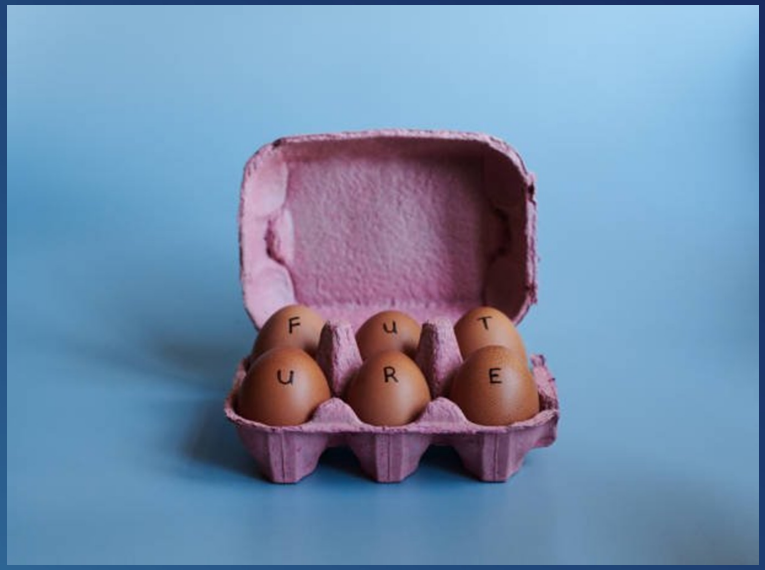
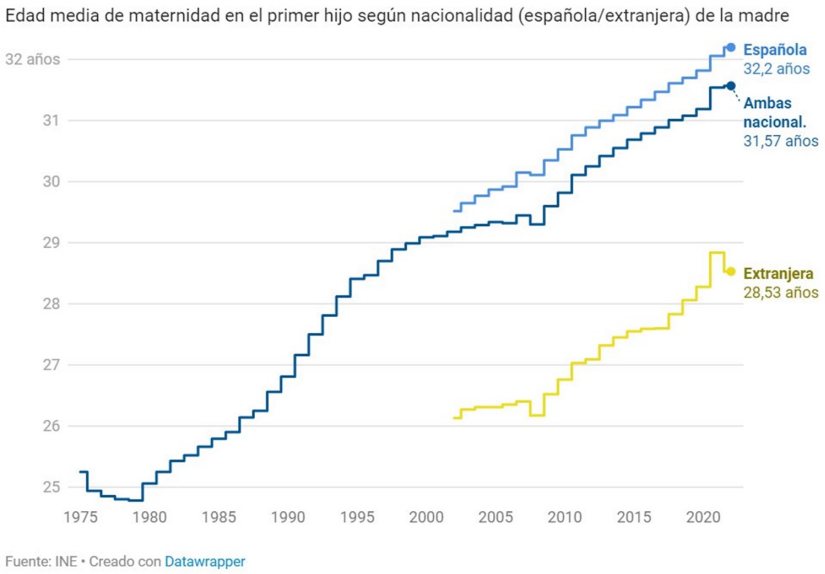
Préservation de la fertilité : expérience Eugin et nouveaux outils d'aide à l'obtention de meilleurs résultats

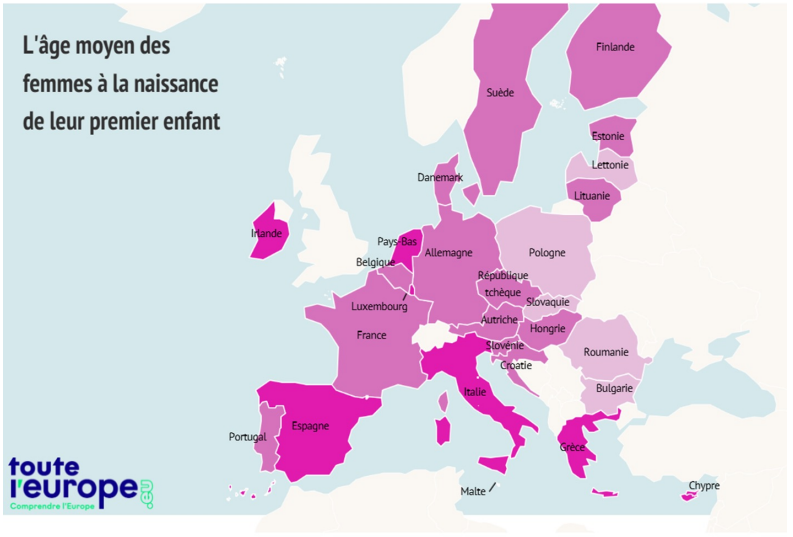


Elena Calvo
Eugin Barcelone
12/06/2025

Pourquoi parle-t-on de plus en plus de la préservation de la fertilité?
Épidémiologie

Pourquoi parle-t-on de plus en plus de la préservation de la fertilité?
Épidémiologie





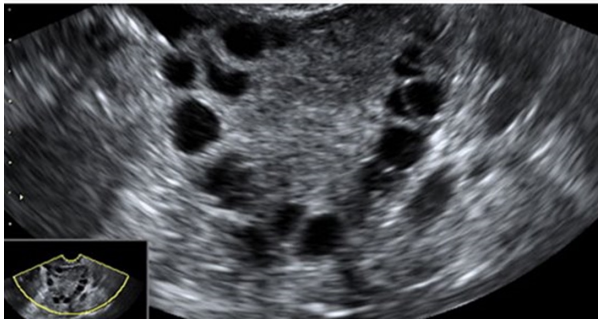
Age moyen des femmes à la naissance du premier enfant en 2019
Source : Eurostat 2021

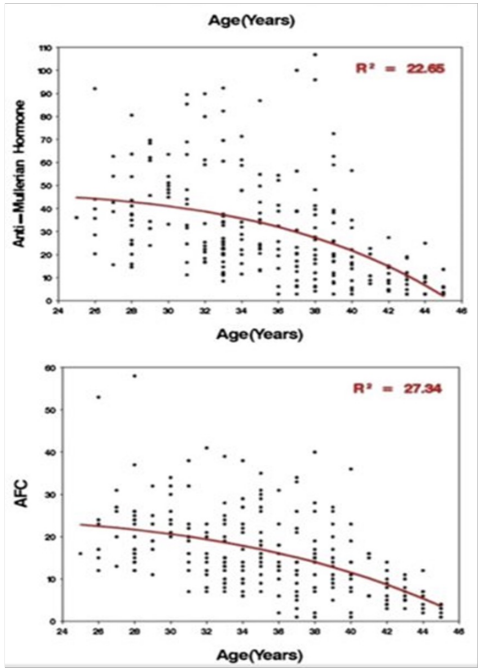
eugin

Quel est l'impact de l'âge sur la fertilité?

Quel est l'impact de l'âge sur la fertilité?

