

Advantages and practical applications of human oocytes cryopreservation



- Ethical, moral, legal reasons
- Risk of premature ovarian failure due to:
 - Antineoplastic therapies
 - Endometriosis
 - Ovarian surgery
 - Genetic predisposition
- Flexibility of IVF routine
 - Failure to produce semen sample
 - Failure to retrieve sperms
 - Possibility of doing IVF in the physical absence of patients
 - Risks of developing OHSS
- Oocyte donation
- Family planning



1983

FIRST PREGNANCY FROM FROZEN
EMBRYOS

1986

FIRST PREGNANCY FROM FROZEN
OOCYTES

HUMAN OOCYTE CRYOPRESERVATION



AUTHORS	YEAR	BIRTHS
Chen (Adelaide, Australia)	1986 1987	Twin (IVF) Single (IVF)
van Uem (Erlangen, Germany)	1987	Single (IVF)
Porcu (Bologna, Italy)	1997	Single (ICSI)



Chen, 1986-87

Egg survival: 76%

Fertilization: 71%

Cleavage: 85%

Pregnancy: 29%



1988-1996

**NO BIRTHS FROM
CRYOPRESERVED HUMAN OOCYTES**



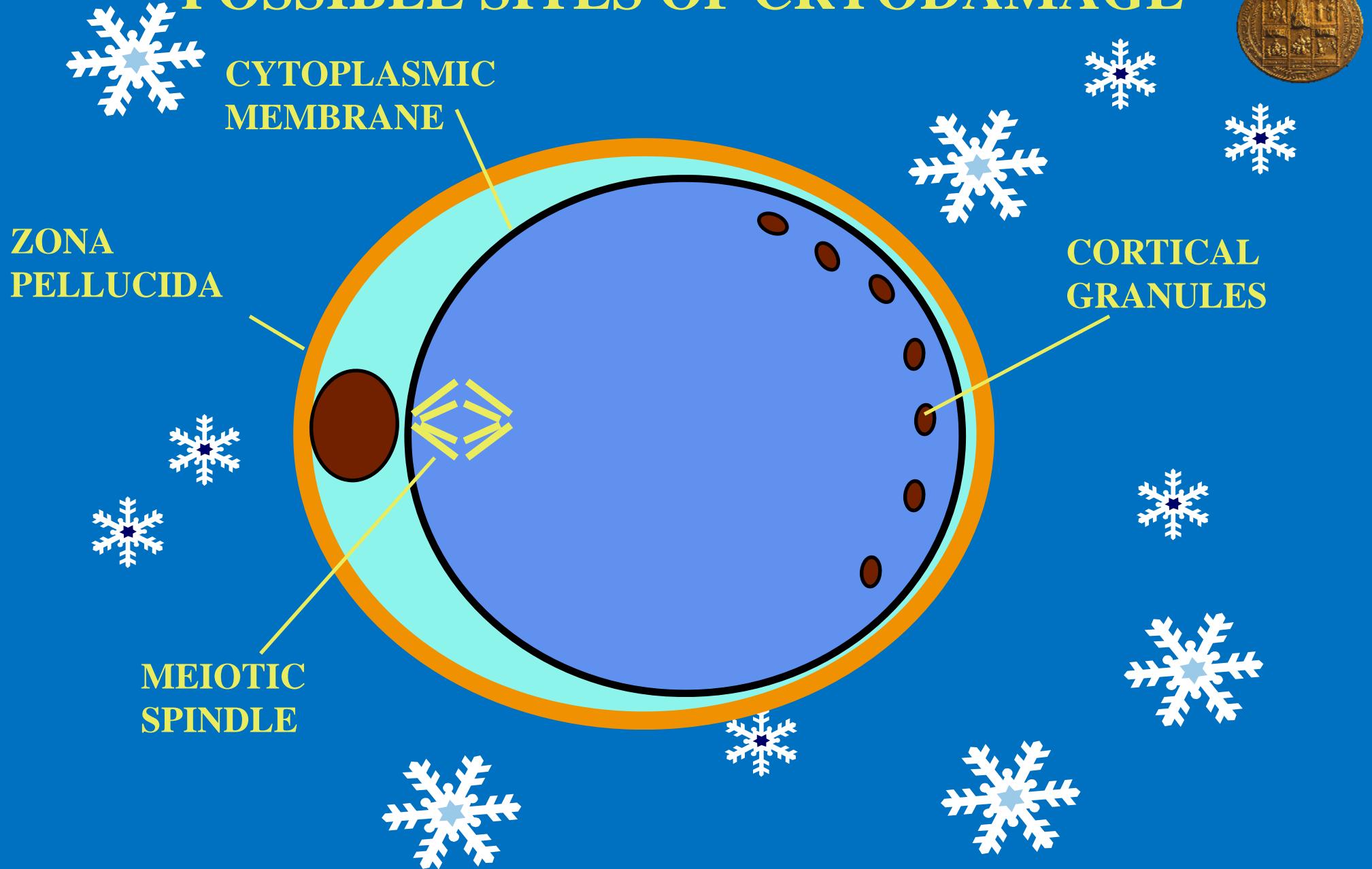
Human egg freezing

Survival	0-90%
Fertilization	0-70%
Cleavage	0-90%
Implantation	0-50%



**INEFFICIENT
UNRELIABLE
UNSAFE**

POSSIBLE SITES OF CRYODAMAGE





CRYODAMAGE: MEIOTIC SPINDLE

- Present in Metaphase II oocytes
- Bounds 23 dichromatidic chromosomes
- Highly sensitive to ice crystals
- Disruption can lead to loss of chromosomes



CRYODAMAGE: MEIOTIC SPINDLE

Gook, Hum Reprod, 1993

- Human and mouse oocytes cryopreserved with PROH
- Slow freeze, rapid thaw method
- Result: mouse and human oocytes cryopreserved by the same method show opposing results

- mouse oocytes: 4% survival rate
- human oocytes: 64% survival rate *

* 60% of the surviving oocytes had a normal spindle and chromosome configuration

Fertilization of human oocytes following cryopreservation; **normal karyotypes** and absence of stray chromosomes



Gook, Hum Reprod, 1994

- Fresh and aged human oocytes cryopreserved with PROH
- Oocytes examined for chromosomal loss
- No *stray chromosomes* observed in 137 cryopreserved oocytes
- In the cryopreserved oocytes which had undergone normal fertilization, normal sets of 23 chromosomes were observed



