COMPARISON OF THE VALUE OF AMH, AFC AND FSH FOR INDENTIFYING OVARIANRESPONSE IN IN-VITRO FERTILIZATION IN HAI PHONG HOSPITAL OF OBSTETRICS AND GYNECOLOGY

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Ovarian response

Ovarian response	Oocytes retrieved	
Poor	< 4 oocytes	
Normal	5 - 15 oocytes	
High	> 15 oocytes	

Ovarian reserve

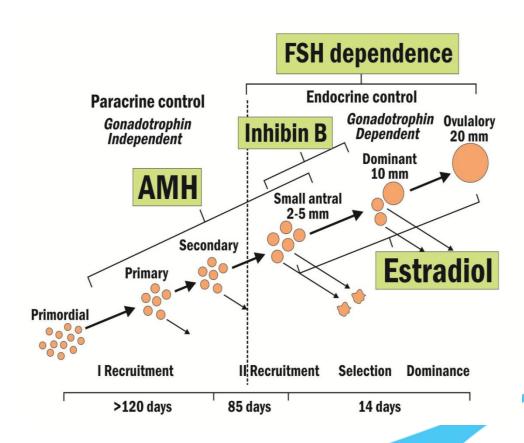
 Ovarian reserve refers to a woman's reproductive potential, reflected as the quantity and quality of the ovarian follicle pool at any given time.

Ovarian reserve makers

- Basal follicile stimulating hormon
- Antral follicle count
- AMH

- Basal follicile stimulating hormon
 - Measured on day 2-3 of the menstrual cycle
 - An increase in FSH leves occurrsdue to follicle depletion
- AFC
 - AFC are measured by transvaginal ultrasonography in the early follicular phase
 - Predicting both poor and hyper ovarian response

- AMH
- AMH(anti mullerian hormone) is a glycoprotein hormone.
- AMH reflects the continued growth of small follicles



- An AMH test can be done at any time in the menstrual cycle
- AMH levels decline with age.
- AMH levels are not influenced by birth control pills or GnRH agonists
- Predicting both poor and hyper ovarian response

Objectives

To compare the value of AMH, AFC and FSH for indentifying ovarian-response in in-vitro fertilization at Haiphong hospital of obstetrics and gynecology from 1/2017 to 1/2018

Patients & Methods

- A prospective study was conducted 507 patients in Haiphong hospital of obstetrics and gynecology from 1/2017 to 1/2018.
- On cycle day 2, each person had AMH, AFC and FSH measured

Patients' characteristics

Age

Age (years)	n	%	
≤ 25	41	8,1	
26 – 30	139	27,4	
31 – 35	196	38,7	
>35	131	25,8	
Sum	507	100	
Mean ± SD (Min – Max) 32.58 ± 5.03 (19 – 48)			

• Type of infertility

Type of infertility	n	%
Primary	233	46
Secondary	274	54
Sum	507	100%

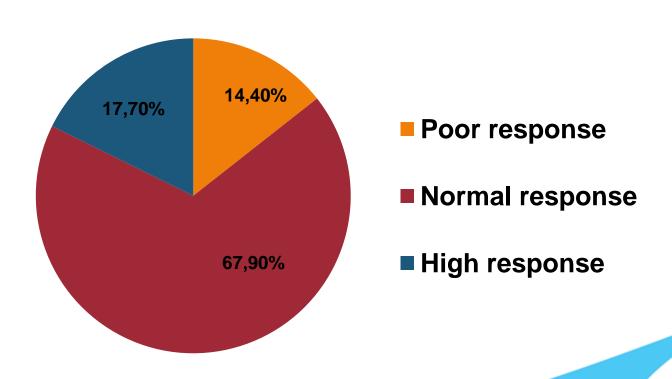
Duration of infertility

Duration of infertility (years)	n	%	
<5	315	62.1	
5 – 10	175	34.5	
>10	17	3.4	
Sum 507 100			
Mean ± SD (Min – Max) 4,25 ± 3,09 (1 – 20)			

