



EFRE :Frozen ET optimization:
Highlight on the new fine-
tuning of each preparation
modality

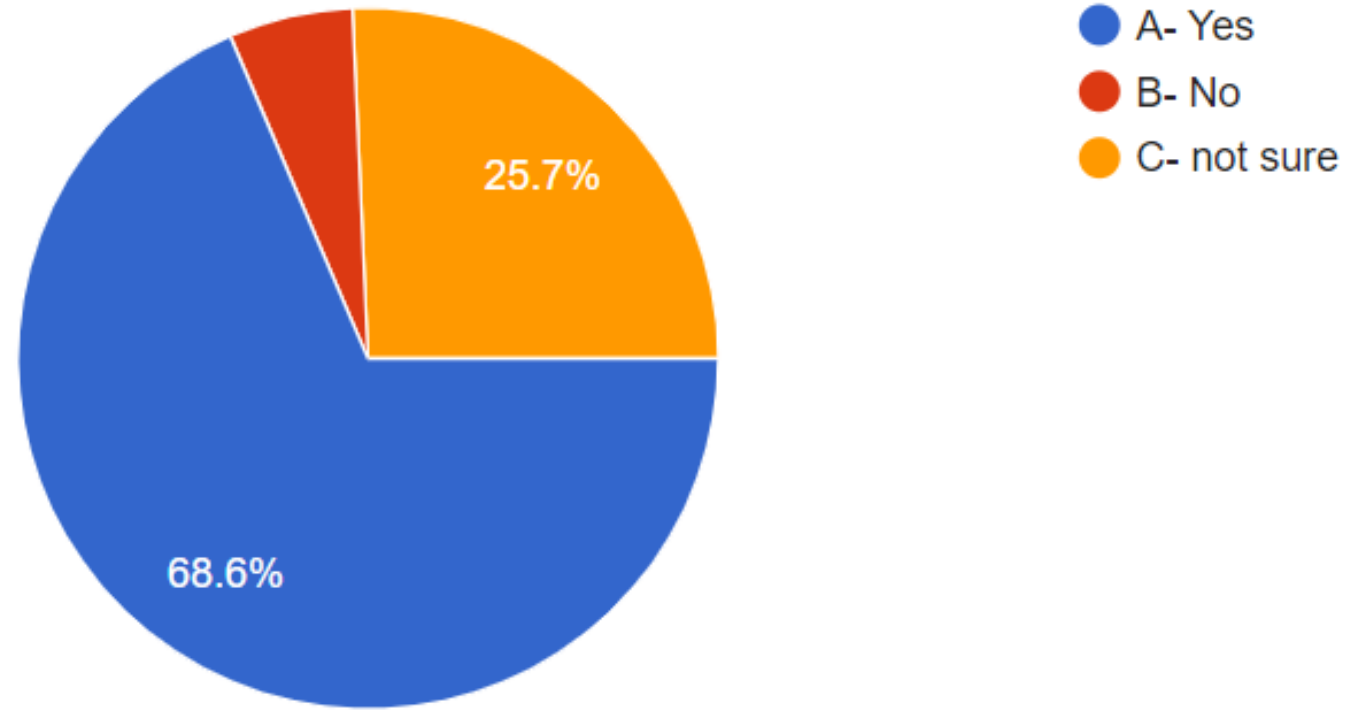
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1- Is there a rule for Gn Rh agonist use before HRT in cases with endometriosis and adenomyosis?