Abnormal chromosomes in cryopreserved human oocytes

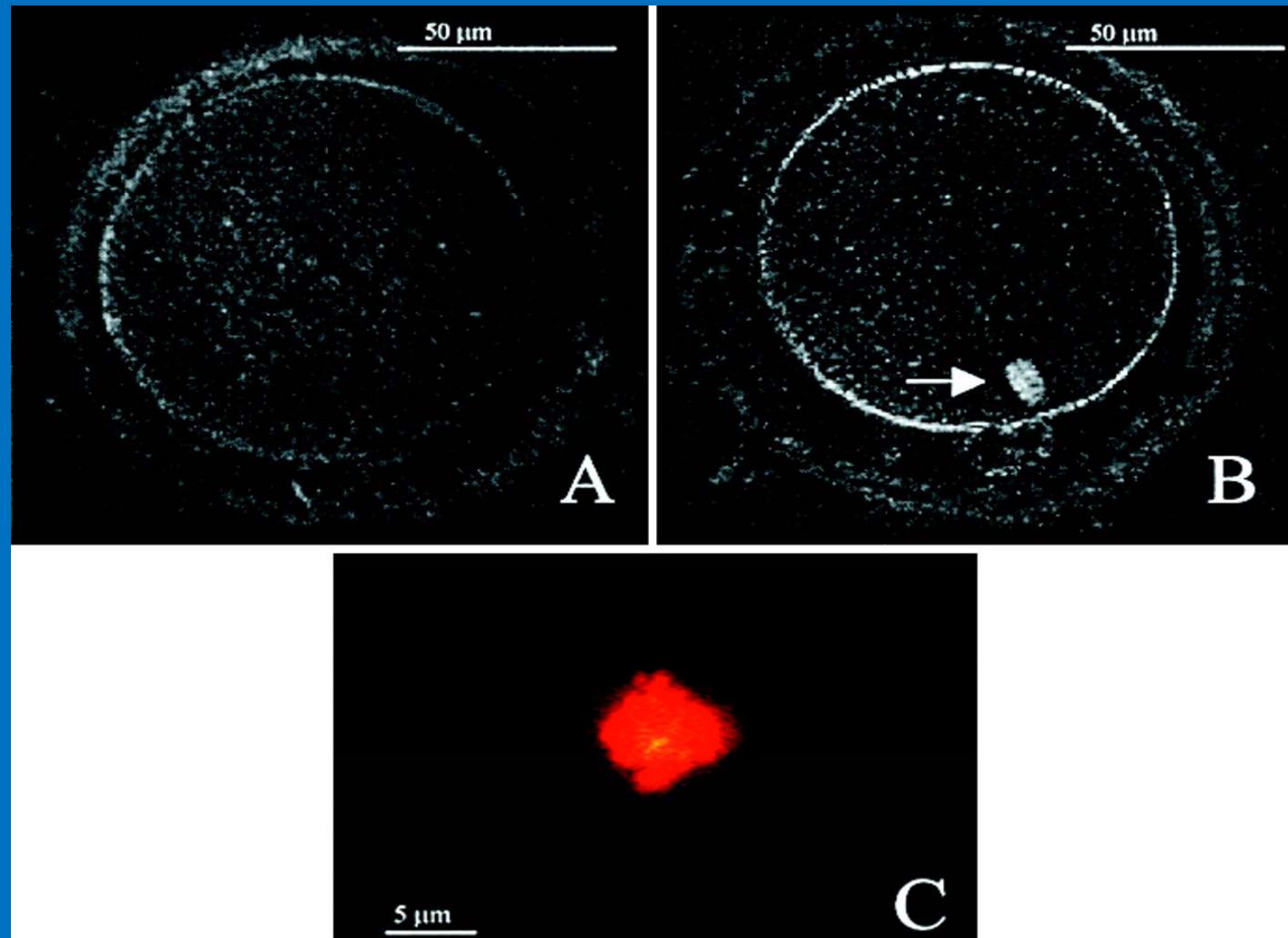
Cobo et al., Fertil Steril 2001

28,6% in frozen eggs

26% in controls

The technique is, *nevertheless*, safe

Sequential Polscope images of a metaphase II human oocyte in which the meiotic spindle was undetectable immediately after thawing in thawing solution 1 (A) and re-appeared after cryoprotectant removal during incubation at 37{degrees}C in culture medium (B)



CRYODAMAGE



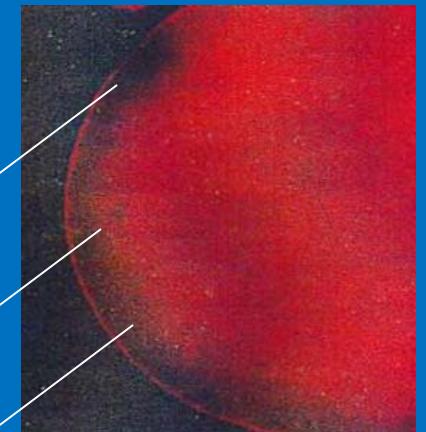
Zona pellucida

Cortical granules



CRYODAMAGE: CORTICAL GRANULES

- Present in Metaphase II oocytes
 - Located at the periphery of the oocyte
 - At fertilization the exocytosis of the cortical granules (zona reaction) prevents the entry of more than one spermatozoon
 - Loss can lead to polyspermy
-
- *Gook et al., 1993:*
abundant cortical granules in cryopreserved eggs





EGG FREEZING

TECNICAL VARIABLES

Cryoprotectants

DMSO, PROH, Gly, EtilGly,Sucrose,Threalose

Freezing-thawing rate

Slow, rapid, ultrarapid

Vitrification

-4,5-8 °C

Seeding temperature

Low sodium content

Medium components

Choline

Egg maturity

GV-MII

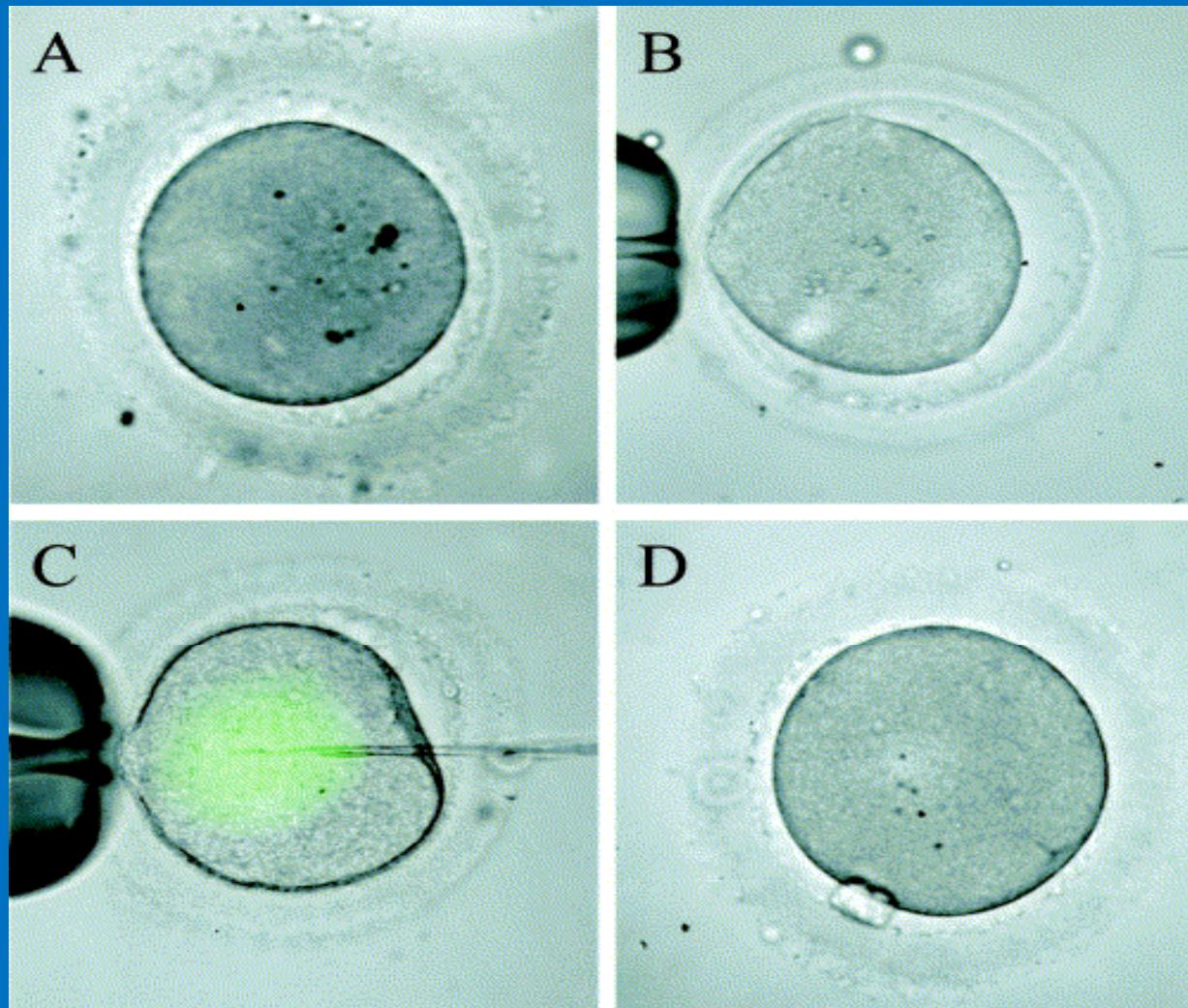
Insemination

IVF-ICSI

MICROINJECTION OF THREALOSE



Eroglu, Fertil Steril, 2002



LOW SODIUM IN THE MEDIUM



Goud, Fertil Steril, 2002

- The cryopreservation medium plays a critical role in preventing cellular injury during freeze-thaw
- During freezing, water leaves the cell and solute concentrations raise
- High solute concentrations may be harmful to oocytes
- Partial replacement of sodium with choline was found to be beneficial for mouse and human oocytes



- UNEFFICIENT
- UNRELIABLE
- UNSAFE

WHY?

