

Half Gradual P Protocol

The following is a suggestion. If this is for the purposes of a mock cycle please note the correct biopsy days in **bold**.

Protocol:

Lupron, if necessary, in the prior cycle (suppression appears to help reset the endometrium).

Estrogen as usual (stepwise for at least 13 days, can be up to 21 days without any problem, some REs prefer E₂ valerate).

For example, Estrace 2 mg daily d3-6, 2 mg twice daily d7-10, 2 mg three times daily to at least d14. Use less E for thin women.

Follow endometrial thickness until it plateaus. If thickness increases steadily on a low dose, keep that dose to avoid over stimulation. On d14 it should be at least 7 mm. Draw blood for E and P to confirm E is being absorbed and that patient has not ovulated spontaneously. Continue E at 2 mg three times daily (or whatever was last dose on P start).

Progesterone (compounded Prometrium: micronized P) as follows:

Cycle day	P dose	Biopsy	Transfer
Evening of d13 (day before ovulation)	12.5 mg P vaginally		
Day 14 (equivalent to the day of ovulation for setting the day of transfer)	12.5 mg in am and 12.5 mg in pm		
Day 15	25 mg bid (if mock cycle, biopsy on this day)	d15 biopsy	
Day 16	25 mg bid		
Day 17	50 mg bid		day 3 embryo transfer
Day 18	50 mg bid		
Day 19	100 mg bid, continue to cycle day 22		day 5 blastocyst transfer
Day 23	200 mg bid		
Day 24 and beyond	200 mg bid (if mock cycle, biopsy on this day)	d24 biopsy	

These are not necessarily the correct doses if you choose to use IM P. In that case, adjust the doses in parallel: 200 mg bid vaginal P equals the highest dose of IM P you would use. Cut dose by 16 for first dose, step up as indicated.

Questions? Email harvey.kliman@yale.edu