

HYGEIA
IVF
EMBRYOGENESIS

Optimizing vitrification and warming protocols

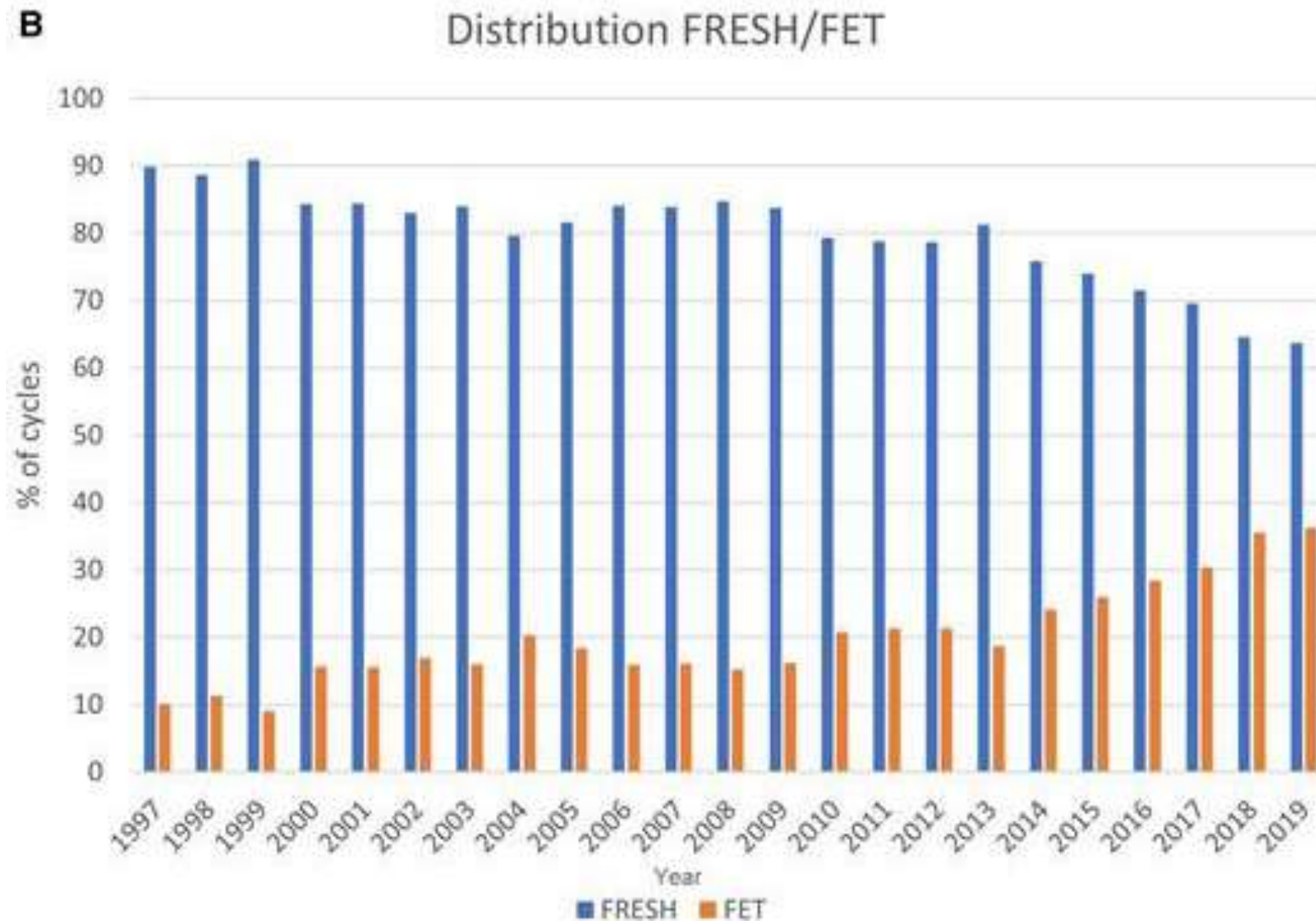
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Clinical Associate Professor – University of Nicosia

Naples 7th June 2025
Hotel Royal Continental

Progressive increase in the use of FET relative to fresh IVF/ICSI cycles in Europe (EIM 2019 data)



Smeenck et al 2023 HR



Cryopreservation is a game changer in ART

- Oocyte freezing for social and medical reasons
- Supernumerary embryos
- PGT cycles
- Prevention of OHSS
- Elective single embryo transfer (eSET)
- High PRG – suboptimal endometrium
- Elective freeze-all

Oocyte, embryo and blastocyst cryopreservation in ART: systematic review and meta-analysis comparing slow-freezing versus vitrification to produce evidence for the development of global guidance