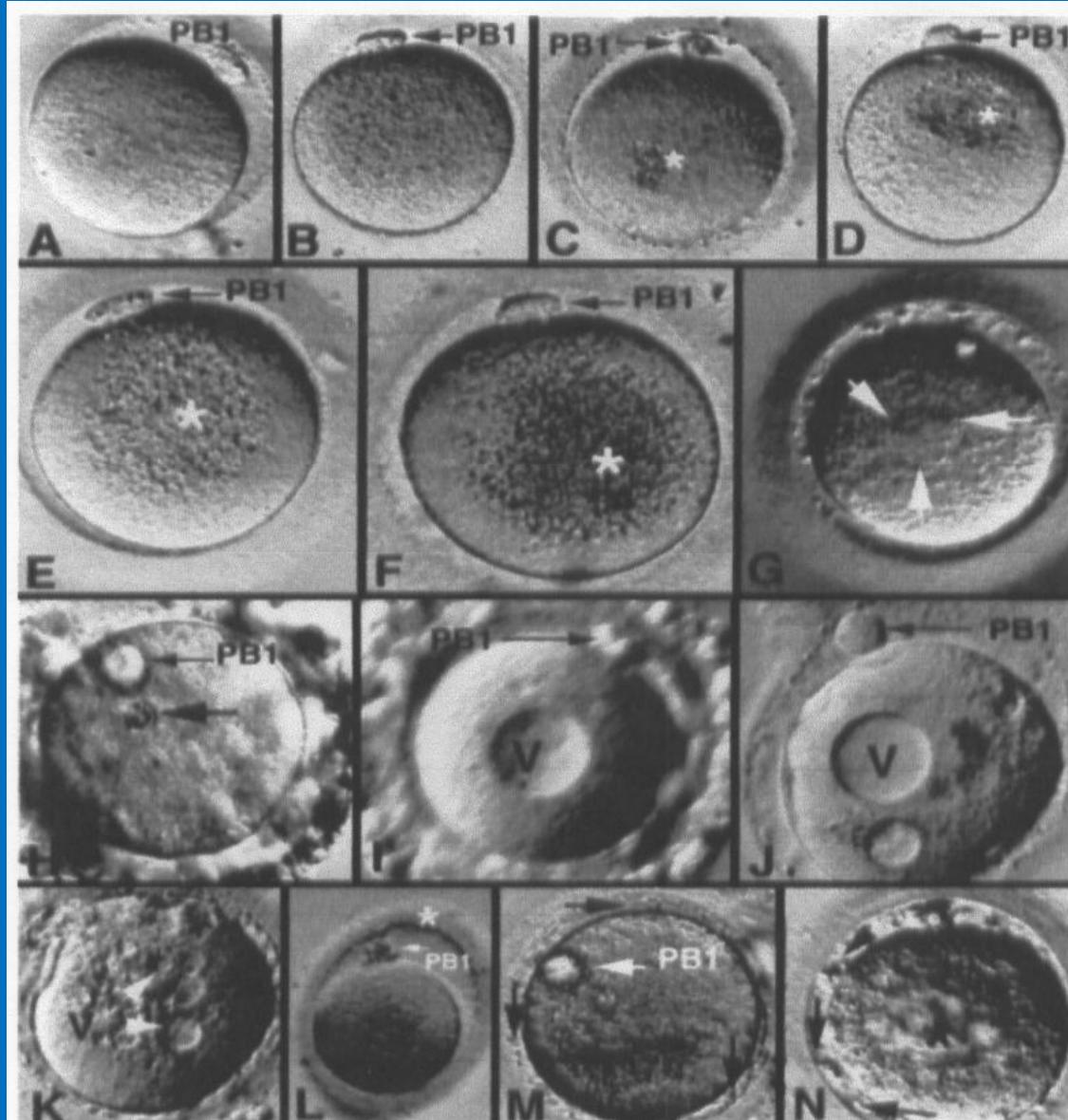
- LOW NUMBER OF OOCYTES
- BAD QUALITY OF OOCYTES
- NO APPROPRIATE ANIMAL MODEL

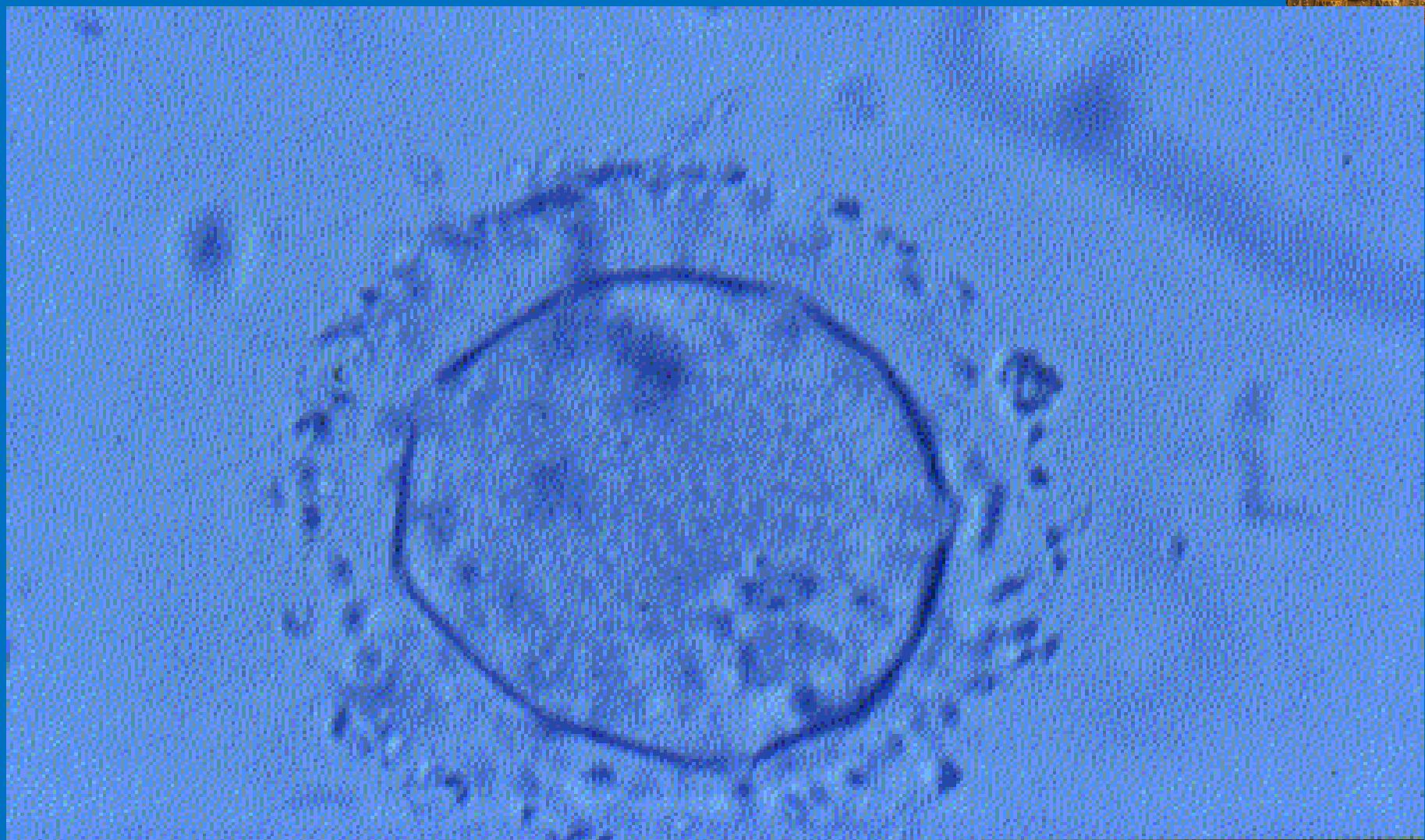


“Ideal oocyte”



