

# Efficacy and safety of follitropin alfa/lutropin alfa in ART: a randomized controlled trial in poor ovarian responders

P. Humaidan<sup>1,2,\*</sup>, W. Chin<sup>3</sup>, D. Rogoff<sup>4,†</sup>, T. D'Hooghe<sup>5</sup>,  
S. Longobardi<sup>5</sup>, J. Hubbard<sup>4</sup>, and J. Schertz<sup>4</sup> on behalf of the ESPART  
Study Investigators<sup>‡</sup>

<sup>1</sup>The Fertility Clinic, Skive Regional Hospital, Skive, Denmark <sup>2</sup>Faculty of Health, Aarhus University, Aarhus, Denmark <sup>3</sup>Global Biostatistics and Epidemiology, EMD Serono, Billerica, MA, USA, a business of Merck KGaA, Darmstadt, Germany <sup>4</sup>Global Clinical Development, EMD Serono Research and Development Institute, Billerica, MA, USA, a business of Merck KGaA, Darmstadt, Germany <sup>5</sup>Global Medical Affairs Fertility, Merck KGaA, Darmstadt, Germany

\*Correspondence address. The Fertility Clinic, Skive Regional Hospital, Faculty of Health, Aarhus University, Skive, Denmark.  
Tel: +45-23-81-59-91; E-mail: peter.humaidan@midt.rm.dk

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The authors would like to apologize for an error in Table I of the above manuscript, describing the ESHRE Bologna criteria. Table I was originally based on [Ferraretti and Gianaroli, 2014](#) rather than the original Bologna criteria article ([Ferraretti et al., 2011](#)). Ferraretti and Gianaroli states that cancelled cycles should be included in the determination of previous episodes of poor ovarian response (POR). Although the use of cancelled cycles had been discussed for inclusion as a criterion to identify previous episodes of POR, this was not included in the final 2011 consensus. A revised version of Table I can be found below. The authors would like to reassure readers that this does not affect any other content of the article.

**Table I** The ESHRE Bologna criteria and the ESPART trial inclusion criteria for POR.

2011 ESHRE Bologna criteria, <a href="#">Ferraretti et al. (2011)</a>	ESPART POR inclusion criteria*
Advanced maternal age ( $\geq 40$ years) or any other risk factor	Advanced maternal age ( $\geq 40$ – $< 41$ years, i.e. patients between their 40 <sup>th</sup> and 41 <sup>st</sup> birthday)
A previous POR ( $\leq 3$ oocytes with a conventional stimulation protocol)	Previous ART cycle with $\leq 3$ oocytes retrieved with a conventional stimulation protocol
An abnormal ORT (AFC $< 5$ – $7$ follicles or AMH $< 0.5$ – $1.1$ ng/ml)	An abnormal ORT (AMH $0.12$ – $1.3$ ng/ml; measured by AMH GEN II ELISA, Beckman Coulter, Inc., High Wycombe, UK) <a href="#">La Marca and Sunkara (2014)</a>
In the absence of advanced maternal age or abnormal ORT, two previous episodes of POR after maximal stimulation	Patients with two previous episodes of POR after maximal stimulation were excluded

\*Two out of three POR inclusion criteria needed to be met for inclusion in the ESPART trial.

AFC, antral follicle count; ORT, ovarian reserve test; POR, poor ovarian response; ESPART, Efficacy and Safety of Pergoveris in Assisted Reproductive Technology.

<sup>†</sup>Former employee of EMD Serono Research and Development Institute, a business of Merck KGaA, Darmstadt, Germany

<sup>‡</sup>ESPART Study Investigators are listed in the Acknowledgements of the original article.

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