

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

03 Jul 2026

### Comparison of freeze embryo transfer cycle results in modified natural cycle versus hormone replacement therapy

#### Protocol summary

##### Study aim

Comparison of freeze embryo transfer cycle results in modified natural cycle versus hormone replacement therapy

##### Design

An open-label, randomized clinical trial study with parallel groups and phases 3 on 150 patients. Randomization will be done according to block randomization method using Random allocation software.

##### Settings and conduct

This study will be conducted on 150 patients referred to the infertility clinic of Al-Zahra Hospital with frozen embryos for embryo transfer without blinding.

##### Participants/Inclusion and exclusion criteria

Patients will be included in the study, aged between 20 and 39 years, if they have regular periods and a history of one unsuccessful transfer, if no cysts are seen in the ovary, and if they have congenital anomalies of the uterus, fibroids or any intrauterine lesions, severe endometriosis. And previous history of unsuccessful transfer more than twice and endometrial thickness less than 7.5 mm will be prohibited from entering the study.

##### Intervention groups

. Estradiol tablets will be ordered in HRT group and 10-12 days later, trans vaginal ultrasonography will be performed and if endometrial thickness  $\geq 7.5$  mm, progesterone will be added to regimen. Embryos in cleavage stage will be transferred in the uterus on the fourth day of progesterone administration. Luteal phase support will be provided with 400 mg progesterone suppository twice a day and 50 mg injectable progesterone once every two days. In condition of visible mature follicle in ovary and endometrial thickness  $\geq 7.5$  and serum progesterone  $\leq 1.5$  ng/ml, 5000-unit HCG will be administered and in the fifth day, embryo in cleavage stage will be transferred to uterus. Progesterone suppository (400 mg) will be administered for luteal phase support.

#### Main outcome variables

Successful pregnancy has been considered as the main outcome of this study.

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20130603013566N11**

Registration date: **2023-03-12, 1401/12/21**

Registration timing: **prospective**

Last update: **2023-03-12, 1401/12/21**

Update count: **0**

##### Registration date

2023-03-12, 1401/12/21

##### Registrant information

##### Name

Kobra Hamdi

##### Name of organization / entity

Tabriz University of Medical Sciences

##### Country

Iran (Islamic Republic of)

##### Phone

+98 41 1554 1221

##### Email address

hamdik@tbzmed.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

##### Expected recruitment start date

2023-03-16, 1401/12/25

##### Expected recruitment end date

2024-03-15, 1402/12/25

##### Actual recruitment start date

empty

**Actual recruitment end date**

empty

**Trial completion date**

empty

**Scientific title**

Comparison of freeze embryo transfer cycle results in modified natural cycle versus hormone replacement therapy

**Public title**

Comparison of two methods of estrogen and progesterone hormone administration and endometrial preparation in normal ovarian cycle in endometrial preparation for embryo transfer.

**Purpose**

Treatment

**Inclusion/Exclusion criteria****Inclusion criteria:**

Age between 20 and 39 years Having regular periods  
History of one failed transfer

**Exclusion criteria:**

Congenital uterine anomalies Uterine fibroids Severe endometriosis Previous history of failed transfer more than twice Endometrial thickness less than 7.5 mm

**Age**

From **20 years** old to **39 years** old

**Gender**

Female

**Phase**

3

**Groups that have been masked**

*No information*

**Sample size**

Target sample size: **150**

**Randomization (investigator's opinion)**

Randomized

**Randomization description**

Patients will be divided into intervention and control groups using block randomization based on generated numbers by Random allocation software. Thus, in this software, first the number of groups and the total number of the sample size will be entered, and then in the block section, the Block randomization method will be implemented. Patients will be allocated to intervention or control groups based on generated numbers.

