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Model peramal respon ovarium pada stimulasi fsh rekombinan dalam fertilisasi in vitro = Prediction model of ovarian response in controlled ovarian stimulation during in vitro fertilization / Ina Damayanti Dwiartiningsih

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Abstrak

ABSTRACT
Tujuan : Membuat model peramal respon ovarium pada siklus FIV.

Metode : Penelitian dengan desain kohort prospektif dengan 113 pasien program FIV dari Klinik Yasmin Kencana, Jakarta. Data karakteristik klinis usia, pengukuran IMT, penilaian folikel antral basal (FAB) melalui USG, pengukuran kadar hormon serum FSH, LH, estradiol, progesteron, dan AMH, serta pemeriksaan polimorfisme gen FSHR pada alel 680 dianalisis secara statistik dengan uji regresi.

Hasil : Kelompok perespon baik berusia lebih muda, FAB lebih tinggi, kadar FSH dan estradiol basal lebih rendah, serta AMH lebih tinggi dibandingkan kelompok perespon buruk. Polimorfisme gen FSHR tidak berhubungan bermakna dengan respon ovarium. Nilai peramal respon ovarium terbesar dimiliki oleh AFC (ROC 0.922; 95% IK 0.833-1.000). Dari model regresi logistik, diketahui AMH memiliki OR terbesar untuk respon ovarium baik (OR 1.70 95% IK 0.66-4.41). Baik AMH, FAB, FSH basal, dan usia bermakna untuk menentukan respon ovarium. Peserta FIV dengan usia lebih dari 38.5 tahun, dengan AFC di bawah 5, dengan kadar AMH di bawah 1.222 ng/dl, dan kadar FSH basal di atas 7.45 mIU/ml berhubungan bermakna dengan respon ovarium buruk ($p < 0.001$).
Kesimpulan : Prediksi angka kesuksesan stimulasi ovarium terkendali dapat menentukan kapan stimulasi dapat dilakukan, berapa dosis untuk setiap pasien, dan memperkirakan risiko efek samping stimulasi rFSH. Polimorfisme FSHR tidak berhubungan bermakna dengan respon ovarium terhadap stimulasi FSH rekombinan
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ABSTRACT
Objectives : To develop a prediction model of ovarian response to COS in IVF.

Methods : One hundred thirteen IVF patients were included in this study. We prospectively followed the controlled ovarian stimulation process and analysed the correlation between age, BMI, AFC, basal FSH, LH, estradiol, progesterone, AMH, FSHR gene polymorphism at allele 680, and ovarian response to recombinant FSH with regression test.

Results : Good responder group had younger age, higher AFC and AMH level, as well as lower basal FSH and estradiol level. No significant relation was found between FSHR polymorphism and ovarian response. AFC is the most significant predictor for ovarian response (ROC 0.922; 95% CI 0.833-1.000). From logistic regression model, AMH had the biggest OR for predicting good response (OR 1.70 95% CI 0.66-4.41).

AMH, AFC, basal FSH, and age were significant for ovarian response. The cut-off values for significant probability of poor response ($p < 0.001$) were those with age above 38.5 years old, AFC below 5, AMH level below 1.22 ng/dl, and basal FSH level above 7.45 mIU/ml.
Conclusion : Combined parameters to predict success rate of COS are useful for deciding when to stimulate, individual dose for each patient, and predicting possibility of side effects from recombinant FSH. FSHR gene polymorphism has no significant relation with ovarian response to rFSH stimulation.