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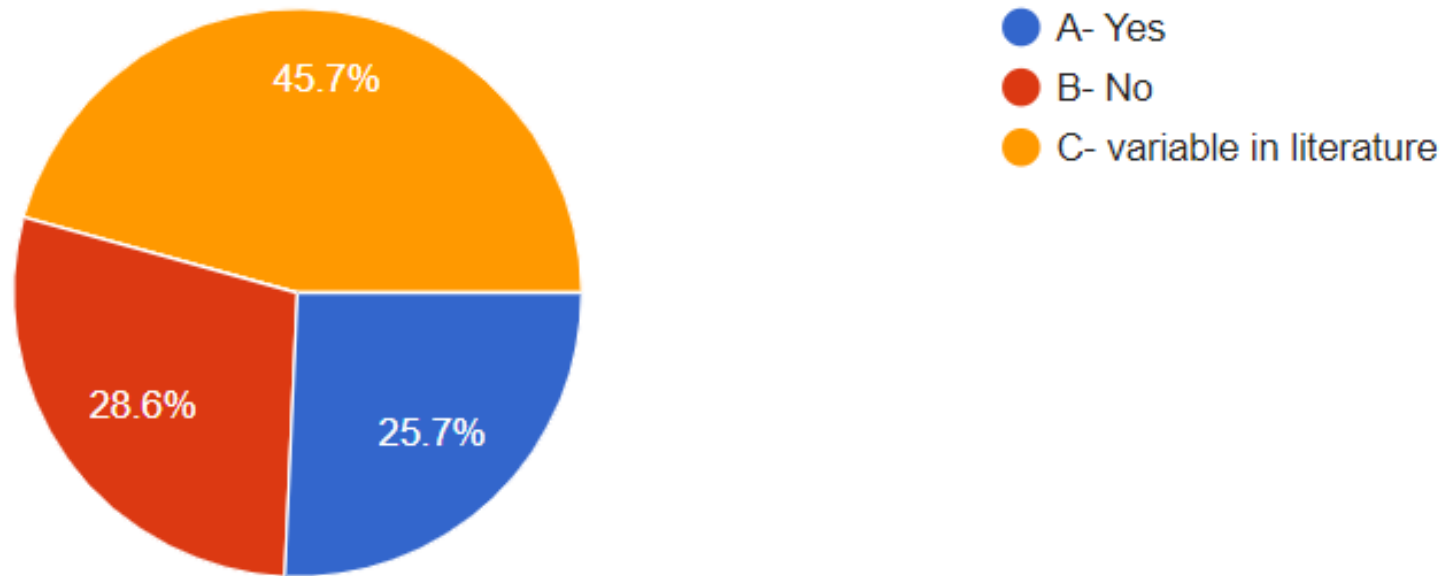
35 responses



2- In HRT cycles, is there a maximum duration for using estradiol to reach the targeted endometrium thickness?