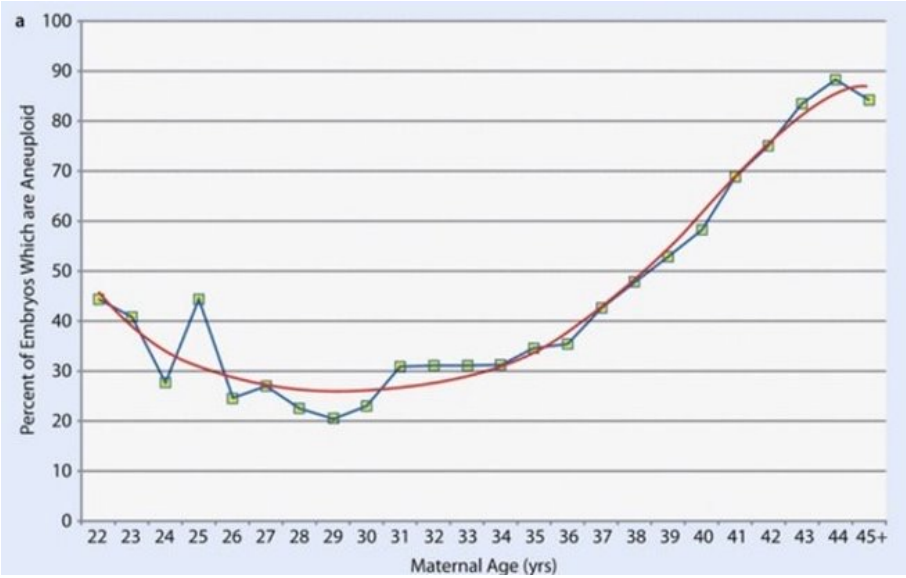
Quantité



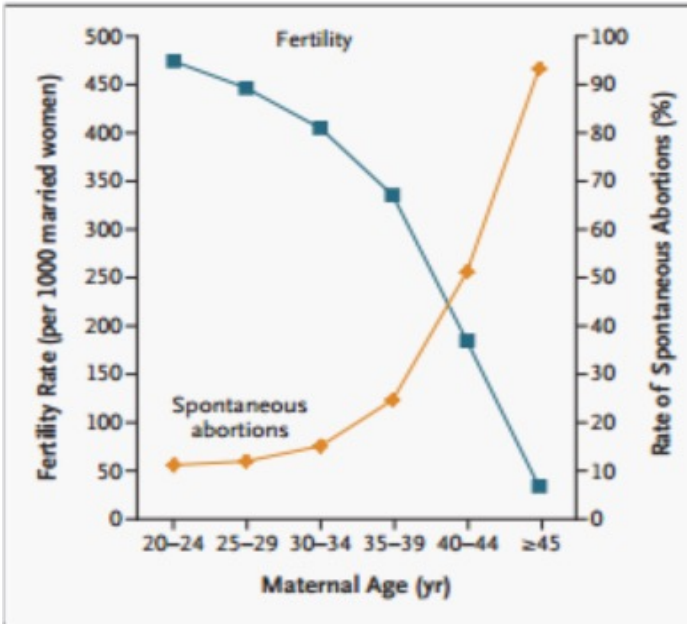


Rosen MP, Johnstone E, McCulloch CE, Schuh-Huerta SM, Sternfeld B, Reijo-Pera RA, Cedars MI. A characterization of the relationship of ovarian reserve markers with age. Fertil Steril. 2012 Jan;97(1):238-43

Qualité = euploidie



Franasiak JM, Forman EJ, Hong KH, Werner MD, Upham KM, Treff NR, Scott RT Jr. The nature of aneuploidy with increasing age of the female partner: a review of 15,169 consecutive trophectoderm biopsies evaluated with comprehensive chromosomal screening. Fertil Steril. 2014 Mar;101(3):656-663.e1.



Heffner LJ. Advanced maternal age--how old is too old? N Engl J Med. 2004 Nov 4;351(19):1927-9.

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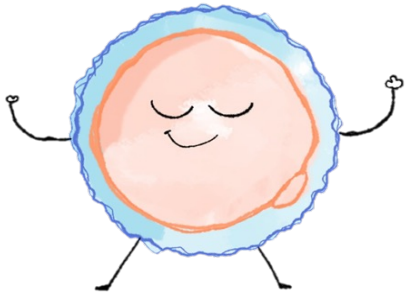
Face à cette situation, que pouvons-nous faire ?

Face à cette situation, que pouvons- nous faire?



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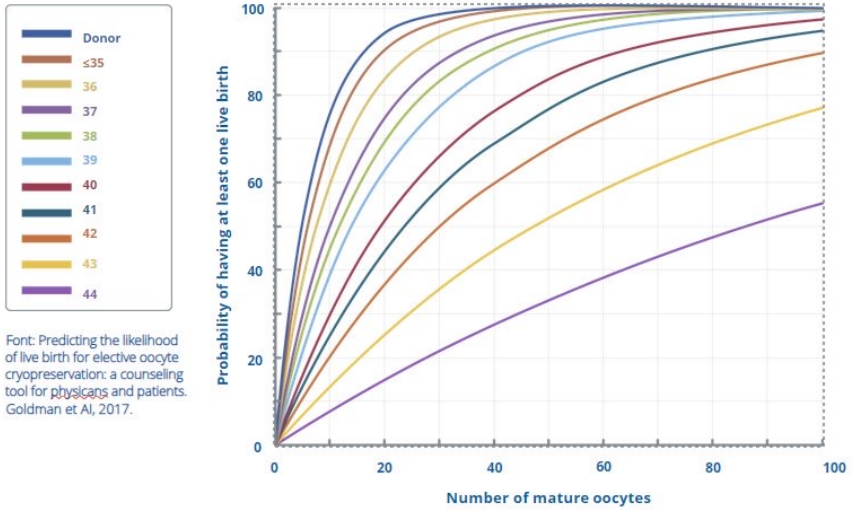
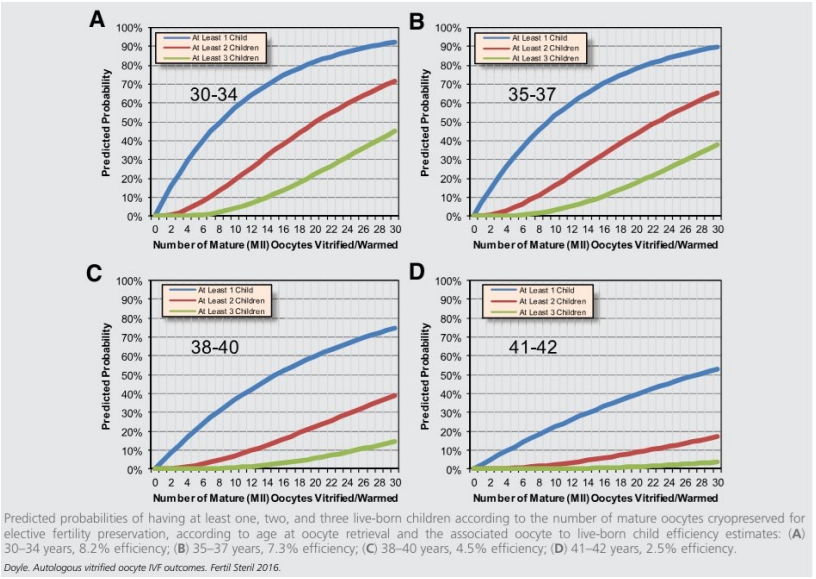
Combien d’ovules est-il conseillé de congeler?

Combien d'ovules est- il conseillé de congeler?



Font: Predicting the likelihood of live birth for elective oocyte cryopreservation: a counseling tool for physicans and patients. Goldman et Al, 2017.



Predicted probabilities of having at least one, two, and three live-born children according to the number of mature oocytes cryopreserved for elective fertility preservation, according to age at oocyte retrieval and the associated oocyte to live-born child efficiency estimates: (**A**) 30–34 years, 8.2% efficiency; (**B**) 35–37 years, 7.3% efficiency; (**C**) 38–40 years, 4.5% efficiency; (**D**) 41–42 years, 2.5% efficiency.

Doyle. Autologous vitrified oocyte IVF outcomes. Fertil Steril 2016.

30-34 ans: 8,2%
35-37 ans: 7,3%
38-40 ans: 4,5%
41-42 ans: 2,5%

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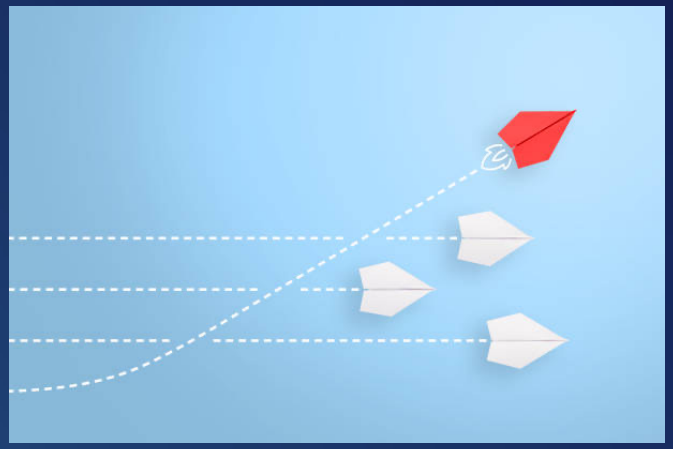
Comment pouvons-nous optimiser les résultats ?