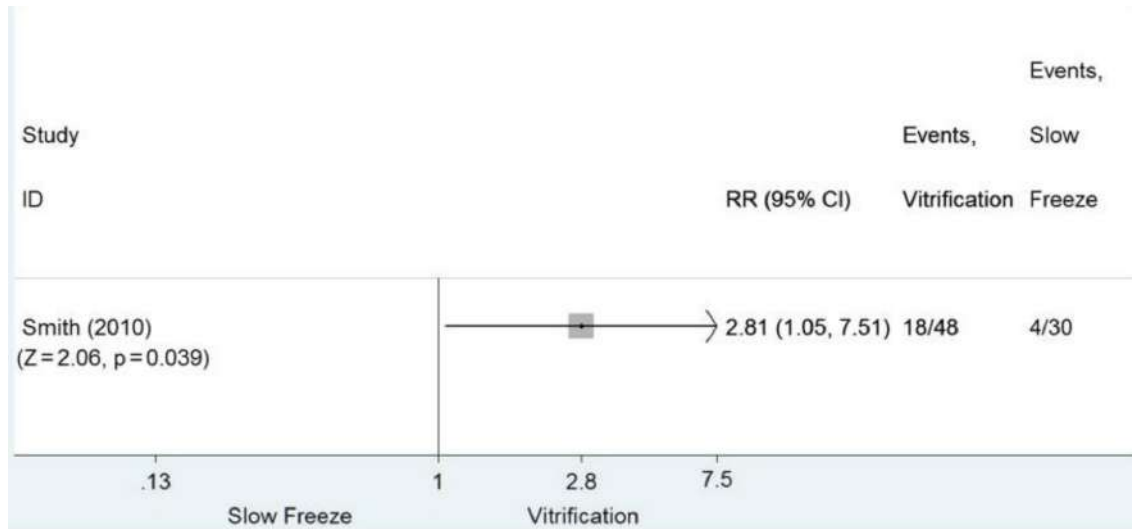
Laura Rienzi^{1,*}, Clarisa Gracia², Roberta Maggiulli¹,
Andrew R. LaBarbera³, Daniel J. Kaser⁴, Filippo M. Ubaldi¹,
Sheryl Vanderpoel^{5,6}, and Catherine Racowsky⁴

Downloaded from <https://academic.oup.com/humupd/>

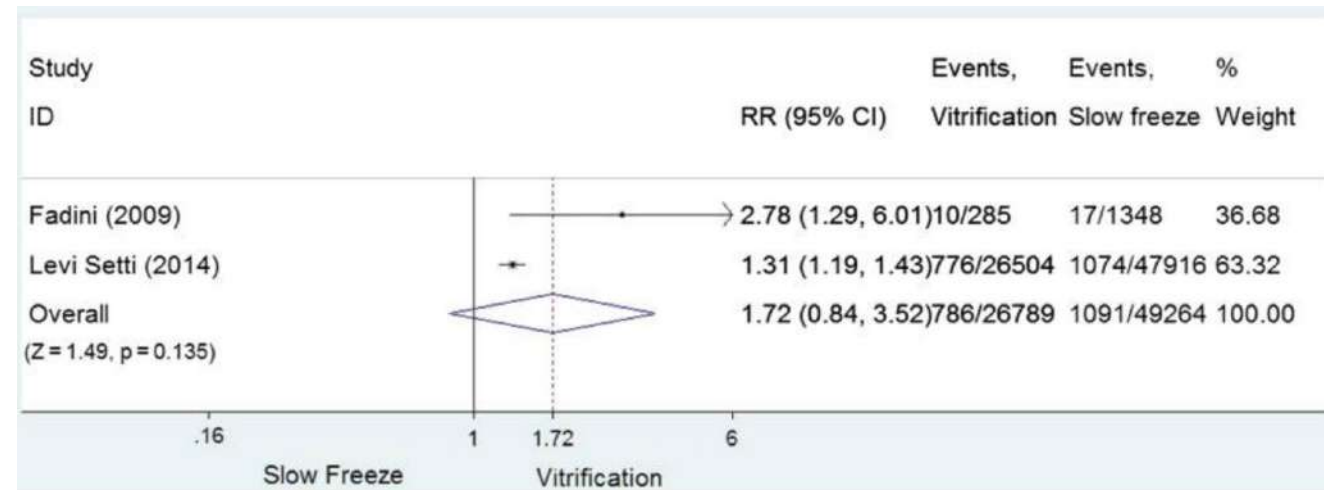
- **Higher CPR** embryo vitrification compared with slow-freezing, (RR = 1.89, 95% CI: 1.00–3.59; $P = 0.051$; three RCTs; $I^2 = 71.9\%$). 3 RCTs
- **Higher LBR** for embryo vitrification compared to slow-freezing (RR = 2.28; 95% CI: 1.17–4.44; $P = 0.016$; 216 cycles; one RCT).
- **Better embryo cryosurvival** with vitrification compared with slow-freezing (RR = 1.59, 95% CI: 1.30–1.93; $P < 0.001$; $I^2 = 93\%$). 7 RCTs

