highly induced in this area and functional. The result suggests that cell type-specific compartmentalization of nuclear receptors is one mechanism to set apart signaling pathways.

Conclusions: Collectively, our results establish that RA is a potent inducer of hCOX-2 and sets an in vivo example that a single DR1 is used differentially depending on cellular contexts.

P-20 GnRH Antagonist Versus Agonist Flare-up Treatment in the Management of Poor Responder Patients

Young Sun Ahn, Chan Woo Park, Myeong Jin Yeon, Inn Soo Kang, Mi Kyoung Koong, In Ok Song, Jin Yeong Kim, Kwang Moon Yang

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Background & Objectives: To compare GnRH antagonist and agonist flare-up regimens for poor responders undergoing IVF.

Method: One hundred forty four patients from Jan. 1, 2002 to Aug. 31, 2005 who responded poorly to the previous cycle (OPU<=5) with high early follicular FSH (FSH>12) were selected. 73 patients received agonist flare-up protocol and 71 patients received antagonist protocol. We analyzed the cancellation ratio, the number of oocytes retrieved, the number of good embryos (GI, GI-1), total dose of hMG administered, implantation rate, pregnancy rate and live birth rate.

Results: The cancellation rate was high in antagonist protocol. The total dose of hMG administered and the duration of COH were less in antagonist group. The number of retrieved oocyte (4.18 vs 2.16) and good embryos (GI,GI-1) (0.56 vs 0.31) were higher in the agonist flare-up group. There were no significant differences in the implantation rate (14.5% vs 10.1%), the clinical pregnancy rate (29.4% vs 21.2%), and the live birth rate (21.6% vs 18.2%) among both groups.

Conclusions: Agonist flare-up protocol may improve the ovarian response in poor responders. Although there are no statistical differences, the agonist flare-up protocol maybe more effective than the GnRH antagonist protocol in implantation rate, pregnancy rate, live birth rate but shows statistically no significance. However, a significantly high cancellation rate in antagonist group tips the balance in favor of the agonist flare-up protocol.

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