Comment pouvons-nous optimiser les résultats ?

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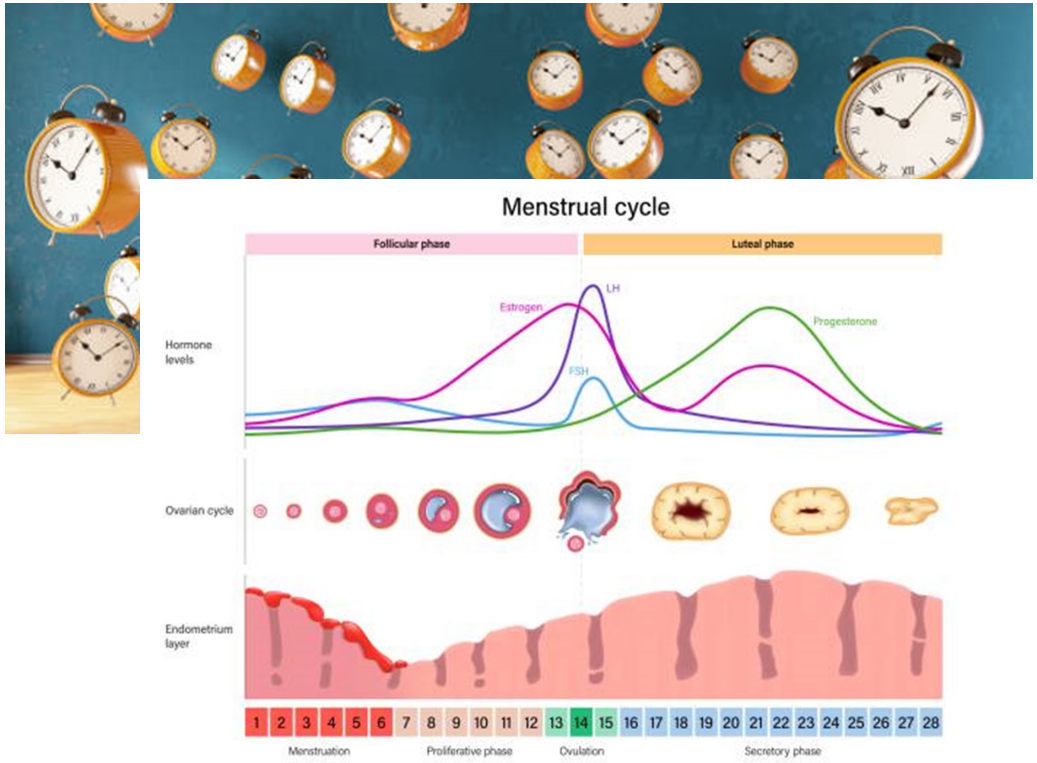
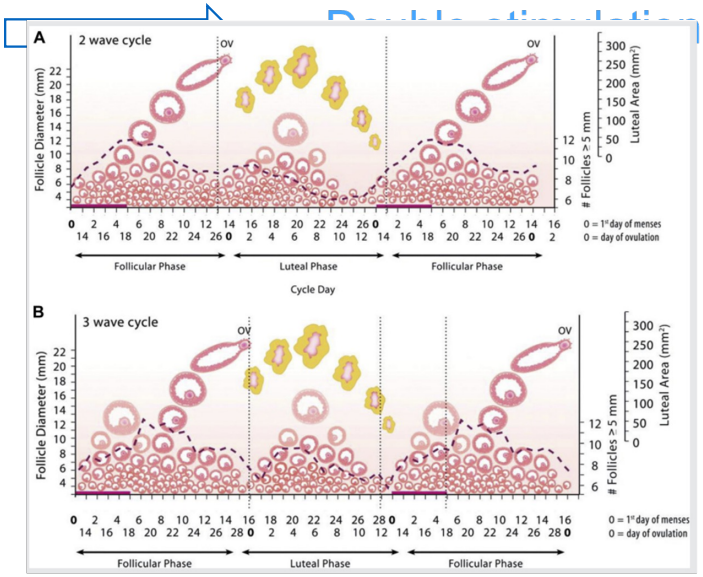
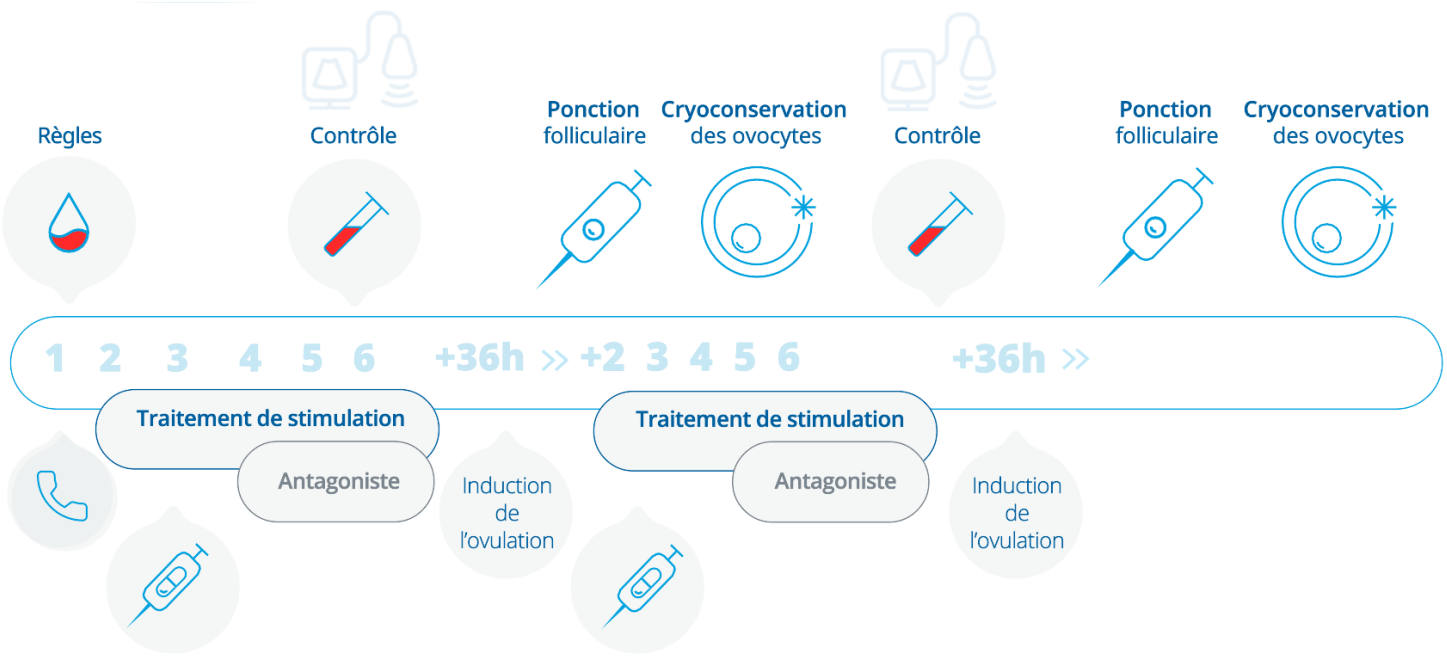
Outils dans le domaine clinique





Baerwald. Ovarian follicular waves: clinical applications. Fertil Steril 2020

Double stimulation



Double stimulation

Double versus single stimulation in young low prognosis patients followed by a fresh embryo transfer: a randomized controlled trial (DUOSTIM-fresh)

