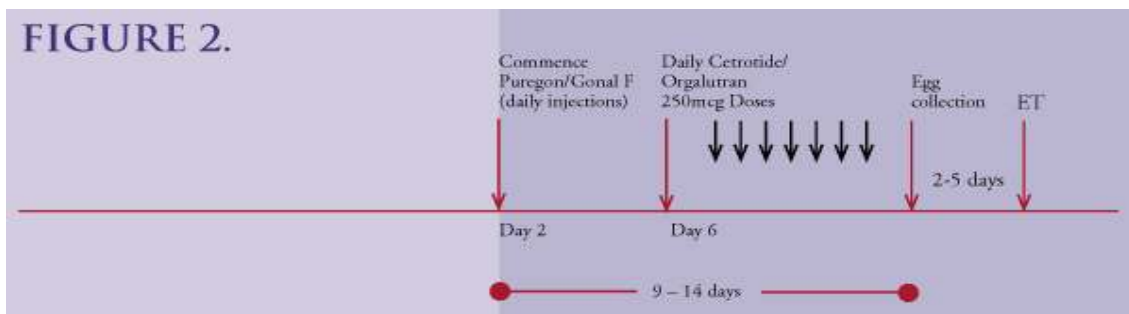
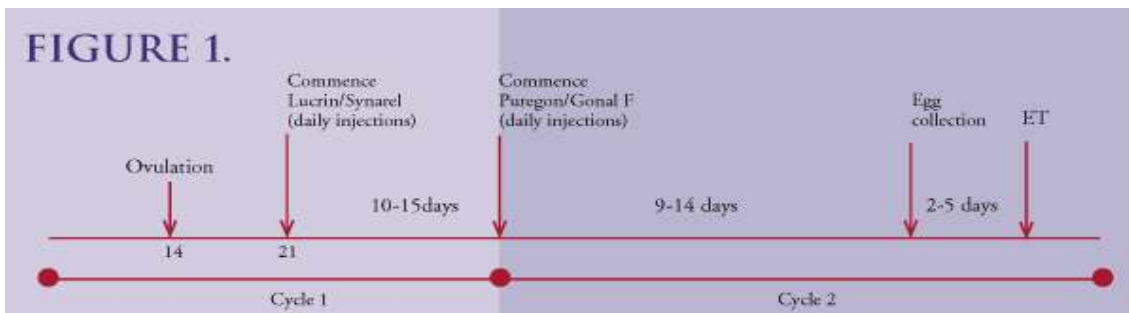


## CETROTIDE AND ORGALUTRAN

In nearly all IVF procedures a drug is used to suppress the pituitary gland (that part of the brain responsible for secreting the hormones that stimulate egg growth within the ovary), during the stimulation phase of the procedure. During a normal menstrual cycle the pituitary gland and hypothalamus controls the growth, development and release of usually one egg in the ovary and so with our aim of stimulating multiple eggs for harvesting, we need to temporarily put the pituitary out of action.

In Australia the two most commonly used medications are Lucrin and Synarel. (These are known as GnRH agonists). There are two protocols in use, the most common (as used in 90% of all IVF cycles) being the Long Down Regulation protocol. This is shown diagrammatically in Figure 1. It is an involved process taking 4-5 weeks to complete through to embryo transfer.



Cetrotide and Orgalutran are GnRH antagonists, which provide the same benefits as Lucrin or Synarel, but in a completely different way. They are used effectively in a "short" protocol as outlined in Figure 2.

The GnRH Antagonist protocol is much simpler and less time consuming than the Long Down Regulation protocol outlined in Figure 1. This then is the main benefit of these new medications. It simplifies and shortens the overall program. It does not shorten the time needed with Puregon or Gonal F although a slightly lower amount may be needed. Extensive studies carried out overseas do not indicate that pregnancy rates are increased or decreased. These same studies do however show a decrease in the incidence of Ovarian Hyperstimulation Syndrome (OHSS), and for patients who are at risk of OHSS your doctor may consider using Cetrotide or Orgalutran. In addition GnRH antagonists often provide more effective stimulation in the older patients and poor responders.

Unfortunately, the GnRH Antagonists are quite expensive. Because of the high cost of Cetrotide and Orgalutran, the policy of Fertility East will be to allow patients to decide whether the improved convenience or lower risk of OHSS is worth the expense. You should discuss the use of an Antagonist with your doctor, especially if you are at risk of OHSS or have had OHSS in a previous cycle.

Cetrotide, or Orgalutran: extra \$500.00 per treatment cycle paid as part of cycle prepayment

*Our success is your baby*

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