AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

2021-2022

SEPTEMBER 2021 VOLUME 6

THEME : IMPLEMENTATION OF EVIDENCE BASED CLINICAL CARE

MOTTO : SWEAT, SMILE & REPEAT

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Dr. Jignesh Deliwala
President

TEAM AOGS MESSAGE

Dr. Munjal Pandya
Hon. Secretary

वक्रतुण्ड महाकाय सूर्यकोटि समप्रभ ।
निर्विघ्नं कुरु मे देव सर्वकार्येषु सर्वदा ।।

Dear Members,

With welcoming Lord Shree Ganesh, we hope that now the clouds of the pandemic are getting dispersed for forever. With His Divine blessings and numerous prayers, finally we will all be watching a new world full of hope, health and happiness; who has seen enough, to value this limited edition life we have!

We remember God for every good work we want to do/start, we remember Him in our pains, we remember Him for the guidance, and we pray that He is and will always be with all of us showering blessings as always!

Team AOGS has started offline/in person CME, and it is always a pleasure to meet our family after such a long break on such occasions! We have been conducting webinars for Post Graduate students in form of PG Symposium. We hope to get everything on track of normalcy once again at the earliest!

We invite our dear Members to contribute their academic or non academic articles towards AOGS Times on official email ID of AOGS.

May everyone of us and our families stay happy and healthy; making the most of this short walk on this earth...

Dr. Jignesh Deliwala
President

Dr. Munjal Pandya
Hon. Secretary

PAST PROGRAMME

Nursing students & Adolescent Girls - Session taken by Dr. Rajal Thaker and Dr. Hetal Patolia

Vina Singhi college of Nursing,
Dr. Rajal Thaker Dt. 6/9/2021

SLU Arts and
HP Thakor commerce college
Dr. Rajal Thaker Dt. 7/9/2021

C N Vidyalaya
Dr. Rajal Thaker Dt. 9/9/2021

Government school
Dr. Hetal Patolia Dt. 9/9/21

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Dr. Akshay Shah **Dr. Shashwat Jani** **Dr. Kirtan Vyas**

AOGS PG SYMPOSIUM

WEBINAR - IV

Wednesday, September 15, 2021
7.30 PM to 9.15 PM

SESSION 1

NHL Medical College, SVP Hospital, Ahmedabad

Anemia in pregnancy:

PG Students:
Dr. Meet Patel
Dr. Priya Dhameliya
Dr. Svija Ghanchi
Dr. Naimish Nathawani

Experts:
1) Dr. Kanupriya Singh
2) Dr. Sugandha Patel
3) Dr. Pooja Singh

SESSION 2

AMC MET Medical College, LG Hospital, Ahmedabad

Infertility:

PG Students:
Dr. Anmol Agrawal
Dr. Nikita Pahwa
Dr. Hayati Lakhani

Experts:
1) Dr. Sumesh Chaudhary
2) Dr. Pallavi Ninama
3) Dr. Jayun Joshi

If you are already registered for webinar 1 / 2 / 3 then you do not have to register again. Just login on the day of webinar.

Click here For Registration :
http://orangerose.in/connect/

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Dr. Akshay Shah **Dr. Shashwat Jani** **Dr. Kirtan Vyas**

AOGS PG SYMPOSIUM

WEBINAR - V

Wednesday, September 29, 2021
7.30 PM to 9.15 PM

SESSION 1

BJMC, CIVIL

Multiple Pregnancy

PG Students:
Dr. Naman
Dr. Purvi
Dr. Fenuka
Dr. Sneha

Experts:
1.) Dr. Ami Mehta
2.) Dr. Purvi Parikh
3.) Dr. Pravin Jadav

SESSION 2

SCL Hospital

AMENORRHEA

PG Students:
Dr. Afsheen Kherani
Dr. Ami Patel
Dr. Digita Rathod
Dr. Namrata Trivedi

Experts:
1.) Dr. Sushma Shah
2.) Dr. Prakash Prajapati
3.) Dr. Nisha Chakravarti

If you are already registered for webinar 1 / 2 / 3 / 4 then you do not have to register again. Just login on the day of webinar.