Get access >

A Racca , I Rodriguez , S Garcia , G Arroyo , N P Polyzos ✉

Human Reproduction, Volume 39, Issue 7, July 2024, Pages 1548–1557,
https://doi.org/10.1093/humrep/deae104
Published: 06 June 2024 **Article history** ▾

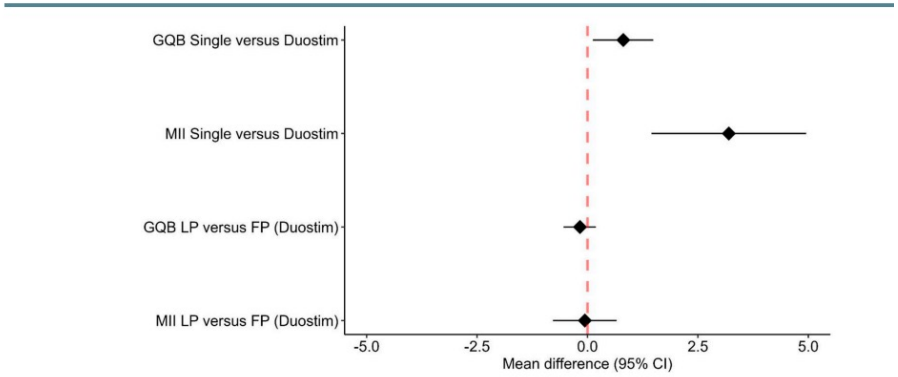


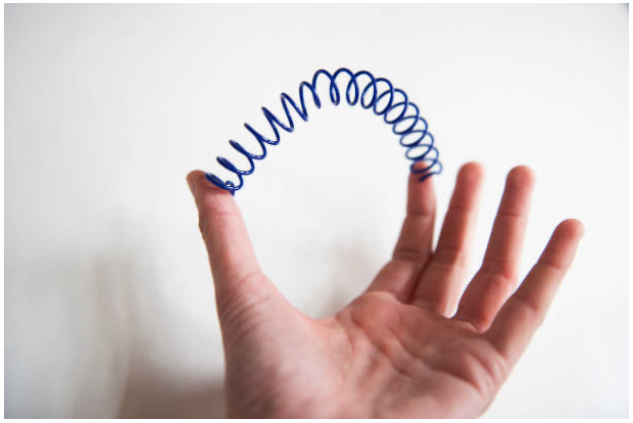
Figure 3. Cycle outcomes. GQB, good-quality blastocyst; MII, mature oocytes; LP, luteal phase; FP, follicular phase.

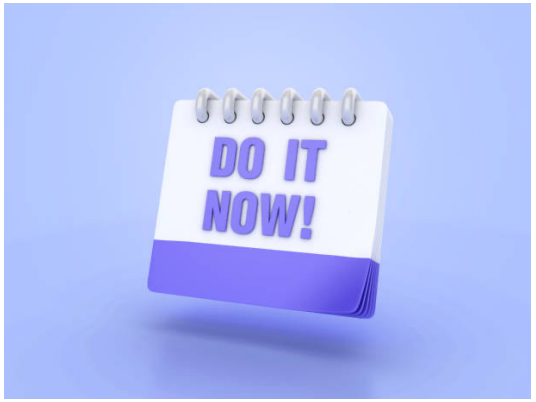
- Pas de différences statistiquement significatives dans la réponse ovarienne
- Nombre significativement plus élevé de blastocystes de bonne qualité avec duostim
- Pas de différences significatives dans le taux de grossesse clinique par transfert embryonnaire

Table 4. Fresh cycle outcomes.

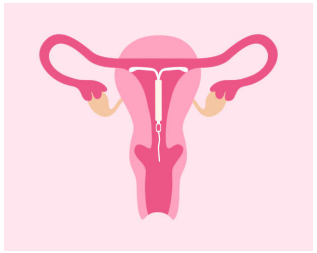
	Single stimulation	DUOSTIM fresh	Difference in proportions (95% CI)
Embryo transfer	28 (52)	33 (62)	0.10 (−0.10; 0.31)
Clinical pregnancy	17 (32)	16 (30)	−0.01 (−0.20; 0.17)
Ongoing pregnancy	12 (22)	13 (25)	0.02 (−0.16; 0.20)
Miscarriage	4 (24)	3 (19)	—

Values represent frequency (percentage). Values in the last column represent 95% CI for difference of two proportions.





Random start



Préservation dans le cadre d'un stérilet ou d'un implant contraceptif

stimulation avec implant contraceptif à l'étonogestrel

	Follicules >14mm	MII	Ratio MII/follicules> 14mm	Taux Immatures	Ponction blanche
Sans frénation (n:13)	15,4	14,4	0,94	17%	0
Progesterone (n:18)	20,5	19,3	0,95	13%	0
Orgalutran (n:30)	15,4	13,0	0,92	11%	0

Programme de don d'ovules. Clinique Eugin Barcelona

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Outils au laboratoire

Vitrification

Principales caractéristiques :

- Taux de refroidissement et de réchauffement rapides (-23 000 °C/min et + 42.000 °C/min)
- Utilisation de cryoprotecteurs à des concentrations élevées
- Le taux de survie des ovocytes après décongélation ≥ 90%

Human Reproduction, Vol.35, No.10, pp. 2262–2271, 2020
Advance Access Publication on August 28, 2020 doi:10.1093/humrep/deaa178

human reproduction **ORIGINAL ARTICLE** ***Infertility***

Efficiency and efficacy of vitrification in 35 654 sibling oocytes from donation cycles

D. Cornet-Bartolomé[1,2,†], A. Rodriguez[1,†], D. García[1], M. Barragán[1], and R. Vassena[1,*]

[1]Clinica EUGIN, Barcelona, Spain [2]Department of Genetics, Microbiology and Statistics, Universitat de Barcelona, Barcelona, Spain

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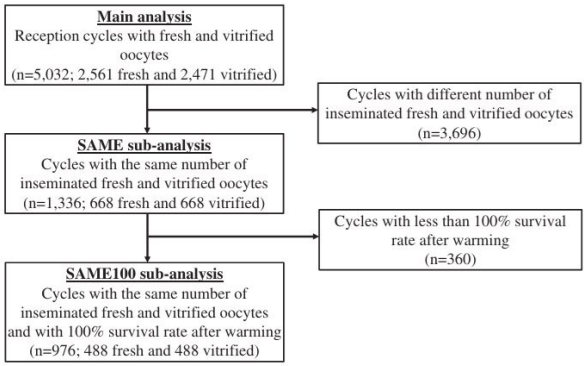
Submitted on April 2, 2019; resubmitted on May 6, 2020; editorial decision on June 17, 2020



Étude rétrospective de cohortes appariées
35654 ovocytes
5032 transferts embryonnaires
2551 ovocytes frais
2471 ovocytes vitrifiés

human reproduction ORIGINAL ARTICLE *Infertility*

Efficiency and efficacy of vitrification in 35 654 sibling oocytes from donation cycles

D. Cornet-Bartolomé[1,2,†] A. Rodriguez[1,†] D. García[1], M. Barragán[1], and R. Vassena[1,*]

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Table V Multivariable analysis of the SAME100 sub-analysis: cycles with the same number of inseminated fresh and vitrified oocytes and with a 100% survival rate after warming.