Oocyte anomalies





Porcu et al., 1998



HUMAN OOCYTES CRYOPRESERVATION

clinical experimental design



Patients

- Age: < 38 years
- Tubal infertility
- Normal seminal parameters
- No previous IVF failures

Oocytes

- At least ten mature oocytes retrieved
- All the good quality oocytes frozen
- Oocytes thawed inseminated with ICSI
and embryo replacement in subsequent cycle



SLOW FREEZING RAPID THAWING PROTOCOL

PROH 1.5 M solution + 0.2 M Sucrose

INSEMINATION WITH ICSI



RECENTLY ICSI HAS BEEN PROPOSED AS
A SOLUTION FOR CRYOPRESERVATION
DAMAGES INVOLVING:

- ZONA PELLUCIDA
- CORTICAL GRANULES

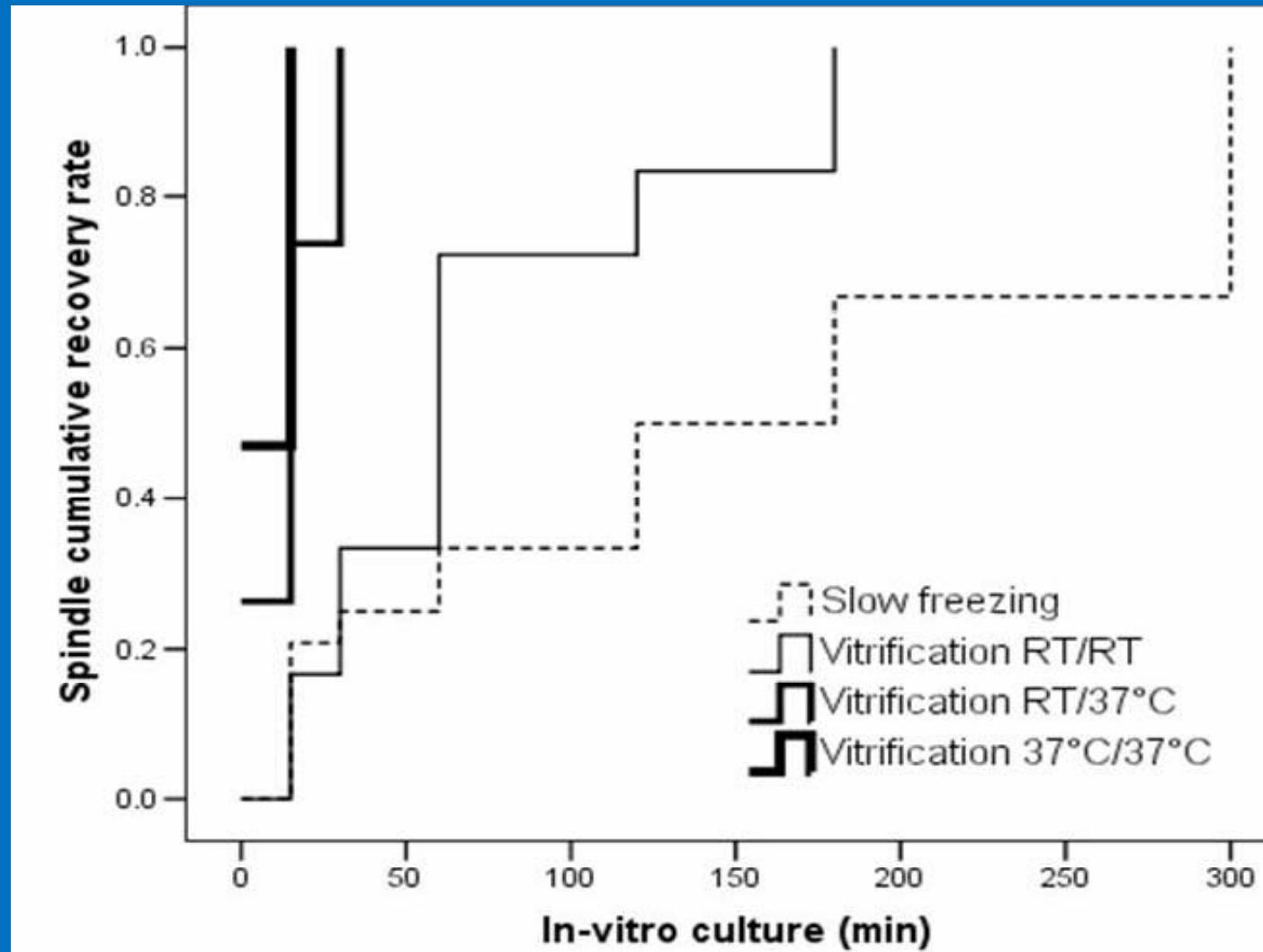
ICSI SHOULD:

- INCREASE FERTILIZATION RATE
- AVOID POLYSPERMIC FERTILIZATION



Ciotti et al 2004

Spindle cumulative recovery rate during *in vitro* culture in the four groups: slow freezing; vitrification RT/RT, RT/37°C and 37°C/37°C.



Ciotti and Porcu, 2009



**CRYOPRESERVATION OF OOCYTES IN PCO
TO RESCUE TREATMENT CYCLE AND AVOID
SEVERE OHSS**

OOCYTES CRYOPRESERVATION IN PCO PATIENTS

Infertility and IVF Center - University of Bologna



	n	%
Patients	51	
Thawing cycles	62	
Transfer	62	
Pregnancies	15	
Sacs	18	
Deliveries	10	
Children	13	
Ongoing	2	
Miscarriages	3	
Pregnancies rate/cycle	24	
Pregnancies rate/patient	29	
Implantation rate	10	
Abortion rate	20	



HUMAN OOCYTES CRYOPRESERVATION

Efficiency

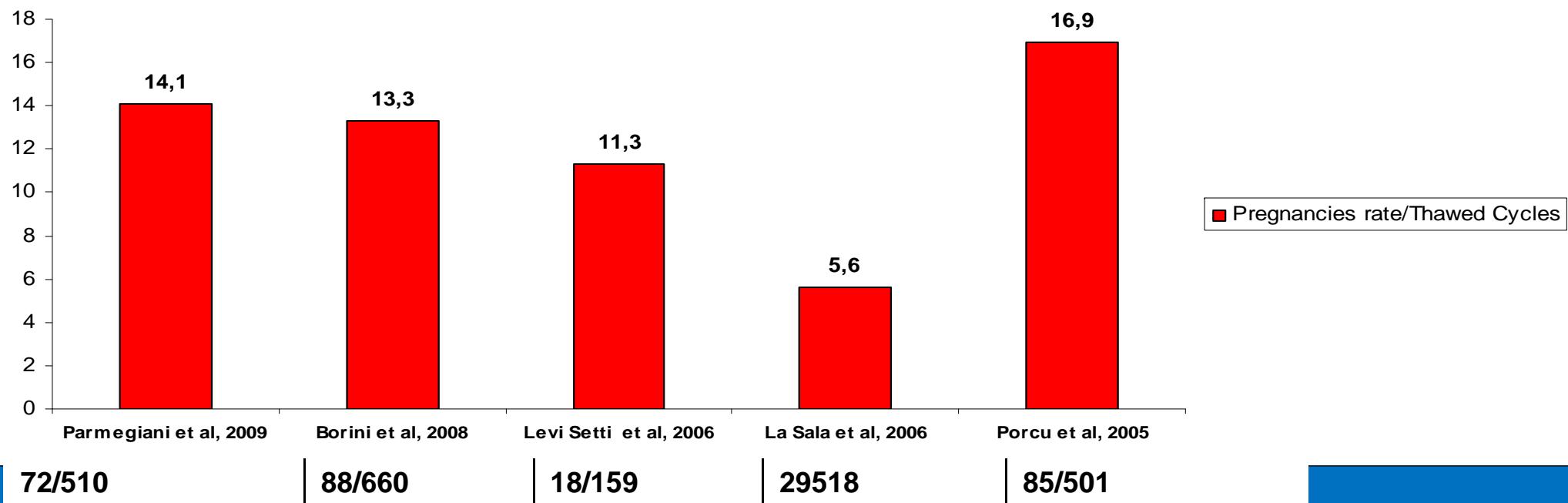
Until recently, oocyte cryopreservation was considered a low efficiency technique because of low survival, fertilization and cleavage rates.