Click here For Registration :
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PAST PROGRAMME

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

Date : 12th September, 2021 - SUNDAY

Time : 10.00 am to 1.00 pm

Venue : Hyatt Regency, Ashram Road, Ahmedabad.

1 ICOG CREDIT POINT

DR. JIGNESH DELIWALA
PRESIDENT, AOGS

DR. MUNJAL PANDYA
HON. SECRETARY, AOGS

Co-Ordinator :

DR. SNEHAL KALE

Chairpersons:

DR. KUNUR SHAH

DR. KANUPRIYA SINGH

CME : Perinatal Medicine

Topic : Maternal & neonatal outcome in IVF pregnancy

Dr. Manish Banker (IVF Specialist)

Time : 20 minutes, 10 Minutes - Discussion

Topic : Pregnancy after renal transplantation

Dr. Kamal Goplani (Nephrologist)

Time : 20 minutes, 10 Minutes - Discussion

Topic : Mosquito borne infections in pregnancy

Dr. Kamlesh Upadhyay

Time : 20 minutes, 10 Minutes - Discussion

Panel Discussion

Nonsurgical Management of PPH

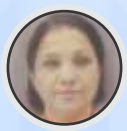
Moderator :

Dr. Parul Kotdawala

Panelists :

Dr. Amiya Mehta

Dr. Shashwat Jani



Dr. Bina Patel

Dr. Ronak Bhansali

Dr. Rohit Jain

VOTE OF THANKS : DR. MUNJAL PANDYA

Abbott















PRIDE ACHIEVEMENTS OF AOGS 2020-21

Congratulations

to Team AOGS 2020-21

President Rotating Society Trophy for

THE BEST SOCIETY

has been given jointly to AOGS and Mumbai society.
Aogs has Also Won the Prize for

BEST ONCOLOGY WORK AWARD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FOGSI - President


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Dr. Dipesh Dholakiya

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Dr. Geetendra Sharma


Dr. Hemant Bhatt


Dr. M. C. Patel


Dr. Nita Thakre


Dr. Parul Kotdawala


Dr. Tushar Shah

Skit Won Second Prize in a Video Competition of FOGSI Family Welfare Committee
Topic : Bursting Myths of PPIUCD
Dr. Rajal Thaker, Dr. Arti Patel, Dr. Raxita Patel

iCCOB'21

An International Conference *on*

CRITICAL CARE *in* Obstetrics

Organized by
Ahmedabad Obstetrics and Gynaecological Society (AOGS)

17 18 19 December '21
AHMEDABAD

Venue:
Shri Shakti Convention Center

WORKSHOPS

December 17, 2021, 09:00 to 17:00 Hrs

WORKSHOP#1	WORKSHOP#2
Critical Care In Obstetrics	**Obstetrics Imaging**

REGISTRATION DETAILS:

Category	Early Bird Before 30/10/21	Between 1/11/21 to 30/11/21	Spot Registration
FOGSI MEMBER	INR 7,670	INR 8,850	INR 10,030
NON FOGSI MEMBER	INR 8,850	INR 10,030	INR 11,210
ACCOMPANYING PERSON	INR 7,670	INR 8,850	INR 10,030
CONFERENCE+WORKSHOP	INR 9,440	INR 10,620	INR 11,800
FOREIGN DELEGATE	USD 200	-	-
PG STUDENT (physical presence)	INR 6,490	INR 7,080	INR 7,670

Registration Fees includes 18% GST

Paper Poster / abstract submission started
Submit your entry at iccob2021@gmail.com

*Paper and Poster Presentation will be online only by the registration at INR 500 (Only for PG students) & for practising gynecologist conference registration is mandatory.
*PG Student Paper poster presentation registration fees need to pay online only.

Conference Secretariat:

Ahmedabad Obstetrics and Gynaecological Society
2nd Floor, Ahmedabad Medical Association Building,
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REGISTER NOW

Management of poor responders in ART: A recent review

Dr. Dipesh Sorathiya
MD, Infertility Specialist

Dr. Hetal Patoliya
MD

India today stands at the crossroads of over population and infertility. Infertility affects 10 to 15% of married couples in India and is on the rise due to various social and medical issues. Among these, the management of patients who responded sub optimally to ovarian stimulation is a big challenge for fertility specialist. Sadly, this challenge has turned into an epidemic with almost 40 to 50% of infertile patients falling into the category of poor responders.