			95% CI		
		OR	Lower	Upper	*P*-value
Biochemical pregnancy	Vitrified versus fresh oocytes	1.24	0.94	1.64	0.13
	Recipients' age	1.00	0.97	1.03	0.88
	Recipients' BMI	0.98	0.95	1.01	0.19
	Partner frozen versus donors'	0.70	0.48	1.02	0.07
	Partner fresh versus donors'	0.62	0.36	1.07	0.08
	1 embryo versus 2	0.31	0.18	0.51	<0.001
	3 embryos versus 2	1.97	0.32	12.0	0.46
	Embryo quality	1.22	1.11	1.37	0.001
Clinical pregnancy	Vitrified versus fresh oocytes	1.36	1.02	1.80	0.035
	Recipients' age	1.00	0.97	1.03	0.94
	Recipients' BMI	0.98	0.95	1.01	0.18
	Partner frozen versus donors'	0.64	0.44	0.93	0.020
	Partner fresh versus donors'	0.49	0.28	0.86	0.012
	1 embryo versus 2	0.31	0.18	0.53	<0.001
	3 embryos versus 2	1.11	0.18	6.85	0.91
	Embryo quality	1.23	1.13	1.44	<0.001
Ongoing pregnancy	Vitrified versus fresh oocytes	1.32	0.98	1.77	0.06
	Recipients' age	1.00	0.97	1.03	0.97
	Recipients' BMI	0.98	0.95	1.01	0.16
	Partner frozen versus donors'	0.62	0.43	0.92	0.016
	Partner fresh versus donors'	0.53	0.30	0.93	0.028
	1 embryo versus 2	0.37	0.21	0.64	<0.001
	3 embryos versus 2	1.43	0.23	8.81	0.70
	Embryo quality	1.27	1.11	1.44	<0.001
Live birth	Vitrified versus fresh oocytes	1.27	0.95	1.71	0.11
	Recipients' age	1.00	0.97	1.04	0.91
	Recipients' BMI	0.97	0.94	1.00	0.030
	Partner frozen versus donors'	0.65	0.44	0.96	0.031
	Partner fresh versus donors'	0.51	0.29	0.92	0.024
	1 embryo versus 2	0.33	0.18	0.59	<0.001
	3 embryos versus 2	1.52	0.25	9.39	0.65
	Embryo quality	1.24	1.09	1.41	0.001

A *P*-value <0.05 was set as statistically significant.

Human Reproduction, Vol.28, No.8 pp. 2087–2092, 2013
Advanced Access publication on June 5, 2013 doi:10.1093/humrep/det242

human reproduction ORIGINAL ARTICLE *Embryology*

How does vitrification affect oocyte viability in oocyte donation cycles? A prospective study to compare outcomes achieved with fresh versus vitrified sibling oocytes

M. Solé[1,2,*], J. Santaló[2], M. Boada[1], E. Clua[1], I. Rodríguez[3], F. Martínez[1], B. Coroleu[1], P.N. Barri[1], and A. Veiga[1,4]

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human reproduction ORIGINAL ARTICLE *Embryology*

Use of cryo-banked oocytes in an ovum donation programme: a prospective, randomized, controlled, clinical trial

Ana Cobo*, Marcos Meseguer, José Remohí, and Antonio Pellicer

Instituto Valenciano de Infertilidad (IVI), University of Valencia, Valencia, Spain

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Submitted on February 11, 2010; resubmitted on April 6, 2010; accepted on May 11, 2010

human reproduction ORIGINAL ARTICLE *Embryology*

Efficacy of oocyte vitrification combined with blastocyst stage transfer in an egg donation program

Javier I. García*, Luis Noriega-Portella, and Luis Noriega-Hoces

Laboratory of Assisted Reproduction, PRANOR Group of Assisted Reproduction, Concebir Clinic, Los Olivos 364, San Isidro, Lima, Peru

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Submitted on May 18, 2010; resubmitted on November 29, 2010; accepted on January 7, 2011

Clinical evaluation of the efficiency of an oocyte donation program using egg cryo-banking

Zsolt P. Nagy, M.D., Ph.D., Ching-Chien Chang, Ph.D., Daniel B. Shapiro, M.D., Diana Patricia Bernal, D.V.M., Carlene W. Elsner, M.D., Dorothy Mitchell-Leef, M.D., Andrew A. Toledo, M.D., and Hilton I. Kort, M.D.

Reproductive Biology Associates, Atlanta, Georgia

Étude rétrospective de cohortes
5362 cycles de don d'ovocytes
41738 ovocytes

RBMO

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ARTICLE

Long-term storage of vitrified oocytes does not affect pregnancy and live birth rates: analysis of 5362 oocyte donation cycles

BIOGRAPHY

Marc Torra-Massana completed his PhD at University of Barcelona and Clínica Eugin, Spain, on the molecular alterations causing male-related fertilization failure. He is currently a clinical embryologist and researcher at Clínica Eugin, focusing on the factors affecting clinical and reproductive outcomes after intracytoplasmic sperm injection.

Marc Torra-Massana[a], Irene Miguel-Escalada[a,c], Rita Vassena[b], Amelia Rodríguez[b]

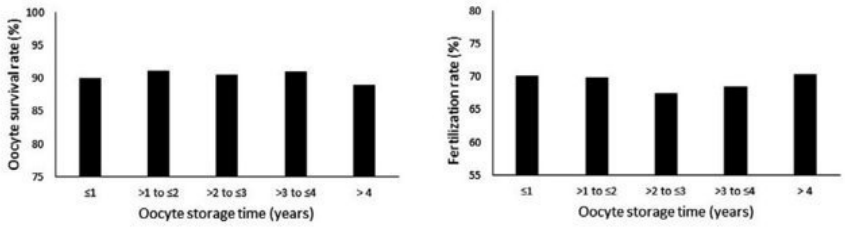


FIGURE 1 Adjusted values as predicted by linear regression of oocyte survival rate (left) and fertilization rate (right) for each category of oocyte storage time included in the study. Each time category was statistically compared with the reference group (≤1 year) using linear regression models. Oocyte survival (>1 to ≤2 years, $P = 0.1623$, >2 to ≤3 years, $P = 0.9773$, 91.06% for >3 to ≤4 years, $P = 0.9356$, and 88.91% for >4 years, $P = 0.9375$). The fertilization rate after intracytoplasmic sperm injection (>1 to ≤2 years, $P = 0.9924$, >2 to ≤3 years, $P = 0.1312$, >3 to ≤4 years, $P = 0.8978$, >4 years, $P = 0.9999$).

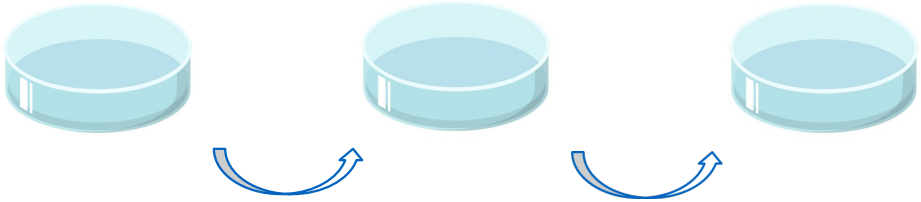
TABLE 4 ANALYSIS OF THE EFFECT OF OOCYTE STORAGE TIME ON REPRODUCTIVE OUTCOMES AFTER FRESH EMBRYO TRANSFER OF PREVIOUSLY VITRIFIED OOCYTES BY ADJUSTED LOGISTIC REGRESSION

