertility evaluation and/or treatment with ovulation induction (OI).

DESIGN: Prospective cohort study of premenopausal women from the Nurses' Health Study II; 1989 through 2009.

MATERIALS AND METHODS: Premenopausal women reporting incident infertility (unable to become pregnant for a year or more of trying), with no history of hysterectomy, oophorectomy, or tubal ligation were included (N=7,377). Multivariable logistic regression was performed to calculate adjusted odds ratio (OR) and 95% confidence intervals (CI).

RESULTS: 65% of women reporting infertility from this medical professional cohort sought an infertility work-up and 32% underwent treatment with OI. Younger age, nulliparity, higher level of education, higher income, non-smokers, those with a recent routine physical exam, history of no contraceptive use, and endometriosis were associated with seeking an infertility evaluation and receiving OI. Although mandated insurance coverage was significantly associated with obtaining a work-up (OR=1.4 (CI=1.02-1.92) in states with comprehensive coverage vs no coverage), it was not significantly associated with treatment. Exercise and vitamin use were associated only with seeking a work-up (test for trend for increasing exercise, *P*=0.04; OR=1.12 (CI=1.01-1.25) for vitamin use). African-American and Asian women were equally likely to obtain a work-up compared to Caucasian women, but were less likely to receive OI (OR=0.47 for African-American women (CI=0.30-0.73); OR=0.46 (CI=0.26-0.84) for Asian women).

CONCLUSION: Many demographic, socioeconomic, behavioral, and cultural factors are associated with seeking evaluation and treatment for infertility. Understanding these may elucidate barriers to care and may also impact interpretation and generalizability of infertility clinic population-based research studies.

ART - LABORATORY/BASIC

EXPRESSION OF PROLIFERATIVE RECEPTORS ON TROPHOBLASTIC CELLS IN WOMEN AFTER ASSISTED REPRODUCTIVE TECHNOLOGIES. G. Sukhikh, N. Aleksandrova, E. Dubova, O. Baev, A. Shchegolev. Research Center for OBGYN and perinatology, Moscow, Russian Federation.

OBJECTIVE: To determine the frequency and tissue distribution of proliferative receptors (PPAR γ and Ki-67) in trophoblastic cells in missed abortion after assisted reproductive technologies (ART) and evaluate of their proliferative activity in miscarriage.

DESIGN: Cross-sectional trial.

MATERIALS AND METHODS: 28 patients with missed abortion after spontaneous conception (SC) and - 32 patients with missed abortion after ART (mean 35.2 years). Control group - 34 patients with progressive pregnancy after SC, applied for medical abortion. Patients with abnormal karyotype of abortion excluded from study.