COME ON LET'S IVF AGAIN

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Soon after establishment as a lab routine ICSI defeated its predecessor – classic IVF, becoming exclusive fertilization method in many centers, even countries. Justification of ICSI's highly broaden indications overcome its confirmed safety risks. At our Clinic, IVF persists as 1st method of choice, leaving to ICSI only its main clinical indication - male infertility cause. Our previously reported study (COGI 2014, P-20B) stressed IVF not only as comparable but mildly superior compared to the famous counterpart. As ART program has continued, using same criteria, slowly mastering established IVF protocol and gradually decreasing portion of IVF-ICSI split cycles, we aim to follow up reported trend. Total of 2PN±1PN zygotes which managed 1st cleavage is used as "numerator" and "fertilized &cleaved" rates (FCR) between MII oocyte two cohorts: IVF and ICSI were compared. Atretic and immature eggs were excluded. National reimbursement IVF program patients (NRP; n=479) fulfill NRP cumulative criteria (fresh stimulated cycles; female: preserved OR, BMI<30, age≤42y; male: viable sperm in ejaculate), showing steady clinical pregnancy rates (PR) through overall study period (33%±3%). There were no meaningful differences comparing PRs between IVF, IVF-ICSI split or ICSI patients' subsets.Finally, FCR in IVF oocytes subset is 81%, and 62% in ICSI group. Results confirmed continuous supremacy of IVF method, now more enhanced and standardized procedure (improved "swim-up", strict timing of fertilization, higher concentration of sperm per oocyte, group culture…). Subsets of TFF and 3PN stayed within expected limits, but subtle causes of fertilization failure or sliding deserve our serious attention. Looking back at results we dare to call IVF community to get back to good old IVF, to give it a new "shine" and proficiency, inject only if it is necessary, thus taking proper care of oocyte physiology, procedure safety, and consequent soundness of ART infant.