Reproductive outcome[a]	Adjustment categories	Coefficient estimate	Adjusted OR	OR 95% CI		P-value
				Lower	Upper	
Biochemical pregnancy[c]	Oocyte storage[b] (>1 to ≤2 years)	0.0718	1.053	0.901	1.231	0.4309
	Oocyte storage[b] (>2 to ≤3 years)	−0.1169	0.872	0.676	1.124	0.3225
	Oocyte storage[b] (>3 to ≤4 years)	0.2192	1.220	0.790	1.886	0.2295
	Oocyte storage[b] (>4 years)	−0.1941	0.807	0.504	1.292	0.3195
	Sperm origin and status 1 (partner-frozen versus partner-fresh)	−0.0419	1.019	0.851	1.220	0.3869
	Sperm origin and status 2 (donor-frozen versus partner-fresh)	0.1028	1.178	0.963	1.441	0.0624
	Patient BMI	−0.0141	0.986	0.974	0.998	0.0277
	Sperm concentration, million/ml	−0.00072	0.999	0.998	1.000	0.1852
	Sperm motility,[c] % a + b	0.00382	1.004	0.999	1.008	0.0911
	Inseminated oocytes	−0.0171	0.983	0.937	1.031	0.4855
	Correctly fertilized oocytes (2PN)	0.1131	1.120	1.074	1.168	<0.0001
	Number of transferred embryos (two to three versus one)	0.3331	1.947	1.643	2.307	<0.0001
	Embryo transfer day (5 versus 2–3)	0.3035	1.835	1.479	2.277	<0.0001
Clinical pregnancy[d]	Oocyte storage[b] (>1 to ≤2 years)	0.1408	1.040	0.885	1.222	0.1382
	Oocyte storage[b] (>2 to ≤3 years)	−0.0143	0.891	0.683	1.161	0.9078
	Oocyte storage[b] (>3 to ≤4 years)	0.0267	0.928	0.593	1.452	0.8870
	Oocyte storage[b] (>4 years)	−0.2548	0.700	0.423	1.158	0.2214
	Sperm origin and status 1 (partner-frozen versus partner-fresh)	−0.0415	1.035	0.859	1.248	0.4068
	Sperm origin and status 2 (donor-frozen versus partner-fresh)	0.1178	1.214	0.988	1.493	0.0368
	Patient BMI	−0.0195	0.981	0.968	0.994	0.0037
	Sperm concentration, million/ml	−0.00041	1.000	0.998	1.001	0.4630
	Sperm motility,[c] % a + b	0.00382	1.004	0.999	1.008	0.0995
	Inseminated oocytes, n	−0.0222	0.978	0.931	1.028	0.3822
	Correctly fertilized oocytes (2PN)	0.1066	1.113	1.065	1.162	<0.0001
	Number of transferred embryos (two to three versus one)	0.2758	1.736	1.454	2.073	<0.0001
	Embryo transfer day (5 versus 2–3)	0.2782	1.744	1.403	2.169	<0.0001
Live birth	Oocyte storage[b] (>1 to ≤2 years)	0.1402	1.048	0.888	1.236	0.1517
	Oocyte storage[b] (>2 to ≤3 years)	−0.0126	0.899	0.684	1.182	0.9215
	Oocyte storage[b] (>3 to ≤4 years)	0.0190	0.928	0.566	1.471	0.9218
	Oocyte storage[b] (>4 years)	−0.2402	0.716	0.425	1.208	0.2670
	Sperm origin and status 1 (partner-frozen versus partner-fresh)	−0.0109	1.098	0.906	1.331	0.8324
	Sperm origin and status 2 (donor-frozen versus partner-fresh)	0.1153	1.246	1.007	1.541	0.0459
	Patient BMI	−0.0244	0.976	0.963	0.989	0.0004
	Sperm concentration, million/ml	−0.00022	1.000	0.999	1.001	0.6979
	Sperm motility,[c] % a + b	0.00222	1.002	0.998	1.007	0.3529
	Inseminated oocytes, n	−0.0441	0.957	0.909	1.007	0.0920
	Correctly fertilized oocytes (2PN)	0.1052	1.111	1.062	1.162	<0.0001
	Number of transferred embryos (two to three versus one)	0.2772	1.741	1.450	2.090	<0.0001
	Embryo transfer day (5 versus 2–3)	0.2984	1.816	1.454	2.268	<0.0001

[a] Each reproductive outcome is adjusted by sperm origin (partner or donor) and status (fresh or frozen), patient body mass index, sperm concentration and motility, number of inseminated and correctly fertilized oocytes, number of transferred embryos, and embryo transfer day.
[b] Each oocyte storage time category is statistically compared with the reference group (storage time: ≤1 year).
[c] Assessed according to World Health Organization, 2010.
[d] Beta-HCG concentration measuring 5 IU/ml or above in serum 15 days after embryo transfer.
[e] A sac with embryo and heartbeat 7 weeks after the last menstrual period.
BMI, body mass index; 2PN, zygotes with two pronuclei.

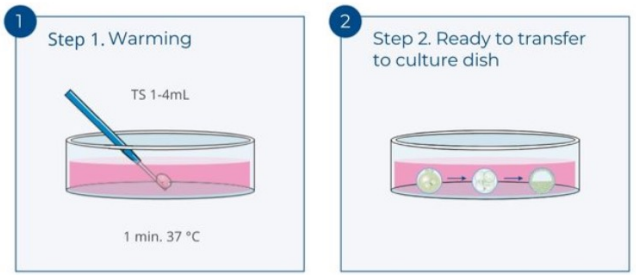
Décongélation

Protocole conventionnel



- Différents moyens
- 12-15 min

ULTRA-FAST WARM



- Un seule moyen
- 1-3 min

We observed no differences in clinical outcomes between the groups

	Ultrafast	Standard	p-value
Oocyte survival rate	**93.6%** (233/249)	**93.3%** (531/569)	**1.0**
Fertilization rate	**72.1%** (168/233)	**74.4%** (395/531)	**0.57**
Blastocyst rate	**64.3%** (108/168)	**53.7%** (212/395)	**0.03**
Good-quality blast	**81.6%** (31/38)	**75.9%** (41/54)	**0.7**
Implantation rate (SET)	**64.9%** (24/37)	**58.5%** (31/53)	**0.7**
Clinical pregnancy rate	**48.6%** (18/37)	**56.6%** (30/53)	**0.6**

Poster accepté pour l'ESHRE 2025.
Clinique Eugin Barcelona

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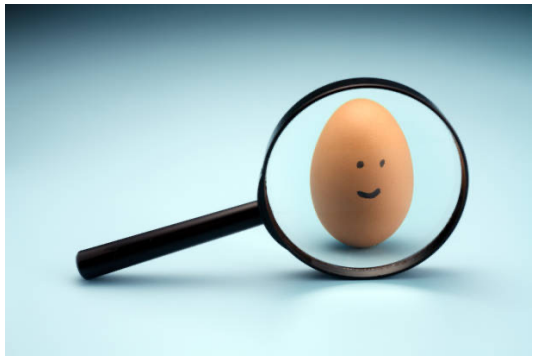
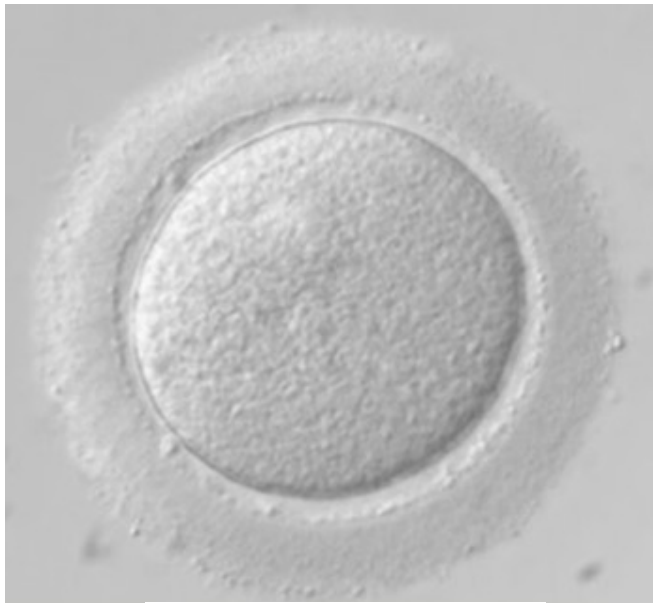
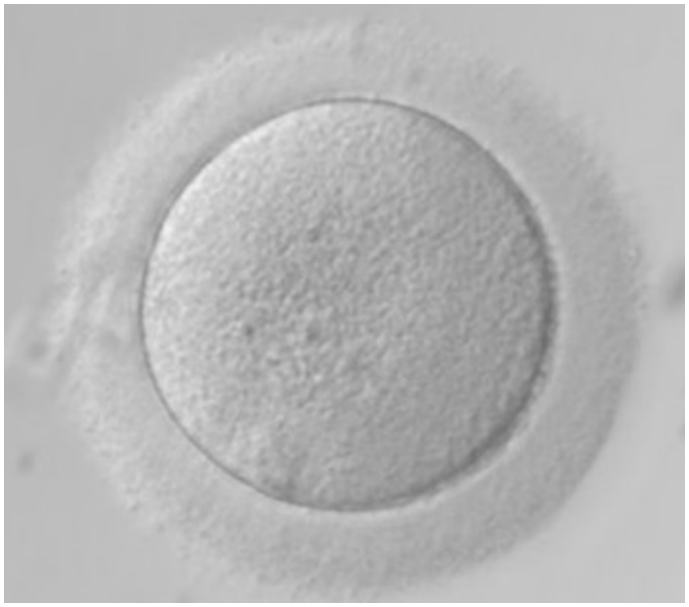
Comment l'intelligence artificielle peut-elle nous aider ?