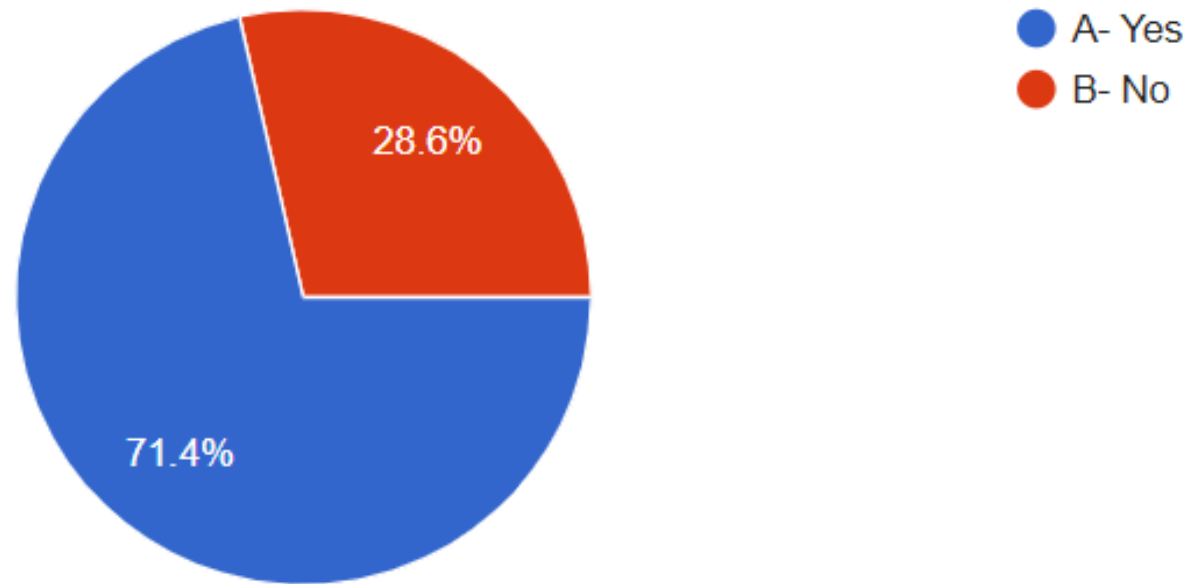
35 responses



3- in HRT: For P: does the route of progesterone administration affect the the rate of early pregnancy loss?

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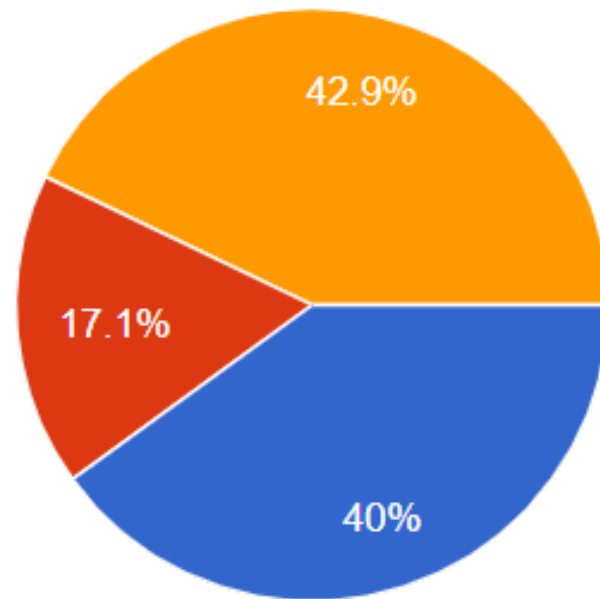
35 responses






4- Is there upper ceiling for P level during HRT?

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35 responses

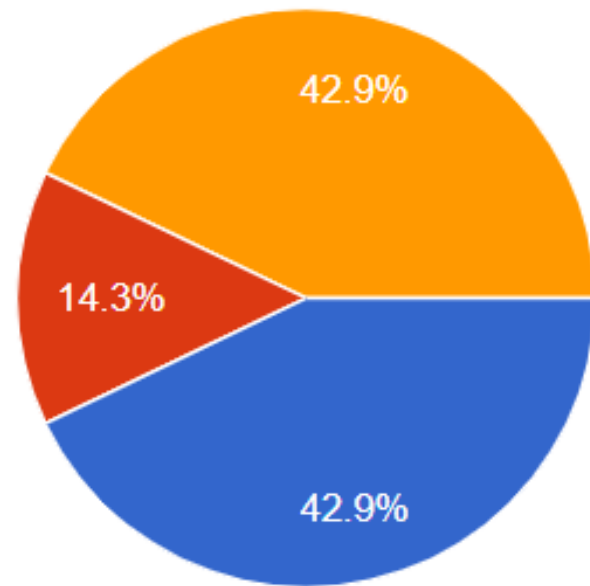





-  A- Yes
-  B- No
-  C- not sure

5- is there a rule for rescue P injection in HRT cycles?

