

A commonly offered add-on treatment for IVF fails to provide any benefit in a large randomized trial

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An add-on treatment commonly offered to female IVF patients to improve their chance of success has been shown in a large randomised trial to be of no value. "Endometrial scratch", a technique whereby a small scratch or tissue biopsy is made to the lining of the uterus prior to IVF, was associated with no improvements in pregnancy or live birth rates, and should, say an international team of investigators, be abandoned as a procedure by fertility clinics.

The results of the study are presented today in Barcelona at the 34th Annual Meeting of ESHRE by Dr. Sarah Lensen, a researcher from the University of Auckland, New Zealand.

The study was a large randomised trial performed at 13 fertility centres in five countries (New Zealand, UK, Belgium, Sweden and Australia) and involving more than 1300 women having IVF. One half were randomly assigned to endometrial scratching and the other to no adjuvant procedure. The [scratch](#) was performed with a Pipelle cannula, a small flexible plastic tube commonly used for performing uterine biopsy for a variety of indications. In IVF, where some studies have shown a benefit in outcome, it's been proposed that injury to the lining of the uterus causes an inflammatory response conducive to implantation following embryo transfer.

"Results from earlier studies have suggested a benefit from endometrial

scratching in IVF," explained Lensen, "especially in women with previous implantation failure. However, many of these studies had a high risk of bias in their design or conduct and did not provide strong evidence. There was still uncertainty about the validity of a beneficial effect."

Women in the endometrial scratch arm of the study had a Pipelle biopsy between day 3 of the preceding cycle and day 3 of the IVF/embryo transfer cycle. Controls had no intervention. Results showed that clinical pregnancy rate in the endometrial scratch group was 31.4% and in the control group 31.2%; live [birth rates](#) were 26.1% in the former and 26.1% in the latter. The probabilities of pregnancy were still comparable after controlling for variables and sub-group analysis, which included patients with a history of implantation failure in IVF (defined as two or more unsuccessful embryo transfers). This group in earlier studies has appeared to gain particular benefit from the procedure.

This latest study also measured pain discomfort score associated with endometrial scratch and found "a moderate amount of pain and bleeding". This too, said the investigators, was further reason why endometrial scratch should be abandoned and removed from the list of IVF adjuvant options.

Endometrial scratch is a reportedly common add-on treatment in fertility clinics. A survey of clinics in Australia, New Zealand and UK performed by Lensen and colleagues in 2016 found that 83% of clinicians would recommend endometrial scratching prior to IVF, especially to women with recurrent implantation failure.

"Our results contradict those of many studies published previously," said Lensen, "and, although our trial was the largest and most robust study undertaken so far, it can be difficult for one trial to change practice. However, there are other trials under way at the moment, including two

large studies from the Netherlands and UK. Nevertheless, even based just on our results, I think clinics should now reconsider offering endometrial scratch as an adjuvant treatment."

More information: Abstract O-139, Tuesday 3 July 2018:
Endometrial scratching by Pipelle biopsy in IVF (the PIP study): A pragmatic randomised controlled trial

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