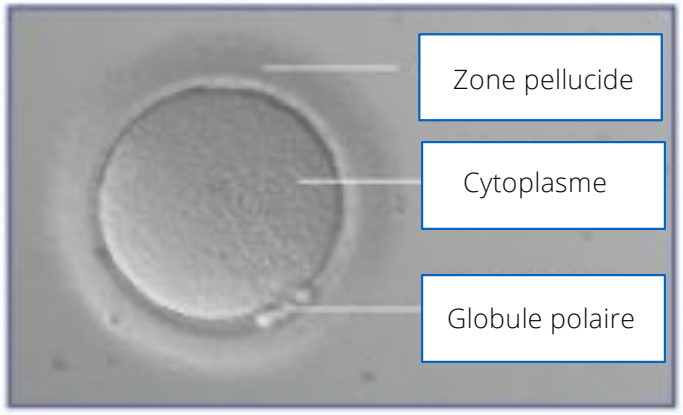
Comment l'intelligence artificielle peut-elle nous aider ?



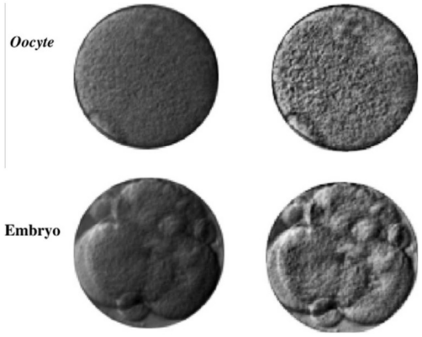




Comment l'intelligence artificielle peut-elle nous aider ?



Comment l'intelligence artificielle peut-elle nous aider ?



Reproductive BioMedicine Online (2013) 26, 42–49

www.sciencedirect.com
www.rbmonline.com

ELSEVIER

ARTICLE

Artificial intelligence techniques for embryo and oocyte classification

Claudio Manna [a,b], Loris Nanni [c], Alessandra Lumini [d,*], Sebastiana Pappalardo [a]

[a] Centro Studi GENESIS (Junior Srl), Via Velletri 7, 00198 Rome, Italy; [b] Dipartimento di Biomedicina e Prevenzione, Università degli Studi di Roma 'Tor Vergata', Via Montpellier, 1, 00133-Roma, Italy; [c] Department of Information Engineering – University of Padua, Via Gradenigo, 6/B-35131 Padova, Italy; [d] Department of Electronic, Informatics and Systems (DEIS), Università di Bologna, Via Venezia 52, 47023 Cesena, Italy
* Corresponding author. E-mail address: alessandra.lumini@unibo.it (A Lumini).

Artificial Intelligence In Medicine 157 (2024) 102997

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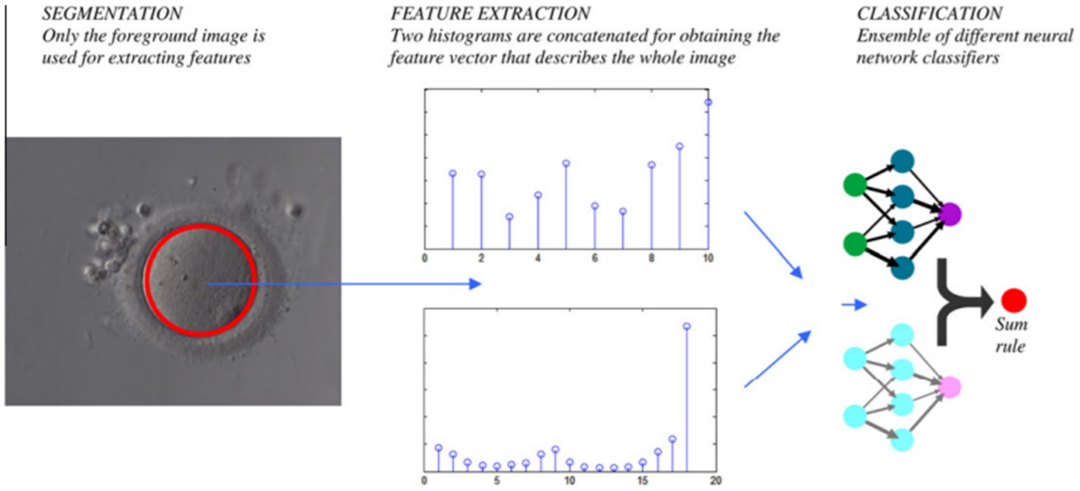
journal homepage: www.elsevier.com/locate/artmed

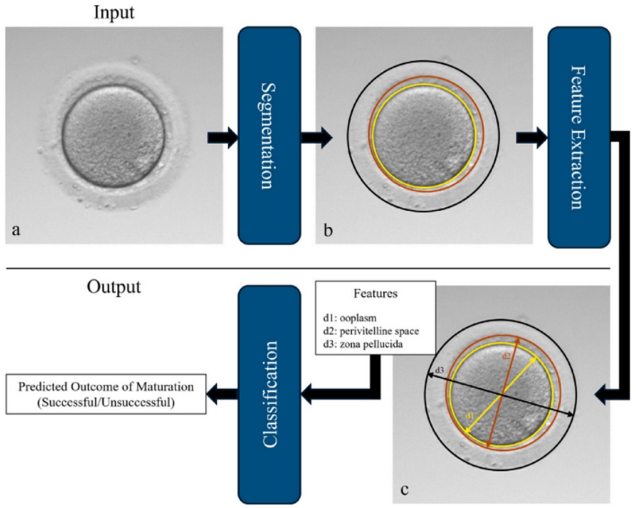
ELSEVIER

On the role of artificial intelligence in analysing oocytes during *in vitro* fertilisation procedures

Antonio Iannone [a], Alessandro Carfì [a,*], Fulvio Mastrogiovanni [a], Renato Zaccaria [a], Claudio Manna [b]

[a] TheEngineRoom, Department of Informatics Bioengineering, Robotics and System Engineering, University of Genoa, Via Opera Pia 13, Genoa, 16131, Italy
[b] Biofertility IVF and Infertility Center, Viale degli Eroi di Rodi 214, Rome, 00198, Italy





Comment l'intelligence artificielle peut-elle nous aider ?

Targosz et al. BioMed Eng OnLine (2021) 20:40
https://doi.org/10.1186/s12938-021-00864-w

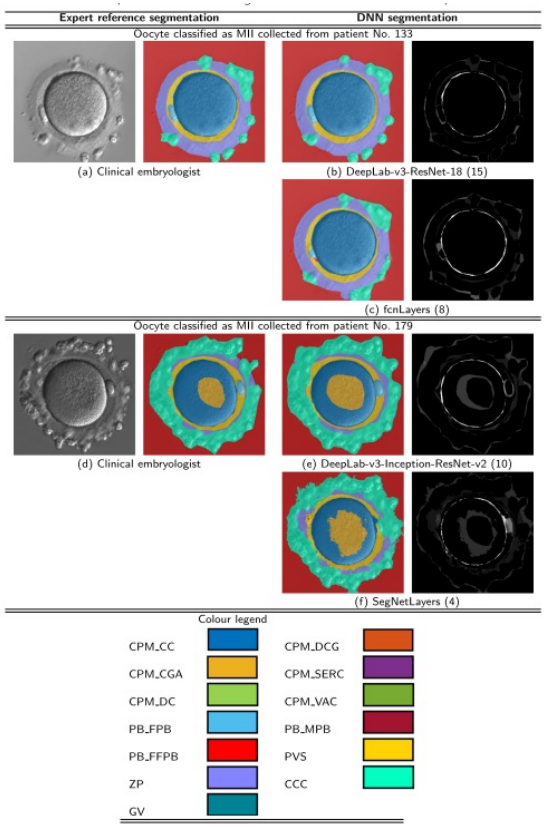
BioMedical Engineering OnLine

RESEARCH Open Access

Semantic segmentation of human oocyte images using deep neural networks

Anna Targosz[1,2*], Piotr Przystałka[3], Ryszard Wiaderkiewicz[1] and Grzegorz Mrugacz[2]

Prédeiction de la qualité ovocytaire selon :
- le cytoplasme de l'ovocyte
- les caractéristiques du globule polaire, de la zone pellucide et des cellules du cumulus.



