JTGGA CME/CPD CREDITING

Answer form for the article titled *"How to personalize ovarian stimulation in clinical practice"* within the scope of CME/CPD

1. On which elements should the follicle-stimulating hormone (FSH) starting dose be based in *in vitro* fertilization cycles?

a. Age, FSH and anti-Müllerian hormone
b. Age, Antral follicle count
c. Outcome of a previous cycle
d. All the previous

2. On which ovarian reserve marker is the dose of new recombinant FSH (follitropin delta) based?

a. FSH
b. anti-Müllerian hormone
c. Antral follicle count
d. Inhibin B

3. What is the optimal number of retrieved oocytes in *in vitro* fertilization cycles?

a. 4-6 oocytes
b. 8-15 oocytes
c. 10-20 oocytes
d. There isn't an optimal number, it depends on woman's age

4. Which stimulation protocol should be chosen in high responders patients to reduce ovarian hyperstimulation syndrome risk?

a. Gonadotrophin-releasing hormone (GnRH) antagonist short protocol
b. GnRH agonist long protocol
c. Mild ovarian stimulation
d. There isn't a protocol better than another

5. Which aim should the choice of therapeutic protocol in poor responders patients follow?

a. Higher egg retrieval
b. Higher implantation rate
c. Patient compliance and cost reduction
d. Lower complications

6. Which is the best strategy in GnRH agonist-triggered cycles in high responders?

a. Fresh embryo transfer with traditional luteal phase support
b. Fresh transfer of an elevated number of embryos
c. Addition of a low dose (1500 IU) of human chorionic gonadotropin, administered 35 h or 5 days after the triggering bolus of GnRH agonist
d. Segmentation, through the freezing of all embryos for transfer in subsequent cycles

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1st Question

A	B	C	D

2nd Question

A	B	C	D

3rd Question

A	B	C	D

4th Question

A	B	C	D

5th Question

A	B	C	D

6th Question

A	B	C	D

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