With the improvement of the freezing protocol, the survival rate is presently satisfactory.

With the introduction of ICSI, the results, in terms of fertilization, embryo cleavage and implantation, approach those obtained with fresh oocytes.



Pregnancies rate/Thawed Cycles



HUMAN OOCYTES CRYOPRESERVATION



Safety

- 1- Safety of oocyte cryopreservation has been extensively debated and the main concern is related to the possible damage of the meiotic spindle and the induction of aneuploidy.**
- 2- However, Gook investigations showed normal karyotypes and absence of stray chromosomes in cryopreserved oocytes.**
- 3- In addition, cryopreservation processes expose oocytes to a rigid selection: probably only the strongest cells can survive.**
- 4- At present, children born from frozen oocytes are normal and healthy .**



WITH MORE THAN 900 OOCYTE
CRYOPRESERVATION BORN,
CONGENITAL DEFECTS DO NOT
APPEAR MORE FREQUENT THAN IN
NATURAL CONCEPTION

*Noyes, Porcu and Borini,
RBM OnLine, 2009.*

EGGS OR EMBRYO STORAGE?



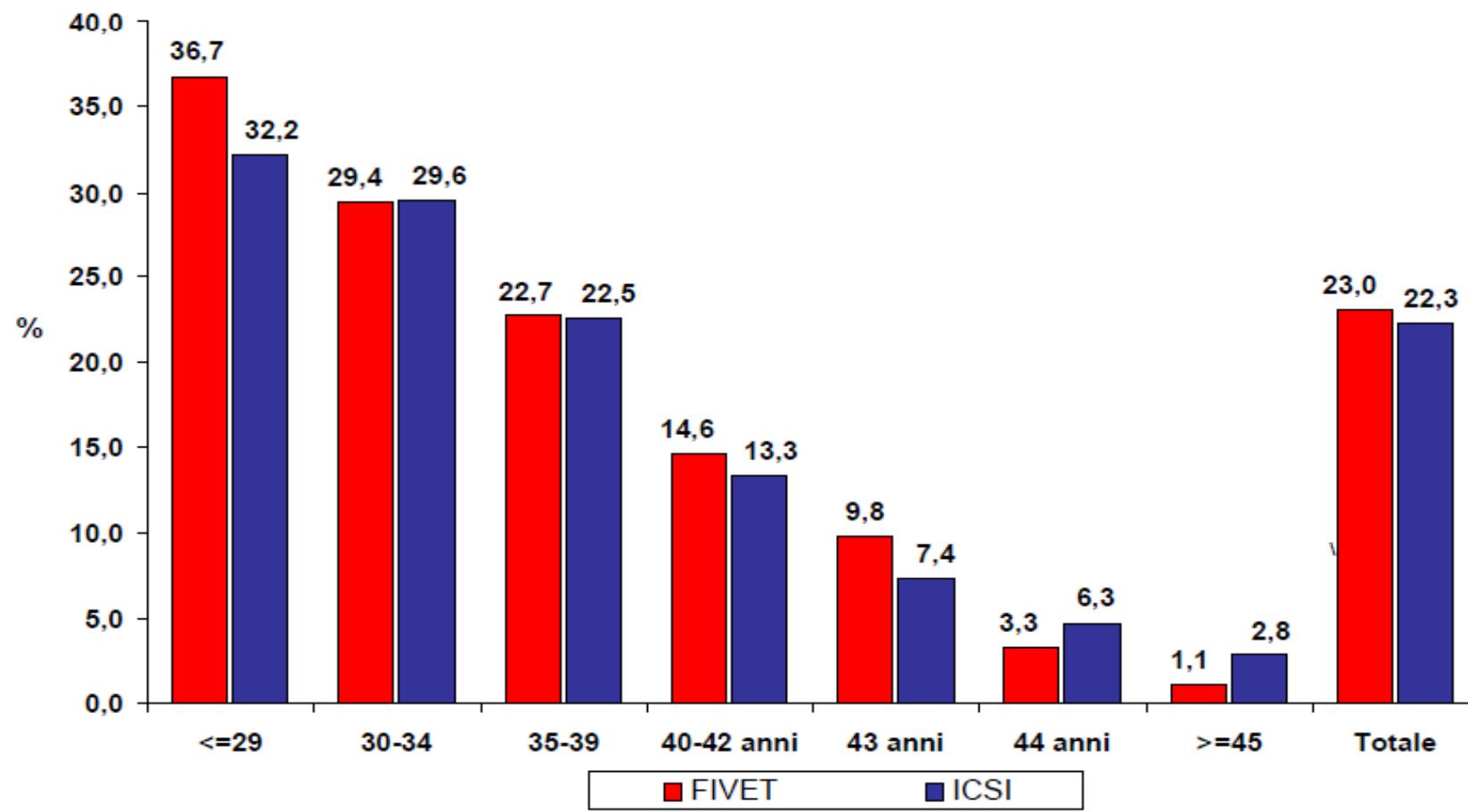
	eggs	embryos
Thawing cycles	19	23
Transfers	17	22
Thawed	95	69
Survived	75(79%)	56(82%)
Tran.embryos	45	56
Preg(tran.)	3(17.7)	4(18.2)

Porcu et al., Fertil Steril, 2002

Italian IVF fresh cycles results



Figura 3.24 Percentuali di gravidanza sui prelievi da tecniche a fresco nell'anno 2008 per classi di età delle pazienti.



(Italian Ministry of Health, 2008)