Lien avec la capacité de blastulation (score):
• cytoplasme : couleur, translucidité et granularité.
• épaisseur de la zone pellucide et taille de l'espace périvitellin.

RBMO

ELSEVIER

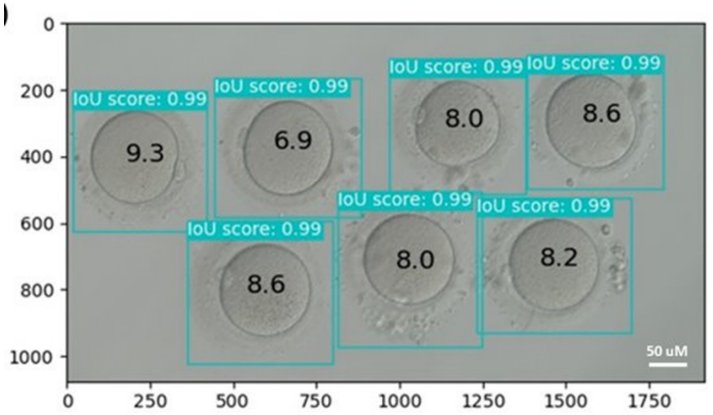
ARTICLE

Use of federated learning to develop an artificial intelligence model predicting usable blastocyst formation from pre-ICSI oocyte images

BIOGRAPHY

Life Whisperer Co-Founder and Chief Scientist Dr Jonathan Hall began Life Whisperer in 2016, together with Dr Michelle Perugini and Dr Don Perugini. Dr Hall was inspired by his original and unique discoveries in his PhD research in embryo nanotechnology, and extensive computational knowledge from his PhD in theoretical physics.

J.M.M. Hall[1,2,3,†], T.V. Nguyen[1,†], A.W. Dinsmore[4], D. Perugini[1], M. Perugini[1,5], N. Fukunaga[6], Y. Asada[7], M. Schiewe[4], A.Y.X. Lim[8], C. Lee[8], N. Patel[9], H. Bhadarka[9], J. Chiang[10], D.P. Bose[11], S. Mankee-Sookram[12], C. Minto-Bain[12], E. Bilen[13], S.M. Diakiw[1,*]



Quelle est la traduction dans la pratique clinique ?

Violet™

- Modèle entraîné et testé avec un vaste ensemble de données reflétant des scénarios cliniques du monde réel.
- Mesure objectivement la qualité des ovocytes afin d'évaluer la probabilité de fécondation et le développement de blastocystes.

Grande taille de l'échantillon

+150,000 Images d'ovocytes et leurs résultats

Diversité

15 pays sur 4 continents
Images de microscope et Timelapse

Côntrole de qualité

Capture d'images de haute qualité

IMAGE BASED ARTIFICIAL INTELLIGENCE TOOL
FOR GRADING EGGS

www.futurefertility.com

YOUR LOGO HERE

OOCYTE ASSESSMENT FOR CRYOPRESERVATION

PATIENT

ID: 125455-55
Age\Date of Birth: 35*******
Date of Retrieval: March 1, 2021

CLINIC

Clinic: Your Clinic
Phone: 555-555-5555
Email: email@email.com

REPORT

Date of report: March 1, 2021
Number of oocytes: 7

Report

OOCYTES

You have **7** mature oocytes frozen

BLASTOCYSTS

Based on Violet™ assessment: Your chances of developing blastocysts post thawing are:

Number of Blastocysts	1-2	3 - 5	6-7
Probability	31.4%	54.00%	13.6%

At Least 1 Blastocyst: Probability of 99%

LIVE BIRTH

Personalized: Based on Violet™ assessment and Statistical Modeling your chance of achieving a live birth from your 7 oocytes is:

At least one live birth - **42.3%**
2 or more - 15.1%

General: Based solely on AGE and NUMBER OF OOCYTES FROZEN your chance of achieving a live birth is estimated to be between 28% and 34%.[1,2]

Disclaimer and additional information

Outcome predictions are based on proprietary technology combining VIOLET image analysis (Oocytes —> Blastocysts) and statistical modeling (Blastocysts —> Live Birth). Calculations assume a normal semen analysis and no specific uterine receptivity issues (2-6). VIOLET is an AI based predictive model consisting of an ensemble of custom deep neural networks trained to analyze 2D images of oocytes to predict blastocyst development (7).

Future Fertility does its best to provide the most accurate results based on state-of-the-art technologies and software development. Violet is under investigation for its predictive potential as part of this study. Outcome predictions may additionally be affected by suboptimal image quality.

Results are designed for information purposes only and are used to collect data on the model's performance. Violet is not intended to substitute professional medical advice or replace the patient-doctor consultation about your particular condition. Please speak to your health care provider about your circumstances prior to making any decisions.
For investigational use only. IRB Tracking Number: 2021-2732-6559-2.

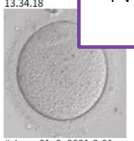
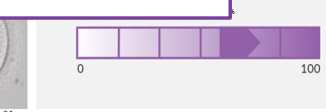
IMAGE BASED ARTIFICIAL INTELLIGENCE TOOL
FOR GRADING OOCYTES

www.futurefertility.com

YOUR LOGO HERE

ID: 125455-55
Age\Date of Birth: 35\January 15, 1986
Date of Retrieval: March 1, 2021

Straw: #straw_01

OOCYTE	PROBABILITY OF REACHING A BLASTOCYST	COMMENTS
 #straw_01_0_2021-3-0 13.34.18	 69% 100	
 #straw_01_0_2021-3-0 13.34.18	 100	
 #straw_01_20 13.34.18	 66% 100	
 #straw_01_0_2021-3-01_ 13.34.18	 0 100	

Probabilité de Nouveau-né

Qu'est-ce que cela nous permet ?

Pour le clinicien :

- Évaluer la qualité ovocytaire
- Éventuel second cycle pour accumuler plus d'ovocytes?

Pour la patiente :

- Information plus personnalisée
- Cela l'aide à prendre la décision de faire ou non d'autres cycles

Take home messages

- Ces dernières années, on a observé un changement social concernant l'âge auquel les femmes envisagent la maternité.
- L'âge influence la réserve ovarienne et la qualité ovocytaire.
- La préservation de la fertilité est une stratégie utile si l'on souhaite retarder la maternité, bien qu'elle n'offre aucune garantie absolue.
- Il est important de réaliser ces traitements à un âge où la qualité ovocytaire est encore optimale.
- Il est essentiel de chercher la meilleure manière de réaliser le traitement chez nos patientes, en tenant compte de leurs priorités et en perturbant le moins possible leurs méthodes contraceptives.
- L'amélioration des techniques de laboratoire, tant pour la congélation que pour la décongélation des ovocytes, nous a permis d'améliorer les résultats de la technique.
- Le développement de l'intelligence artificielle pourrait nous permettre d'obtenir plus d'informations sur la qualité des ovocytes récupérés, afin de mieux conseiller nos patientes.

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Merci beaucoup

ecalvo@eugin.es