Poor response to ovarian stimulation is expected in elderly and young patients with poor ovarian reserve. However, there is rise in the unexpected poor responders who might have polymorphism of LH and FSH receptors, asynchronous growth of follicles, poor quality of follicles which do not yield good embryos or simply unexplained poor response.

Various studies have shown that a good ovarian response with 15 to 20 follicles is required for 30 to 40% live birth rate in fresh IVF cycles. Poor responders who give three or less oocytes will get a live birth rate of only 10 to 15%. Hence it is very important to address this issue and optimise the response for a good success rate.

Unfortunately, due to limited knowledge about the pathophysiology there is a lot of confusion about poor responders. Among the 47 RCT on poor responders there are 41 different definitions ranging from advanced age AMH and AFC to the dose of gonadotropins used to number of eggs retrieved or embryos formed. No more than 3 trials use the same definition! similarly there was no consensus at on its treatment protocols leading to overall disappointing results in this category of patients.

Originally, poor responders were classified according to the Bologna criteria in 2011. Any 2 among the 3 criteria were required to define poor responders.

Age >40 years or any other POR risk factor

Previous cycle with < 3 retrieved follicles after optimal stimulation.

Poor ovarian reserve test

AMH less than 0.5–1.1 ng /ml

AFC less than 5 to 7 follicles.

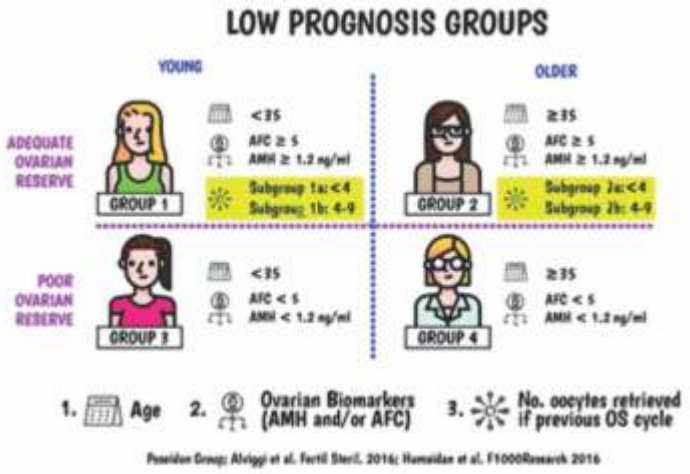
This was the first systematic effort by ESHRE to define women with inadequate response to ovarian stimulation with the primary objective of standardising the definition of Poor responders based on oocyte quantity for use in research studies. However, this had practical limitations as the biomarker cut-offs used for AFC and AMH were quite wide, it did not include category of hypo responders who are patients with adequate ovarian reserve but respond poorly to stimulation, the quality of oocyte is equally important for a success rate which was not considered here and this criteria did not give guidance for therapeutic management hence a newer criteria was introduced for low prognosis patients undergoing ovarian stimulation by a group of clinicians and researchers called the POSEIDON criteria. (Patient Oriented Strategy Encompassing Individualised Oocyte Number)

It classified the low prognosis patients into distinct categories based on quantitative and qualitative parameters

Here all four different patient categories have been identified taking into consideration patient's age, ovarian reserve markers and response to stimulation in order to define the patient's prognosis and management.

Group 1 and 2 consists of unexpected poor responders. These patients have adequate ovarian reserve as shown in AFC and AMH but still do not yield enough oocytes after stimulation. The reason for this can be polymorphism of LH and FSH receptors.

Asynchronous follicular development



Under treatment specially when the dose of gonadotropin is in adequate or BMI is higher.

The treatment options for this group of patients could be to synchronise the follicular development with pre-treatment with either oestradiol valerate, Norethisterone or antagonist. Pre-treatment ensures a uniform cohort of follicles which give better embryos. Pre-treatment with OC pills is not advisable here as this further suppresses the LH which may be deficient in poor responders.

The second strategy is to step up the doses of gonadotropins. Especially this helps in patients with receptor polymorphism. The does should be increased by 50 -75 IU maximum up to a daily dose of 300 IU. Addition of clomiphene citrate has shown better results than letrozole in combination with gonadotropins here.

