

Clinical Trial Protocol

Iranian Registry of Clinical Trials

01 Aug 2026

Comparison the effect of Gonadotropin releasing hormone agonist administration versus vaginal Progesterone on serum progesterone in luteal phase in ovarian hyperstimulation and intrauterine insemination cycles in unexplained infertility

Protocol summary

Summary

This study is a prospective randomized controlled trial study. In this study we will compare the effect of Gonadotropin releasing hormone agonist administration versus vaginal Progesterone on serum progesterone in luteal phase in ovarian hyperstimulation and intrauterine insemination cycles in unexplained infertility. 242 patients (unexplained infertility referred to the infertility Center of Mirza khochak khan Hospital) according to inclusion criteria (age < 40 years old; FSH < 10; normal Serum prolactin and thyroid function test; duration of infertility at least 1 year for each case; Normal hysterosalpingography in 6 month ago; normal semen analysis with WHO criteria (20 million sperm/ml, 50% motility, 30% normal morphology); Regular menstruation cycles with midluteal progesterone > 10 ng/ml in previous cycles) and exclusion criteria (previous ovarian surgery; Single ovary; polycystic ovaries on ultrasound examination; hypogonadotropic hypogonadism) will be selected. In all patients, transvaginal ultrasonography will be performed on 3rd day of the menstrual cycle and then will be stimulated with dose of 100 mg Clomiphene from 3rd day to 7th day menstrual cycles. Then administration of Gonadotropin (75 IU IM) will begin from 7th and 8th day cycle. Ovarian response will be assessed with transvaginal sonography from 10th day of each cycle. Cycles will trigger with 10000 IU HCG when at least one dominant follicle has reached 18 mm in diameter. The intrauterine insemination will be performed 36 hrs after HCG administration with an intrauterine insemination disposable catheter. Then all cycles will be divided into 2 groups. In the first group, luteal phase will be supported with vaginal progesterone 400 mg daily, 1 day after insemination until 14 days. The second group will receive a single subcutaneous injection of 0.1 mg GnRH Agonist

triptoreline) 4 days after intrauterine insemination. Serum progesterone will be measured 10 days after intrauterine insemination.

General information

Acronym

IRCT registration information

IRCT registration number: **IRCT201205159762N1**
Registration date: **2012-07-11, 1391/04/21**
Registration timing: **registered_while_recruiting**

Last update:

Update count: **0**

Registration date

2012-07-11, 1391/04/21

Registrant information

Name

Jaleh Mohamadpoor

Name of organization / entity

Tehran University of Medical Sciences

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Recruitment status

Recruitment complete

Funding source

Vice-chancellor for research of Tehran University of Medical Sciences

Expected recruitment start date

2012-06-09, 1391/03/20

Expected recruitment end date

2012-08-22, 1391/06/01

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Comparison the effect of Gonadotropin releasing hormone agonist administration versus vaginal Progesterone on serum progesterone in luteal phase in ovarian hyperstimulation and intrauterine insemination cycles in unexplained infertility

Public title

Comparison the effect of Gonadotropin releasing hormone agonist administration versus vaginal Progesterone on serum progesterone in luteal phase in ovarian hyperstimulation and intrauterine insemination cycles in unexplained infertility

Purpose

Treatment

Inclusion/Exclusion criteria

Inclusion criteria: age<40 years old; FSH<10; normal Serum prolactin and thyroid function test; duration of infertility at least 1 year for each case; Normal hysterosalpigography in 6 month ago; normal semen analysis with WHO criteria (20 million sperm inml, 50%motility, 30% normal morphology); Regular menstruation cycles with midluteal progesterone>10ng/ml in previous cycles exclusion criteria: previous ovarian surgery; Single ovary; polycystic ovaries on ultrasound examination; hypogonadotropic hypogonadism

Age

From **17 years** old to **39 years** old

Gender

Female

Phase

N/A

Groups that have been masked

No information

Sample size

Target sample size: **242**

Randomization (investigator's opinion)

Randomized

Randomization description**Blinding (investigator's opinion)**

Not blinded

Blinding description**Placebo**

Not used

Assignment

Parallel

Other design features**Secondary Ids**

empty

Ethics committees**1****Ethics committee****Name of ethics committee**

The ethics committee of Vice-Chancellor for research of Tehran University of Medical Sciences

Street address

Vice-Chancellor for research of Tehran University of Medical Sciences, Ghods Avenue, Keshavarz Blvd, Tehran, Iran

City

Tehran

Postal code**Approval date**

2012-06-09, 1391/03/20

Ethics committee reference number

91-02-39-18352

Health conditions studied**1****Description of health condition studied**

infertility

ICD-10 code

n97.9

ICD-10 code description

female infertility, unspecified

Primary outcomes**1****Description**

serum progesterone in luteal phase

Timepoint

10 days after intra uterine insemination

Method of measurement

blood sampling-ng/ml

Secondary outcomes**1****Description**

pregnancy

Timepoint

14 days after intra uterine insemination

Method of measurement

blood sampling-iu/ml

Intervention groups**1****Description**

Group1: Clomiphene 100mg daily from 3rd day to 7th day of the menstrual cycle, Gonadotropin (75 IU IM) injection 7th and 8th day, Human chorionic gonadotropin (10000

IU IM) will be administered when dominant follicle 18 mm will measure, The intra uterine insemination will be performed 36 hrs after HCG administration, Vaginal progesterone (400 mg/day) begin from a day after intrauterine insemination to 14 days

Category

Treatment - Drugs

2

Description

Group 2: Clomiphene 100mg daily from 3rd day to 7th day of the menstrual cycle, Gonadotropin (75 IU IM) injection 7th and 8th day, Human chorionic gonadotropin (10000 IU IM) will be administered when dominant follicle 18 mm will measure, The intra uterine insemination will be performed 36 hrs after HCG administration, Triptoreline (0.1 mg Sc) injection 4 days after intrauterine insemination

Category

Treatment - Drugs

Recruitment centers

1

Recruitment center

Name of recruitment center

Ivf Center Mirzakochakkhan Hospital

Full name of responsible person

Jaleh Mohamadpoor

Street address

Ivf Center Mirzakochakkhan Hospital, North Ostad nejatollahi, Karimkhan street, Tehran, Iran

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Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Vice-chancellor for research of Tehran University of Medical Sciences

Full name of responsible person

Miss Rahmani

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Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Vice-chancellor for research of Tehran University of Medical Sciences

Proportion provided by this source

100

Public or private sector

empty

Domestic or foreign origin

empty

Category of foreign source of funding

empty

Country of origin

Type of organization providing the funding

empty

Person responsible for general inquiries

Contact

Name of organization / entity

Tehran University of Medical Sciences

Full name of responsible person

Jaleh Mohamadpoor

Position

Gynecologist

Other areas of specialty/work

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Web page address**Sharing plan****Deidentified Individual Participant Data Set (IPD)**

empty

Study Protocol

empty

Statistical Analysis Plan

empty

Informed Consent Form

empty

Clinical Study Report

empty

Analytic Code

empty

Data Dictionary

empty