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35 responses

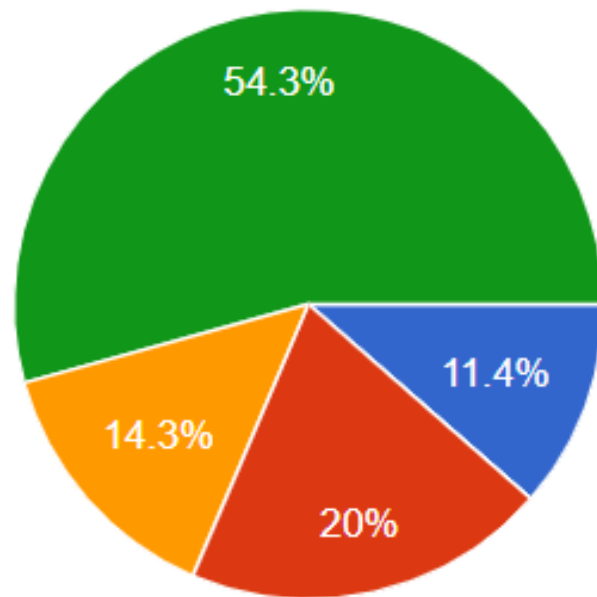






-  A- Yes
-  B- No
-  C- not sure

6- in True natural cycle, how to detect LH surge

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35 responses

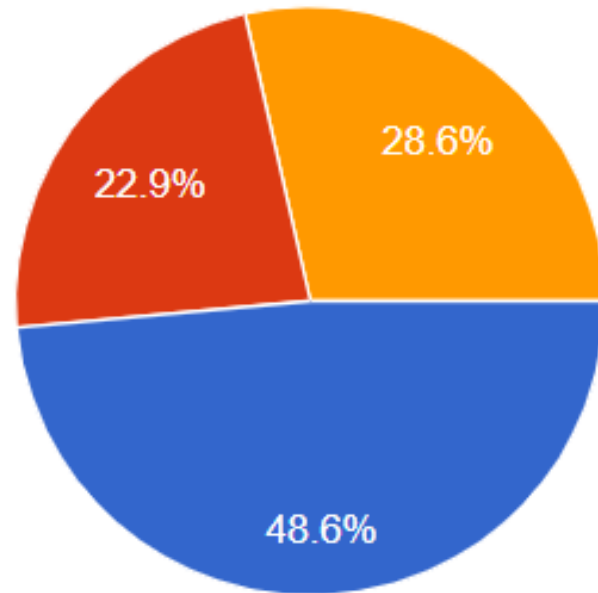





-  A- increase of 180% LH level above previous day
-  B- LH equal 20 IU/l and more
-  C- increase LH and 30% drop in E2 level
-  D- any of the above