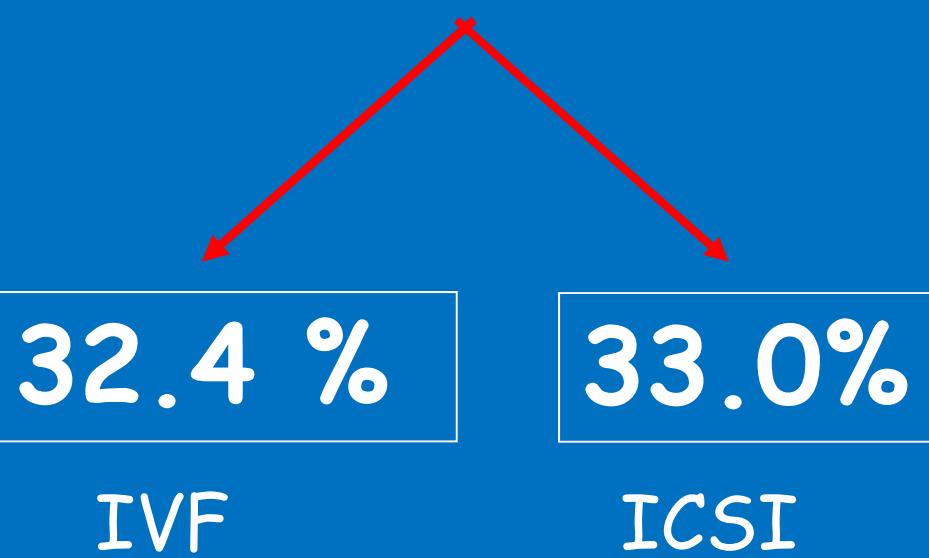
IVF cycles: 117.318

ICSI cycles: 232.844

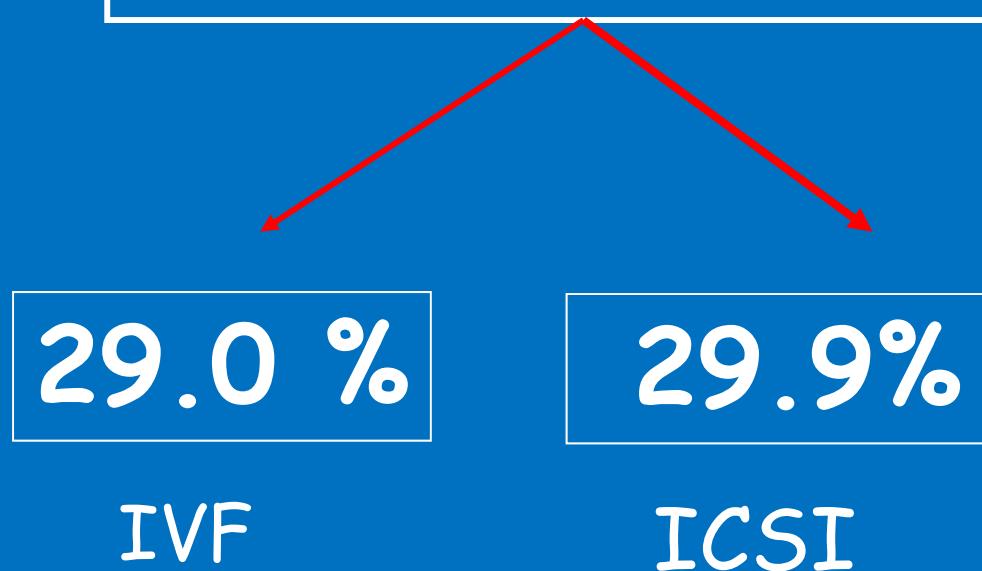
ESHRE Registry, 2010



Pregnancy rate / Transfer

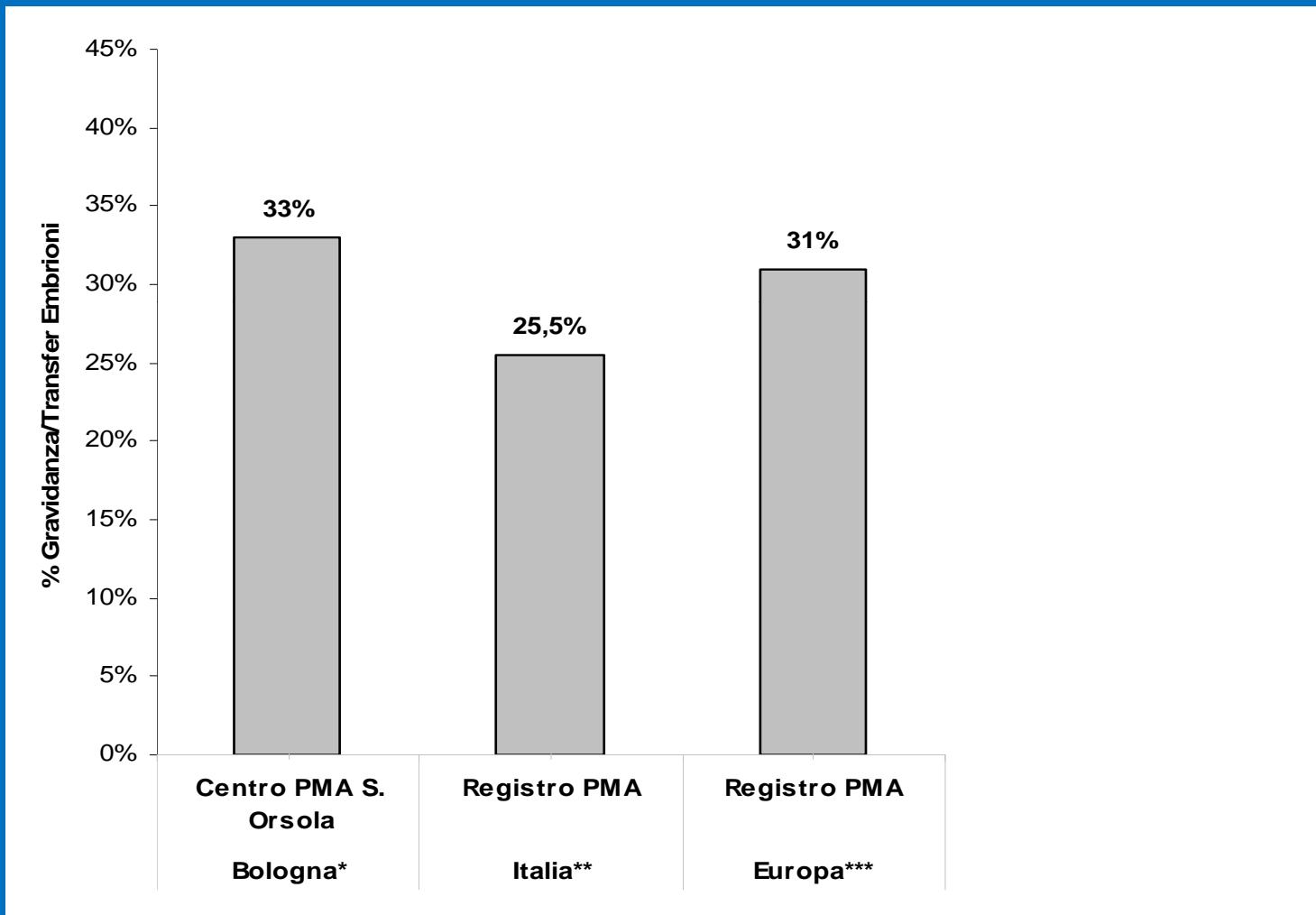


Pregnancy rate/egg retrieval



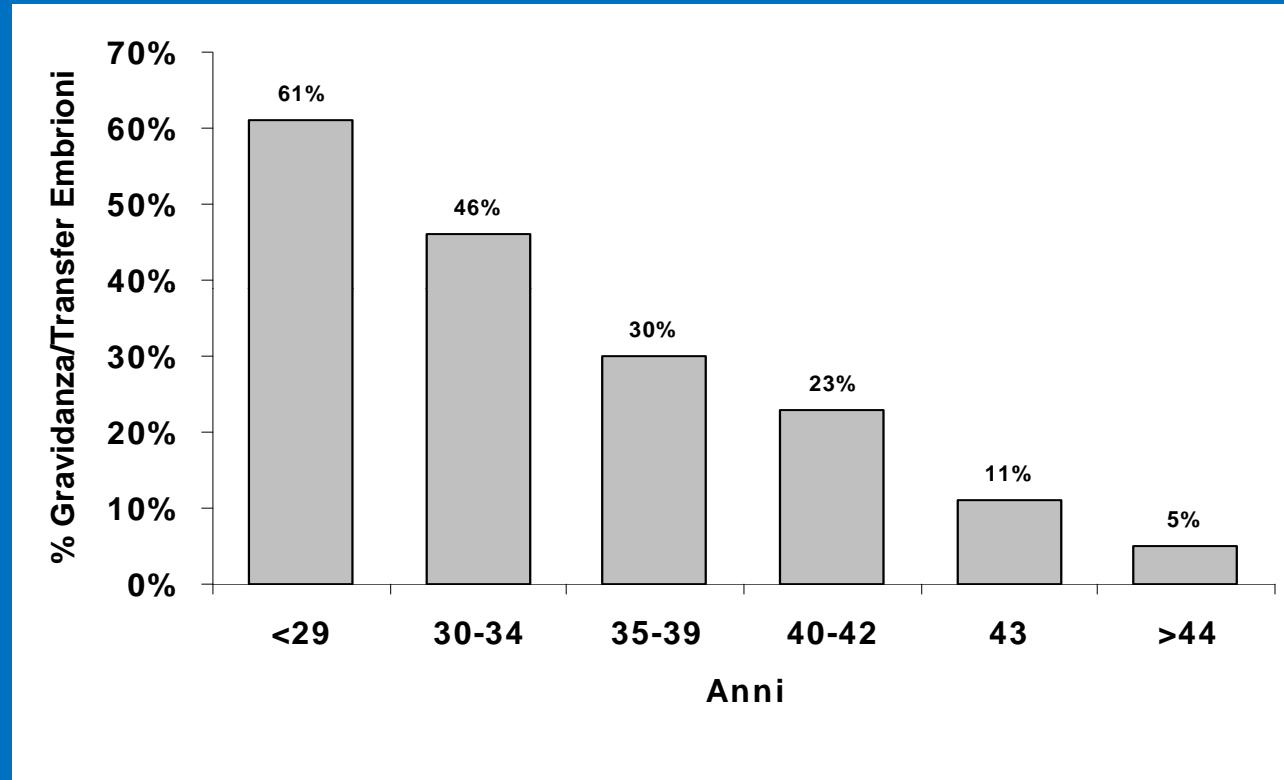
ESHRE Registry, 2010

Pregnancy rate per embryo transfer



Porcu et al., 2010

Pregnancy rate/transfer in fresh cycles, according to female age (year 2008)