**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**

Ethics Committee Of Tabriz University Of Medical Sciences

**Street address**

Third Floor; Central Building of Number2; Golgasht Street

**City**

Tabriz

**Province**

East Azarbaijan

**Postal code**

5166616471

**Approval date**

2023-03-06, 1401/12/15

**Ethics committee reference number**

IR.TBZMED.REC.1401.1081

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

Infertility

**ICD-10 code**

N97.0

**ICD-10 code description**

Female infertility associated with anovulation

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

Chemical pregnancy

**Timepoint**

14 days after embryo transfer

**Method of measurement**

HCG  $\beta$  blood test

**2****Description**

Number of gestational sacs

**Timepoint**

From week 5 of pregnancy

**Method of measurement**

Vaginal ultrasound

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

Fetal growth

**Timepoint**

From the beginning of the intervention to the end of

pregnancy

## Method of measurement

Ultrasound

## Intervention groups

### 1

#### Description

In the patients of the intervention group, where the preparation of the endometrium will be done by the administration of estrogen and progesterone hormones (artificial or HRT), the 2 mg estradiol pill will start from the second day of the menstrual cycle. On the second and third day, one number every 12 hours and then one number every 8 hours. 10 to 12 days after taking estradiol, the next visit will be done and the thickness of the endometrium will be measured by transvaginal ultrasound. If the thickness of the endometrium is equal to or higher than 7.5 mm, injectable progesterone with a dose of 50 mg will be started, first one and then two daily. On the fourth day of starting progesterone, the transfer will be done. Luteal phase support will be done with 400 mg rectal progesterone suppositories every 12 hours and 50 mg progesterone ampoules every three days. In the 10th to 12th day visit, if the thickness of the endometrium is less than 7.5 mm, estradiol will be continued with the same dose or, if needed, higher doses, and the patient will be visited 3 to 4 days later and the endometrial examination will be repeated with ultrasound, and this work will be repeated until reaching The endometrium will continue to be 7.5 mm or more thick. If the thickness of the endometrium does not increase after a maximum of 20 days of taking estradiol, the treatment cycle will be stopped and the patient will be excluded from the study. The information related to the interrupted cycles will be mentioned in the results, but it will not be included in the examination of the results of the embryo transfer cycles.

#### Category

Treatment - Drugs

### 2

#### Description

Control group: In the control group, the endometrium preparation method will be modified with a normal menstrual cycle. On the first to third day of the menstrual cycle, the patient will be visited and transvaginal ultrasound will be performed. Patients will be visited again on the 10th to 12th day of the menstrual cycle and the size of the ovarian follicles and the thickness of the endometrium will be evaluated with transvaginal ultrasound. If the follicle is 17 mm or larger, the ampoule and the thickness of the endometrium is higher than 7.5 mm and the serum progesterone is below 1.5 nanograms/ml, the HCG ampoule will be prescribed with a dose of 5000 units. If there is no dominant follicle of 17 mm or larger, re-visit every 1-2 days will continue until the mentioned results are achieved. If the desired results are not achieved, the cycle will be canceled up to 20 days, and if the serum progesterone level is higher than

1.5 ng/ml on the 10-12 day visit, the embryo transfer cycle will be stopped due to the impossibility of detecting the exact time of ovulation. became .The day of HCG injection is considered as day zero. From the second day, 400 mg progesterone suppository or 50 mg progesterone ampoule will be prescribed to the patient once a day. And on the fifth day, 2 grade A embryos will be transferred to the uterus in the cleavage stage. Luteal phase support will continue with one 400 mg rectal suppository. 14 days after the embryo transfer, a pregnancy test will be performed, and if pregnancy is achieved, two weeks later, an ultrasound will be performed to check the pregnancy status.

#### Category

Treatment - Drugs

## Recruitment centers

### 1

#### Recruitment center

##### Name of recruitment center

Alzahra Hospital

##### Full name of responsible person

Kobra Hamdi

##### Street address

Alzahra Hospital, South Artesh St., Tabriz, Iran

##### City

Tabriz

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East Azarbaijan

##### Postal code

5138665793

##### Phone

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lahroudin@gmail.com

## Sponsors / Funding sources

### 1

#### Sponsor

##### Name of organization / entity

Vice chancellor for Research, Tabriz University Of Medical Sciences

##### Full name of responsible person

Dr. Mohammad Samiei

##### Street address

No. 2 Central Building, Tabriz University of Medical Sciences, Goltasht Street, Tabriz

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##### Email

research-vice@tbzmed.ac.ir

#### 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, Tabriz University Of Medical Sciences  
**Proportion provided by this source**  
100  
**Public or private sector**  
Public  
**Domestic or foreign origin**  
Domestic  
**Category of foreign source of funding**  
*empty*  
**Country of origin**  
**Type of organization providing the funding**  
Academic

## Person responsible for general inquiries

### Contact

**Name of organization / entity**  
Tabriz University of Medical Sciences  
**Full name of responsible person**  
Kobra Hamdi  
**Position**  
Associate Professor of Obstetrics Gynecology  
**Latest degree**  
Subspecialist  
**Other areas of specialty/work**  
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## Person responsible for scientific inquiries

### Contact

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## Person responsible for updating data

### Contact

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## Sharing plan

### Deidentified Individual Participant Data Set (IPD)

Undecided - It is not yet known if there will be a plan to make this available

### Study Protocol

Undecided - It is not yet known if there will be a plan to make this available

### Statistical Analysis Plan

Undecided - It is not yet known if there will be a plan to make this available

### Informed Consent Form

Undecided - It is not yet known if there will be a plan to make this available

### Clinical Study Report

Undecided - It is not yet known if there will be a plan to make this available

### Analytic Code

Undecided - It is not yet known if there will be a plan to make this available

### Data Dictionary

Undecided - It is not yet known if there will be a plan to make this available