7- in true natural cycle, the best time to transfer D5 blastocyst

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35 responses

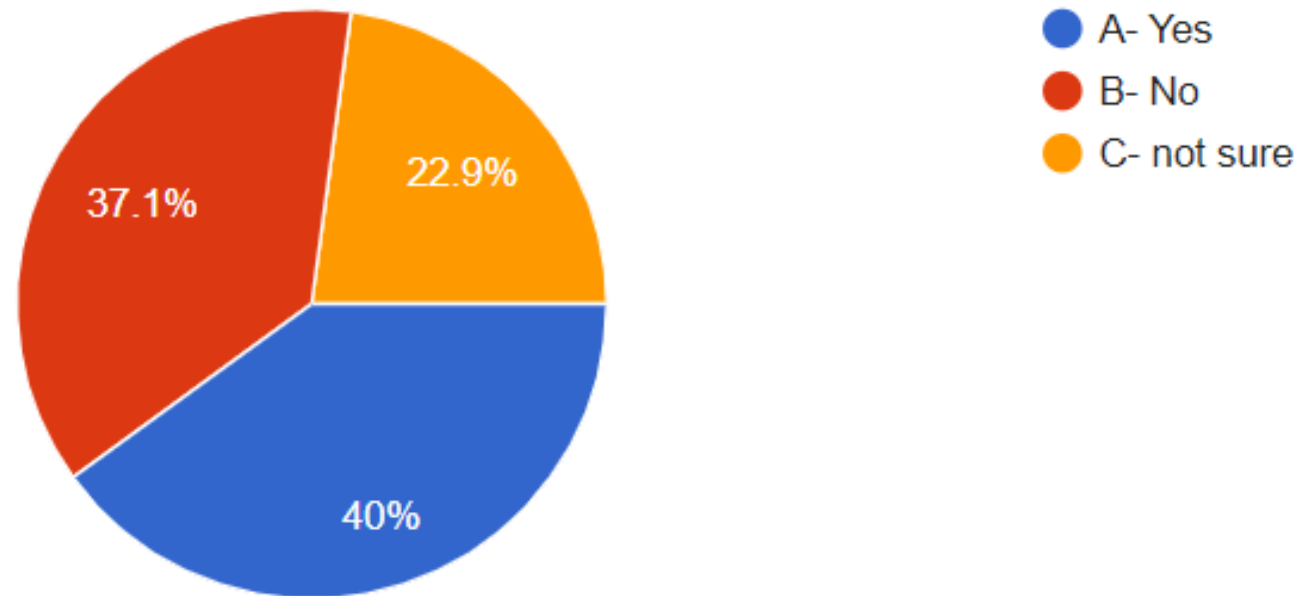


-  A- LH+6
-  B- LH+ 7
-  C- variable in literature

8- in modified natural cycle, is it better to measure LH on trigger day?

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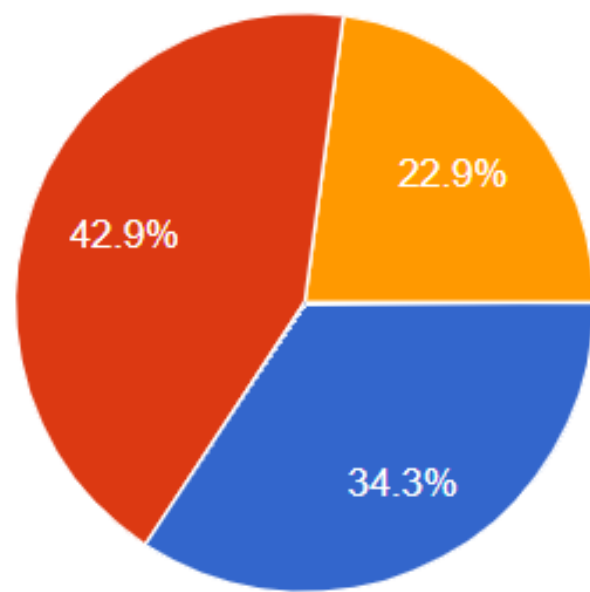
35 responses






9- In modified natural cycle, if LH surge occurs on the planned HCG trigger day

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35 responses

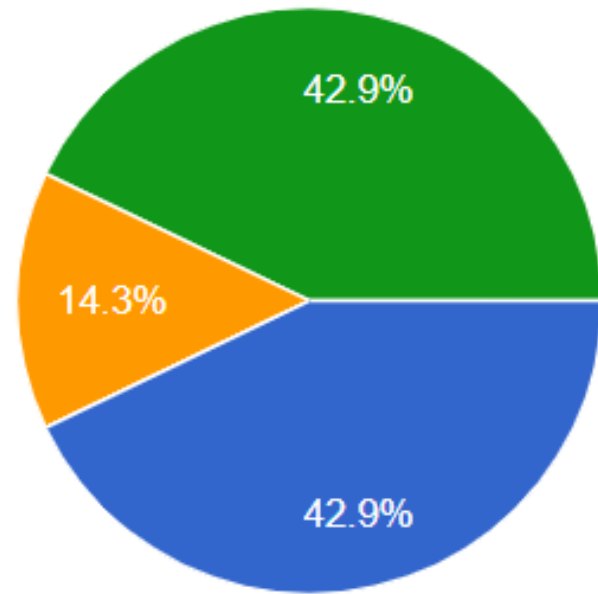


-  A- to give HCG also
-  B- not to give HCG
-  C- Not Sure

10-for preparation of the endometrium in FET cycles using letrozole for mild OS: what is the preferred option



35 responses



- A- to give HCG upon reaching the dominant follicle?
- B- To serially follow LH surge and transfer embryos accordingly without HCG Administration?
- C- measure LH on HCG trigger day and manage accordingly
- D- Any of the above