Risultati clinici a confronto tra il gruppo di pazienti che ha scelto elettivamente di inseminare solo 3,4 ovociti (Study group) , il gruppo di pazienti che ha prodotto pochi ovociti (Poor prognostic) ed il gruppo che ha inseminato tutti gli ovociti disponibili (Good prognostic)



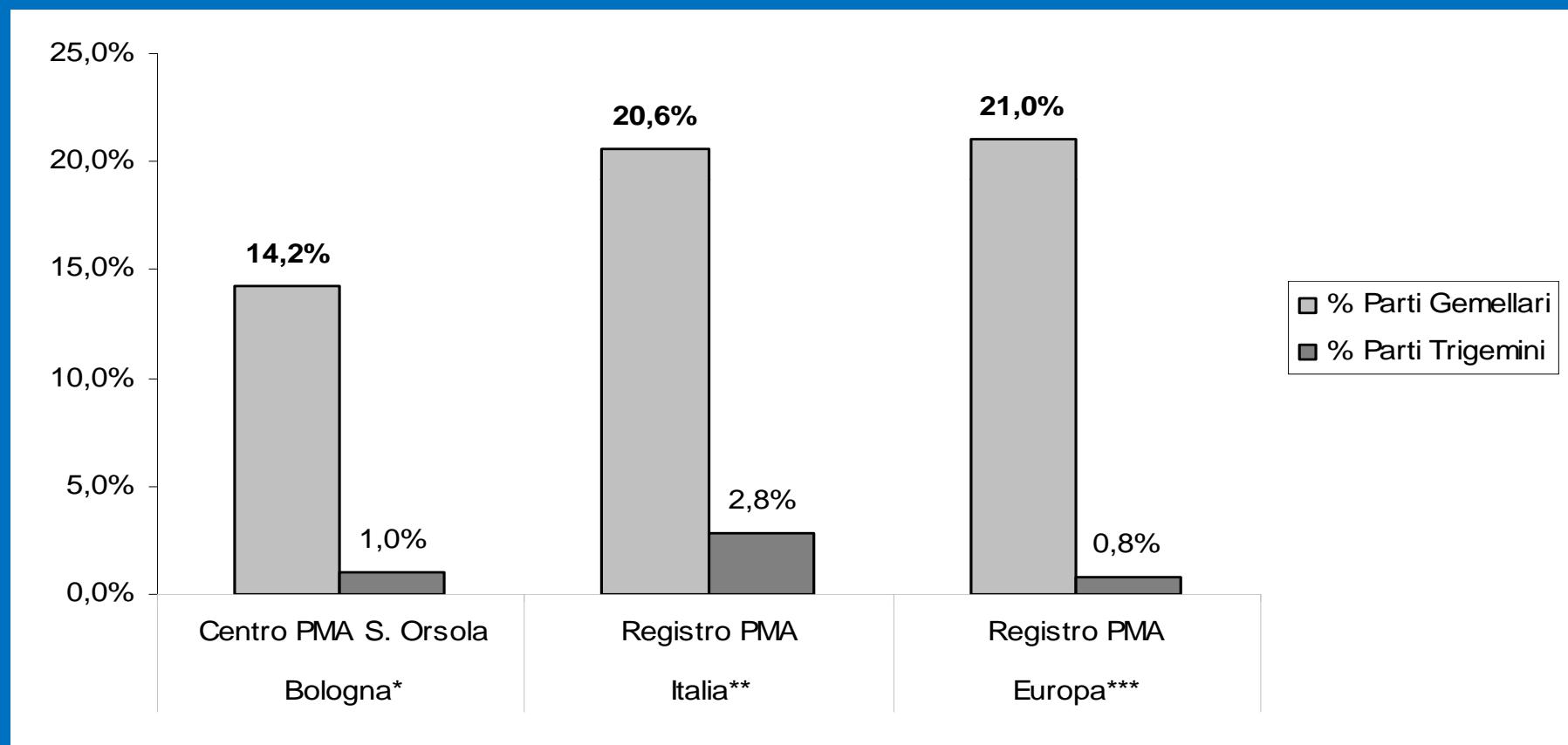
Outcome of IVF treatment

Parameter	Study group	Poor-prognostic Group	Good-prognostic group
Implantation rate, % (n)	35.7 (15/42)	21.7 (15/69)	47.5 (151/318)
Clinical pregnancy rate, % (n)	62.5 (10/16)	29.7 (11/37)a	64 (96/150)
Ongoing pregnancy rate, % (n)	56.3 (9/16)	24.3 (9/37)a	60.7 (91/150)
Ongoing multiple pregnancy rate, % (n)	44.4 (4/9)	33.3 (3/9)	42.8 (39/91)

a $P < .05$ when compared with the study and good-prognostic groups.

