JTGGA CME/CPD CREDITING

Answer form for the article titled "*Methods for endometrial preparation in frozen-thawed embryo transfer cycles*" within the scope of CME/CPD

1. Which of the following is not true for frozen-thawed (FT) embryo transfer?
   a. Improvements in laboratory conditions have led to a progressive increase in FT embryo transfer cycles.
   b. Limitations for the number of embryos to be transferred have led to a progressive increase in FT embryo transfer cycles.
   c. FT doesn't increase the probability of pregnancy in a single stimulated cycle.
   d. FT embryo transfer prevents embryo waste.
   e. The preferred practice to prevent multiple pregnancy in IVF cycles is to transfer single embryo and freeze all surplus embryos.

2. Which of the following is not a contrubuting factor to the significance of frozen-thawed (FT) embryo transfer?
   a. FT embryo transfer prevents embryo waste.
   b. Pregnancy rates following FT embryo transfer are higher than fresh embryo transfer
   c. Protocols applied for endometrial preparation in FT cycles are simpler than the complicated protocols that aim to develop many follicles.
   d. FT embryo transfer increases the cumulative pregnancy rate.
   e. There is no consensus about which preparation method of endometrium is better.

3. Which of the following statements is incorrect for embryo transfer in a natural (spontaneous) cycle.
   a. Success of natural cycle depends on the accurate determination of the ovulation time
   b. Timing for embryo transfer (ET) is determined by investigating the spontaneous luteinizing hormone (LH) surge.
   c. Timing for embryo transfer (ET) is also determined by the administration of exogenous human chorionic gonadotropin (hCG) to start luteinization.
   d. Ovulation is estimated to occur 36 to 40 hours after the determination of the blood LH surge.
   e. Urine LH increases 21 hours before the detection of the blood LH surge.

4. Which of the following statement is not true for artificial cycles?
   a. In order to mimic the endocrine conditions of the endometrium of a normal cycle in an artificial cycle, estrogen and progesterone are administered simultaneously.
   b. Estrogen administration is started at the beginning of the cycle, causing endometrial development, while suppressing dominant follicle development.
   c. The earlier estradiol is commenced, the less the risk there is of unwanted follicular development and ovulation.
   d. Estrogen administration is continued until the endometrium reaches a thickness of 8 mm (determined using an ultrasonographic examination), and progesterone is combined to initiate the secretory changes.
   e. In an artificial cycle, an attempt is made to mimic physiologic mid-cycle estrogen-progesterone transition

5. Which of the following statement is not true for estrogen adminstration in artificial cycles?
   a. Estrogen can be administered as an oral tablet, transdermal plaster or transvaginal ring.
   b. The commonly used forms are currently Estradiol valerate and micronized estrogens
   c. A more physiological estradiol/estrone ratio (approximately 1) exists when estrogen is administered orally.
   d. Transdermal estrogen application can cause fluctuations in estrogen concentrations, and it may sometimes be difficult to maintain a constant steroid level.
   e. Another reason of preferring the transdermal route to oral administration is the unchanged serum lipid levels, coagulation factors, and renin substrate

6. Which of the following statement is not true for progesterone adminstration in artificial cycles?
   a. Progesterone can either be administered in artificial cycles using the intramuscular route, or as vaginal suppositories or vaginal gels.
   b. Natural progesterone or micronized progesterone are the most generally used progesterone preparations.
   c. The starting time for progesterone administration depends on the duration of estrogen administration but not on the endometrial thickness.
   d. Progesterone administration can only be commenced when endometrium thickness exceeds 8 mm.
   e. Vaginal progesterone was determined to form a secretory phase of endometrium that resembles that of the natural cycle.

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Questions on the article titled "*Methods for endometrial preparation in frozen-thawed embryo transfer cycles*" within the scope of CME/CPD

1st Question				
A	B	C	D	E

2nd Question				
A	B	C	D	E

3rd Question				
A	B	C	D	E

4th Question				
A	B	C	D	E

5th Question				
A	B	C	D	E

6th Question				
A	B	C	D	E

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