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**“Comparison of Outcomes of Frozen Embryo Transfer using endometrial preparation with Lupron versus standard HRT”**

Frozen embryo transfers (FETs) are now the standard of care in in-vitro fertilization. FETs require estrogen administration followed by progesterone (E/P), though there is no best treatment algorithm. A GnRH agonist may be used to decrease the risk of ovulation along with E/P, though benefit has not been proven, and it increases both cost and time. We conducted a retrospective analysis of patients treated with and without a GnRH agonist in programmed FET cycles. All patients undergoing FET from a single private practice facility from January 1, 2018 to December 31st, 2019 were included in this retrospective cohort study. In total, 434 embryo transfers from 339 patients were included. Of these, 235 FETs utilized GnRH agonist with E/P (Group 1) and 174 FETs using only E/P served as controls (Group 2). Basic demographics and key characteristics were collected via chart extraction and the primary outcome was live birth rate. Our data showed no significant difference in live birth rates between the two groups. Our research agrees with prior studies showing no benefit to GnRH agonist in a programmed FET. However, given the limited power, future studies with larger sample sizes are of critical importance. It is possible that GnRH downregulation may be of benefit to certain subpopulations, such as endometriosis, which has been shown to have higher pregnancy rates with GnRH downregulation prior to FET. Our data validate prior studies that E/P alone is an acceptable protocol for most patients in a programmed FET.