

# The management of a hyper-responder.

## A Delphi consensus

We recently conducted a Delphi Consensus regarding the definition of a hyper-response to ovarian stimulation. This time we would like to continue with the expert consensus - now addressing the management of the "hyper-responder" keeping in mind both the risks of hyper-response (such as OHSS) and the effects a hyper-response might have on the success rate after fresh embryo transfer.

\* Required

Considerations before stimulation

1. A gonadotropin with LH activity (rLH/hMG) should be avoided for stimulation of an anticipated hyper-responder in an IVF cycle. \*

*Mark only one oval.*

- Yes
- No
- Not relevant

2. Body weight should be considered to determine daily gonadotropin dosage for an anticipated hyper-responder performing IVF. \*

*Mark only one oval.*

- Yes
- No

3. I would consider increasing the starting daily gonadotropin dosage for IVF if an anticipated hyper-responder's weight was above ..... kilograms \*

*Mark only one oval.*

- 70 kg (154lbs)
- 75 kg (165lbs)
- 80kg (176lbs)
- 85kg (187lbs)
- 90kg (198lbs)
- 95kg (209lbs)
- Weight is not relevant for dosing in anticipated hyper-responders

4. GnRH agonists should be avoided for pituitary suppression in anticipated hyper-responders performing IVF. \*

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

5. My preferred starting dose in the first IVF stimulation cycle of an anticipated hyper-responder, weighing below my weight cut-off (if one exist) is : ..... IU/Day. \*

*Mark only one oval.*

- 37.5
- 75
- 100
- 125
- 150
- 175
- 200
- 225
- 300
- I do not have a weight cut-off

6. My preferred starting dose in the first IVF stimulation cycle of an anticipated hyper-responder, weighing above my weight cut-off (if one exist) is : ..... IU/Day. \*

*Mark only one oval.*

- 100
- 125
- 150
- 175
- 200
- 225
- 250
- 275
- 300
- I do not have a weight cut-off

7. Do you use any algorithm to estimate the starting dose of gonadotropins for an IVF cycle? \*

*Mark only one oval.*

- Rekovelle (INN-Follitropin Delta) algorithm
- In house algorithm
- Other Published Algorithym
- I do not use any specific algorithm to estimate the starting dose

8. I add metformin before/during IVF ovarian stimulation to anticipated hyper responders regardless of insulin resistance status \*

*Mark only one oval.*

- Yes for all candidates
- No for all candidates
- Only if PCOS and insulin resistant
- Only if PCOS irrelevant of magnitude of insulin resistant

9. For a potential a hyper-responder doing IVF, I would: \*

*Mark only one oval.*

- Aim for a stimulation that would enable a fresh transfer
- I would rather achieve a hyper response and freeze all.

10. In a potential hyper-responder, what is your target number of oocytes to be collected in IVF \*

*Mark only one oval.*

- 10-14
- 15-19
- 20-24
- >25

11. During the IVF stimulation of an anticipated hyper-responder, I would use the following adjuvants from stimulation day 1 (you can select more than one) \*

*Check all that apply.*

- Letrozole
- Aspirin
- None
- Other: \_\_\_\_\_

Considerations during the IVF stimulation cycle

12. I decrease gonadotropin dosage in the middle of an IVF cycle, if the patient seems to hyper-respond based on serum estradiol levels and/or number of growing follicles > 10 mm? \*

*Mark only one oval.*

Yes

No

13. I would add one or more the following adjuvants, in the middle of the IVF cycle if the patient seems to hyper-respond based on serum estradiol levels and/or number of growing follicles > 10 mm? (you can select more than one) \*

*Check all that apply.*

LMWH

Letrozole

Aspirin

Nothing

Other: \_\_\_\_\_

14. On the day of ovulation trigger for an IVF cycle, the minimum serum estradiol level that would require the use of GnRH agonist trigger alone is: \*

*Mark only one oval.*

2500pg/ml (9178pmol/L)

3000pg/ml (11014pmol/L)

3500pg/ml (12849pmol/L)

4000pg/ml (14695pmol/L)

4500pg/ml (16521pmol/L)

No minimum estradiol level would require the use of GnRH agonist alone

15. On the day of ovulation trigger in an IVF cycle, the minimum number of follicles <sup>\*</sup>  
> 10 mm that would require the use of a GnRH agonist trigger alone is

*Mark only one oval.*

15

18

20

23

25

no minimum number of follicles > 10mm would require the use of GnRH agonist alone

16. Under the risk of hyper-response I would trigger one or two days before the <sup>\*</sup>  
patient reaches my usual trigger criteria for IVF.