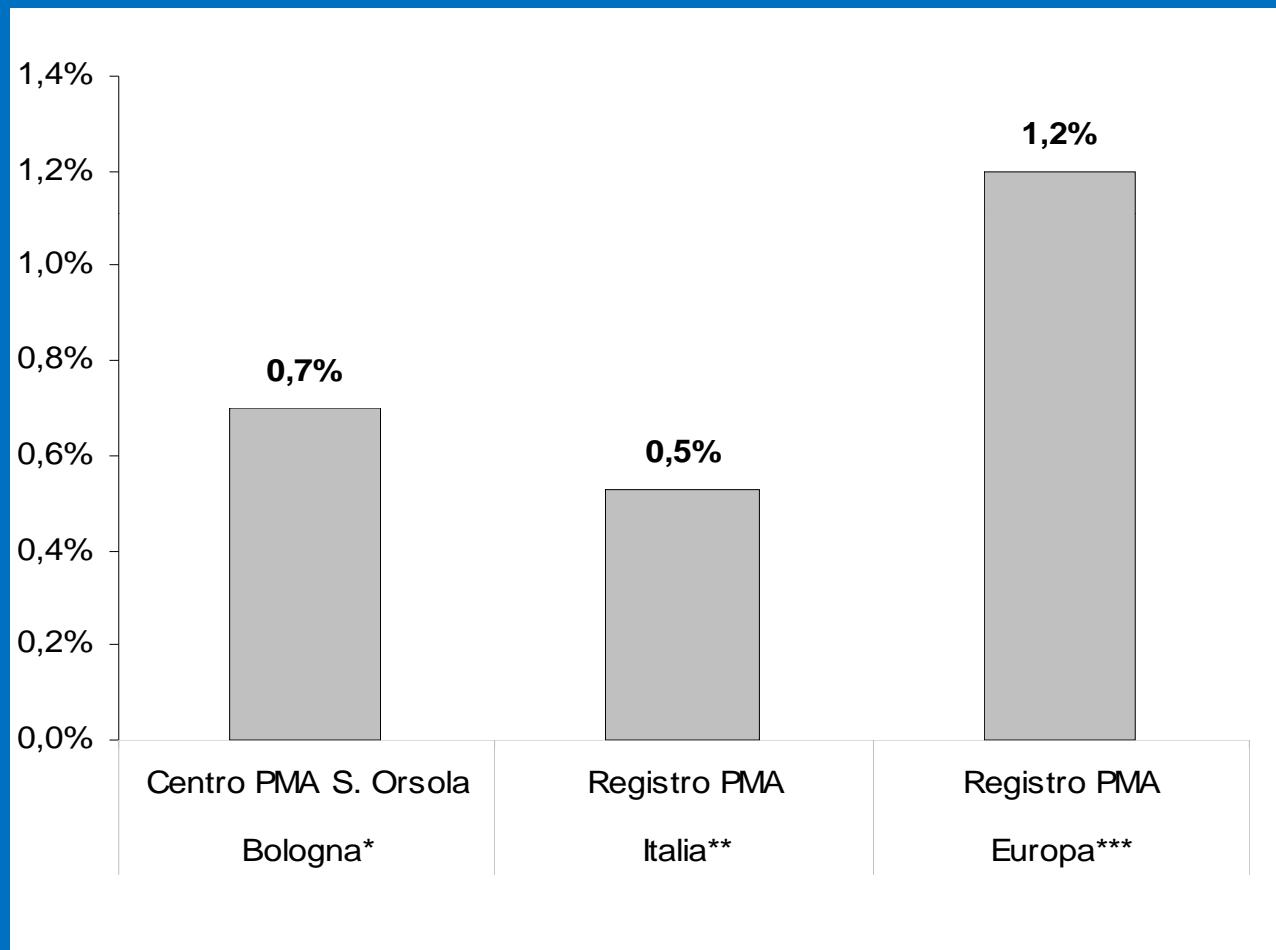
Engmann et al., 2005

Twins and triplets deliveries



Porcu et al., 2010

Ovarian Hyperstimulation Syndrome



Porcu et al., 2010

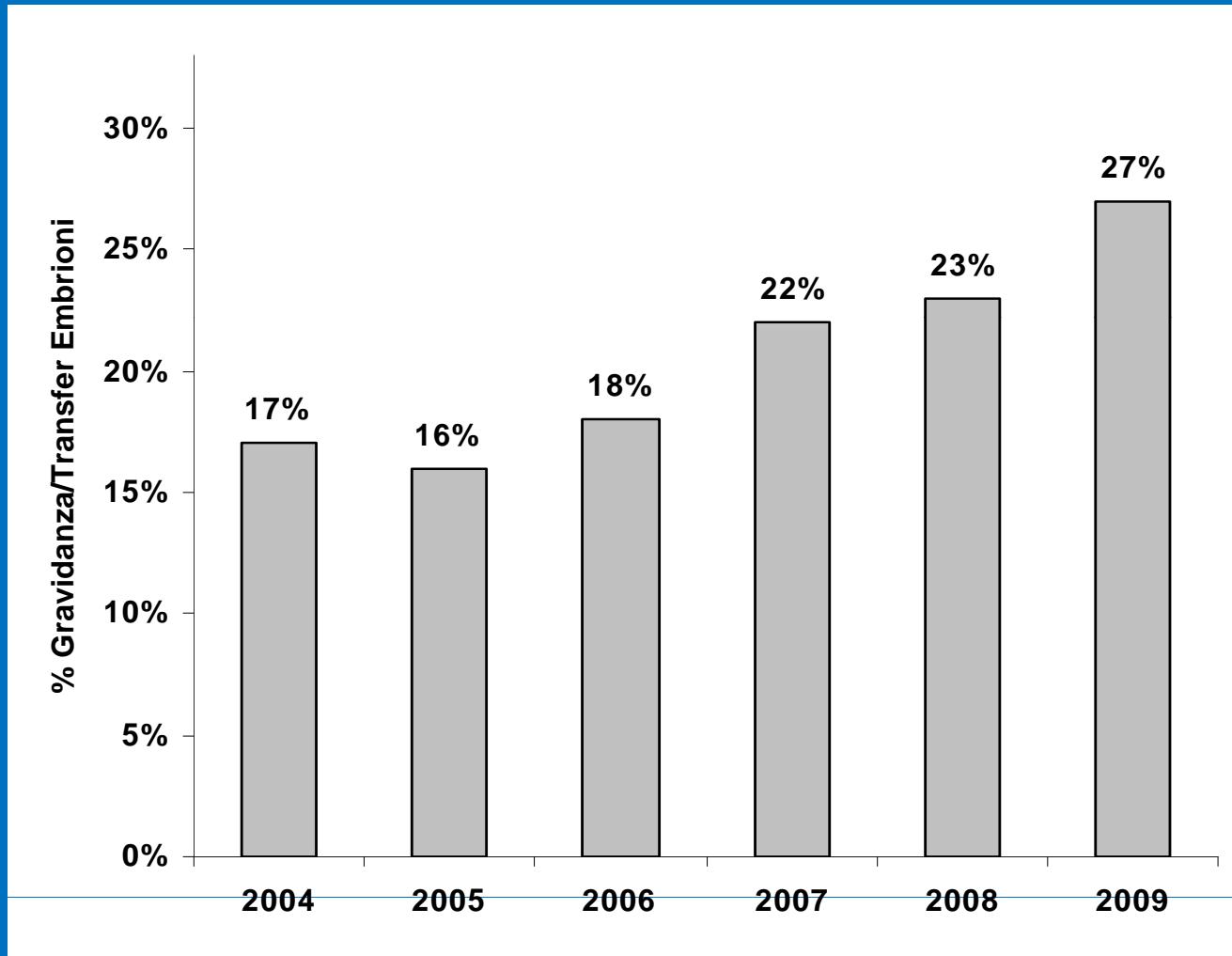
Risultati Clinici da Ovociti Crioconservati



Pazienti	360
Cicli scongelamento ovociti	501
Transfers embrionali	482
Gravidanze	85
Camere gestazionali	103
Parti	64
Bambini	70
Aborti	21
gravidanza /ciclo	17.0 %
gravidanza /transfer	17.6 %
gravidanza /paziente	23.6 %
Percentuale di impianto	10.1 %
Percentuale di aborto	25.0 %

Porcu., 2005

Pregnancy rate / transfer from oocyte cryopreservation



Cumulative pregnancy rate from fresh and cryopreserved oocyte cycles



No. patients	749
No. pregnancies	355
No. gestational sacs	458
Cumulative pregnancy rate/transfer	47.4% (355/749)
Cumulative implantation rate	15.5% (458/2947)

Borini et al., 2007



Available online at www.sciencedirect.com



European Journal of Obstetrics & Gynecology and
Reproductive Biology 113S (2004) S14–S16

EUROPEAN JOURNAL OF
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AND REPRODUCTIVE BIOLOGY

www.elsevier.com/locate/ejogrb

Oocyte cryopreservation in oncological patients

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Oocyte cryopreservation in oncological patients

Porcu et al., Eur J Obstet Gynaecol, 2004



Patients	Neoplasia	age	Frozen eggs	Stimulation days	E ₂	FSH ampoules
1	CML	26	22	12	450	33
2	CML	27	16	9	1200	30
3	Craniofaringioma	14	18	8	750	28
4	Medulloblastoma	15	25	13	630	36
5	Mielofibrosi Idiopatica	18	28	12	2820	31
6	Trombocitemia Essenziale	22	17	11	1150	38
7	Linfoma di Hodking	17	21	12	950	36
8	CML	24	12	10	820	29
9	Multiple Sclerosis	27	17	10	350	34
10	CML	21	12	9	630	32
11	Ewing Sarcoma	16	6	11	820	33
12	Wilms	19	15	13	615	39
13	CML	14	19	11	840	37
14	Hodking	15	11	11	1230	34
15	CML	24	12	14	780	42
16	Ewing	18	7	13	1200	38
17	Hodking	23	9	9	1900	28
18	CML	17	12	12	480	36
		19±4	15±6	11±2	978±558	34±4



RBM Online - Vol 17 No 2. 2008 265-267 Reproductive BioMedicine Online; www.rbmonline.com/Article/3364 on web 26 June 2008

Case report

Healthy twins delivered after oocyte cryopreservation and bilateral ovariectomy for ovarian cancer

Porcu et al, 2008



Change the way you do IVF !

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