Indication for IVF

Indication	n	%
Male factor	192	37.9
Tubor factor	112	22.1
Ovulation disorder	15	3
Both male and female factor	41	8.1
Endometriosis	29	5.7
Others	118	23.3
sum	507	100

> Ovarian response



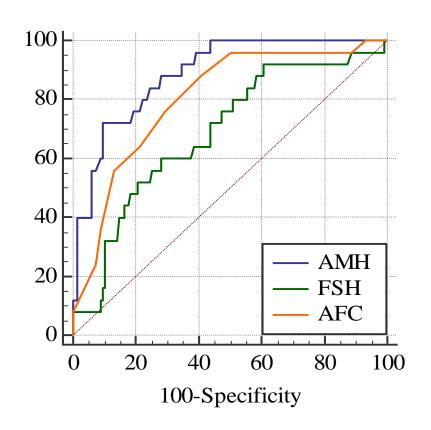
> Correlations between markers and retrieved oocytes

Markers	R	Р
АМН	0,7	< 0,01
AFC	0,6	< 0,01
FSH	- 0,26	< 0,01

Comparison of the value of amh, afc and fsh for indentifying poor ovarian-response

Markers	AUC (95%CI)	р
АМН	0.88 (0.84 – 0.92)	
AFC	0.85 (0,8 -0,9)	< 0,01
FSH	0.69 (0,62 – 0,76)	

ROC curves for AMH, FSH, AFC for prediction of poor ovarian response



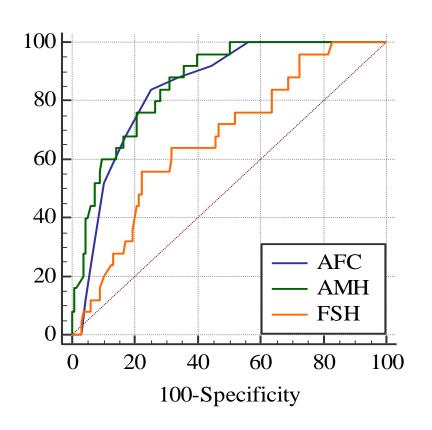
Performance of AMH, FSH and AFC values in predicting poor avarion response

Markers	Cut-off values	Sensitivity	Specificity
AMH	1,31 ng/ml	74%	86,9%
AFC	< 8 oocytes	74%	79,5%
FSH	7.07 IU/L	67,1%	68,7%

Comparison of the value of amh, afc and fsh for indentifying high ovarian-response

Markers	AUC(95%CI)	Р
АМН	0.85	
AIVII I	(0.81 - 0.88)	
A C O	0.83	. 0.04
AFC	(0,78 -0,87)	< 0,01
ГСЦ	0.64	
FSH	(0,59–0,71)	

ROC curves for AMH, FSH, AFC for prediction of high ovarian response



Performance of AMH, FSH and AFC values in predicting high ovarion response

Makers	Cut-off values	Sensitivity	Specificity
АМН	3.31 ng/ml	85,6%	71,9%
AFC	> 12 oocytes	81,1%	64,3%
FSH	5,72 IU/L	52,2%	70,3%

Conclusions

- AMH test has the best predictive value for predicting both poor and high ovarian response, followed by AFC and FSH.
- AMH ≤ 1.31 ng/ml (Sen: 74%, Spec: 86.9%), AFC < 8 oocytes(Sen 74% and Spec 79,5%), FSH ≥ 7.07IU/L (Sen 67.1% and Spec: 68.7%) predicted poor-response.
- AMH ≥ 3.31 ng/ml (Sen: 85.6%, Spec: 71.9%), AFC > 12 oocytes (Sen 81.1% and Spec 64.3%), FSH ≤ 5.72IU/L (Sen 52.2% and Spec: 70.3%) predicted high response

Thank you for your attention!