*Mark only one oval.*

Yes

No

Sometimes

17. After using a GnRH agonist trigger due to a risk of OHSS, I would consider a luteal phase rescue with hCG and attempt a fresh transfer if the patient has less than ..... oocytes collected. The last question can be answered as well as one of the others or not. \*

*Mark only one oval.*

- 15
- 18
- 20
- 23
- 25
- I would never use hCG and attempt at fresh transfer if I had considered the patient to be under risk of hyper-response before or on the trigger day
- I would always use hCG rescue and attempt fresh transfer regardless of number of oocytes.

18. 16. I use currently coasting to decrease the risk of OHSS in IVF? \*

*Mark only one oval.*

- Yes
- No

19. IN the case of a hyper response a Dopaminergic agent should be used (choose the one best answer that fits you practice) \*

*Mark only one oval.*

- Only if hCG will be used as trigger (including dual/double trigger) with or without a fresh transfer
- Only if hCG will be used as trigger (including dual/double trigger) and a fresh transfer will be attempted
- Only if hCG will be used as trigger (including dual/double trigger) and a fresh transfer will NOT be attempted
- Only if a fresh transfer will be attempted (regardless of the trigger)
- Only if a fresh transfer will not be attempted (regardless of the trigger)
- Always, regardless of the choice of trigger and fresh or frozen embryo transfer



20. For maximal effectiveness Cabergoline 0.5 mg for OHSS prevention in a hyper responder should be started on \*

*Mark only one oval.*

- The day of trigger
- The day of oocyte collection
- The day of embryo transfer

21. Cabergoline 0.5 mg for OHSS prevention in a hyper responder should be continued for \*

*Mark only one oval.*

- 3 days
- 5 days
- 7 days
- 8 days
- 10 days
- 14 days
- Other: \_\_\_\_\_

Considerations after collection

22. In a woman with a hyper response triggered with hCG during IVF, which of the following do you use to prevent OHSS (You can choose more than one answer) \*

*Check all that apply.*

- Letrozole
- Aspirin
- Restart GnRh antagonist
- Freeze all
- Cabergoline
- LMWH
- None of the above
- Other: \_\_\_\_\_

23. In a woman with a hyper response triggered with agonist alone during IVF, which of the following do you use to prevent OHSS (You can choose more than one answer) \*

*Check all that apply.*

- Letrozole
- Aspirin
- Restart GnRh antagonist
- Freeze all
- Cabergoline
- LMWH
- None of the above
- Other: \_\_\_\_\_

24. If a hyper-response occurred after a trigger that included HCG for IVF, I would: \*

*Mark only one oval.*

- Monitor for symptoms and consider a fresh transfer if risk for OHSS is low
- I always freeze all

25. In cases of freeze all due to a risk of OHSS, I perform a FET cycle: \*

*Mark only one oval.*

- In the immediate first menstrual cycle
- After waiting one entire menstrual cycle to pass
- After waiting at least two entire menstrual cycles to pass

26. Does the fact that a patient is a hyper-responder influence your decisions regarding the FET protocol to select \*

*Mark only one oval.*

- I would rather transfer in a natural cycle/modified natural cycle
- I would rather transfer in a hormone controlled cycle (estradiol and progesterone supplemented)
- My choice of FET cycle is not influenced by the fact that the patient is a hyper-responder.

27. When would you recommend admitting a patient following a hyper-response \*

*Mark only one oval.*

- After the diagnosis of moderate OHSS
- After the diagnosis of severe OHSS
- After a diagnosis of critical OHSS
- Other: \_\_\_\_\_

28. Do you normally attempt to manage OHSS with significant ascites as an out patient?

*Mark only one oval.*

- yes
- No

---

This content is neither created nor endorsed by Google.

## Google Forms