The long agonist protocol seems to be having a resurgence in this group of patients and has shown much better results than the standard antagonist protocol with better quality of embryos.

Group 3 and 4 are expected poor responders with a poor ovarian reserve which may be due to advanced age, ovarian surgery, chemotherapy, genetic or even unexplained, hence the treatment options here are different than the previous groups.

The first impulse when we face a poor response is to increase the dose of Gonadotropins but one cannot flog a dead horse to life hence no point in increasing the dose of gonadotropins where there are less follicles in the ovary hence the maximum dose of gonadotropins for this group is 150 I U and studies have shown no advantage in increasing the dose further. The addition of LH specially in the elderly has shown significant benefit in terms of relative increase in the pregnancy rate of 30% in poor responders.

Among the various protocols the long agonist protocol fares better in this group of poor responders also as it gives a synchronous cohort.

Embryo pooling-studies have established that we need at least three good quality embryos before we go for embryo transfer for optimum results and since each stimulation gives a smaller number of embryos in poor responders, it is wiser to pool the embryos and accumulate them with 2 to 3 cycles of ovarian stimulation and freeze all the embryo till we have at least 3 good quality embryos with us. This strategy saves a lot of frustration for the patient and clinicians.

Duo Stim -another latest protocol which is very promising in these cases is the dual stimulation protocol or Duo stim. Research has shown that 2 to 3 waves of follicular recruitment occur in one menstrual cycle hence we can exploit and harvest these follicles by stimulating in both the follicular and luteal phase of ovarian cycle. The stimulation is begun from the second day of the cycle with the Gonadotropins and antagonist is added with the agonist trigger given and ovum pick up done like in any standard antagonist cycle. After a rest of 3 to 4 days stimulation is begun again in the luteal phase itself with gonadotropins and added antagonist with a trigger before a second ovum pick up is done sometimes even during the menses. Studies have shown that the quality of embryos is the same or even better with luteal stimulation and it saves a lot of time by decreasing the time to live birth and hence is widely practised today.

Dual trigger or double trigger- To optimise the yield of oocytes, a combination of trigger is used in these cases with both HCG and agonist before the OPU. Dual trigger is defined as combined use of GNRH agonist and low dose HCG administered simultaneously and double trigger is defined as administration of GNRH agonist and HCG given, 40 and 34 hours respectively prior to ovum pick up. This combines the advantage of both the agents to improve the maturity of retrieved oocytes.

Androgens induce the FSH receptors on granulosa cells and improve recruitment and growth of pre-antral and antral follicles. Among the androgens used, DHEA had shown a lot of promise initially but recent studies have demonstrated no benefit of DHEA supplementation. However, addition of testosterone gel 60 -20 days before stimulation seems promising.

Among the adjuvants, coenzyme Q 10 has shown benefits when given for at least two months. Addition of growth hormone is costly without much benefit.

Hence we see that the Poseidon classification has been a game changer in the management of poor responders. It correctly classifies the infertile patients undergoing ART. The classification system emphasises the impact of female age and its related oocyte and embryo aneuploidy rates and the number of oocytes required for a reasonable success. It also underlines that treatment delays should be avoided in the low prognosis infertility patients. Sent from my iPhone

References:

1. Sunkara et al. Human Reproduction 2011-Number of oocytes retrieved in live birth rates
2. Long protocol vs GNRH antagonist protocol for various aged patients with low ovarian reserve: A retrospective study 2018, Huang MC et al.
3. Management of poor responder in IVF: Is there anything new? Biomed research international volume, 2014, Berkanoglu and Ubaldi F et al.
4. Accumulation of embryo over 3 natural modified IVF ICSI cycles followed by transfer to improve the outcome pf poor responder 2019, Dutta AK Campbell S et al.
5. Stimulation in both follicular and luteal phase of the same ovarian cycle Adam G Petal, Journal of Reproduction and fertility 1992
6. 'Poseidon's stratification of low prognosis patients in ART': The why, the what and the how, Frontiers in endocrinology, Claus Anderson et al.
7. Poor Ovarian reserve, Padma Rekha Jirge, 2016, jhrsonline.org

Vani

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