Claims

1. A composition comprising menotropin for use in the treatment of infertility in a patient to thereby promote the development of euploid blastocysts for future blastocyst transfer, the treatment comprising:

identifying a patient having a serum antimullerian hormone (AMH) level ≥ 5.2 ± 0.5 ng/ml and an antral follicle count (AFC) ≥ 10 in both ovaries combined prior to treatment/stimulation; and

administering a dose of, or a dose equivalent to, 75 to 300 IU hMG per day from day 1 to at least day 5 of treatment.

2. A composition for use according to claim 1 wherein the treatment to promote the development of euploid blastocysts for future blastocyst transfer increases the proportion/percentage of euploid blastocysts compared to the proportion/percentage of aneuploid blastocysts and/or reduces aneuploidy rate.

3. A composition comprising menotropin (human menopausal gonadotropin or hMG) for use in the treatment of infertility by promoting the development of euploid blastocysts, the treatment comprising:

identifying a patient having a serum antimullerian hormone (AMH) level ≥ 5.2 ± 0.5 ng/ml and an antral follicle count (AFC) ≥ 10 in both ovaries combined prior to treatment/stimulation; and

administering a dose of, or a dose equivalent to, 75 to 300 IU hMG per day from day 1 to at least day 5 of treatment.

4. A composition for use according to any preceding claim wherein the treatment comprises identifying a patient having a serum antimullerian hormone (AMH) level ≥ 5.2 ± 0.5 ng/ml and an antral follicle count (AFC) ≥ 10 in both ovaries combined, prior to treatment/stimulation.

5. A composition for use according to any preceding claim wherein the treatment further comprises:

administering hCG to trigger ovulation.

6. A composition for use according to any preceding claim wherein the treatment further comprises:

retrieving (e.g. harvesting) oocyte(s);

fertilizing (e.g. inseminating) the oocytes (s); and

allowing the fertilized oocytes to develop to the blastocyst stage.

7. A composition for use according to claim 6 wherein the treatment further comprises assessing the chromosomal quality of blastocyst(s) obtained after fertilization of the harvested oocytes.

8. A composition for use according to claim 7 wherein the treatment further comprises transfer of a euploid blastocyst identified by assessment of chromosomal quality of the blastocyst(s); or freezing a euploid blastocyst identified by assessment of chromosomal quality of the blastocyst(s).

9. A composition for use according to any preceding claim wherein the menotropin is highly purified menotropin (HP-hMG).

10. A composition for use according to any preceding claim wherein the treatment comprises a step of administration to the patient a dose of, or a dose equivalent to, 75 to 200 IU HP-hMG per day from day 1 to at least day 5 of treatment.

11. A composition for use according to any preceding claim wherein the treatment comprises a step of administration to the patient a dose of, or dose equivalent to, 150 IU HP-hMG per day from day 1 to at least day 5 of treatment.

12. A composition for use according to any preceding claim, comprising a further step of administering a GnRH antagonist on day 6 of treatment.

13. A composition comprising menotropin for use in the treatment of infertility in a woman at risk of high ovarian response to controlled ovarian stimulation, the treatment comprising:

identifying a patient having a serum antimullerian hormone (AMH) level $\geq 5.2 \pm 0.5$ and an antral follicle count (AFC) ≥ 10 in both ovaries combined prior to treatment/stimulation; and

administering a dose of, or a dose equivalent to, 75 to 300 IU hMG per day from day 1 to at least day 5 of treatment.

14. A composition for use according to any preceding claim wherein the treatment comprises identifying a patient having a serum antimullerian hormone (AMH) level ≥ 5.2 ± 0.5 ng/ml and an antral follicle count (AFC) ≥ 15 in both ovaries combined, prior to treatment/stimulation.

15. A composition comprising menotropin for use in the treatment of infertility to thereby promote the development of euploid blastocysts for future blastocyst transfer in a patient identified as having a serum antimullerian hormone (AMH) level ≥ 5.2 ± 0.5 ng/ml prior to treatment/stimulation and an antral follicle count (AFC) ≥ 10 in both ovaries combined, prior to treatment/stimulation; the treatment comprising administering a dose of, or a dose equivalent to, 75 to 300 IU hMG per day from day 1 to at least day 5 of treatment.