Oocyte cryopreservation: vitrification vs slow

Higher ongoing pregnancy rate per cycle using vitrification RR = 2.81, 95% CI: 1.05–7.51; $P = 0.039$

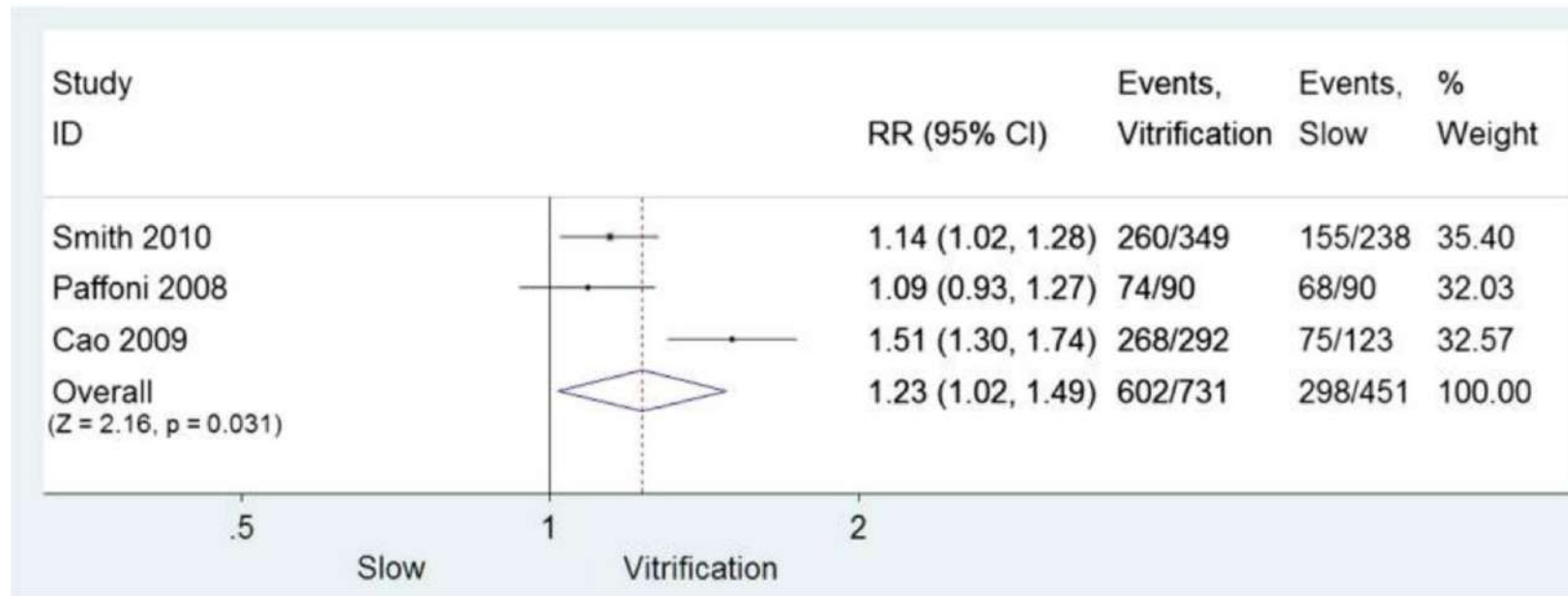


Higher ongoing pregnancy rate per oocyte warmed using vitrification RR = 1.14, 95% CI: 1.02–1.28; $P = 0.018$



Oocyte cryopreservation: vitrification vs slow

Better cryo-survival using vitrification (83.2%) vs slow freezing (66.1%)



Techniques used in embryo cryopreservation

Vitrification vs
slow freezing

Blastocyst collapse

Type of
vitrification carrier
(open or closed)

Loading volume

Post-thaw culture
prior to transfer

Semi-automated
vitrification

Composition of
cryoprotectant
solutions

Cleavage-stage vs
blastocyst

Degree of
blastocyst
expansion

Assisted hatching
post-thaw

Cochrane review in preparation

Sfontouris IA, Makris A, Barbosa MWP, Storr A, Raine-Fenning N,
Hart RJ, Venetis C, Martins WP.

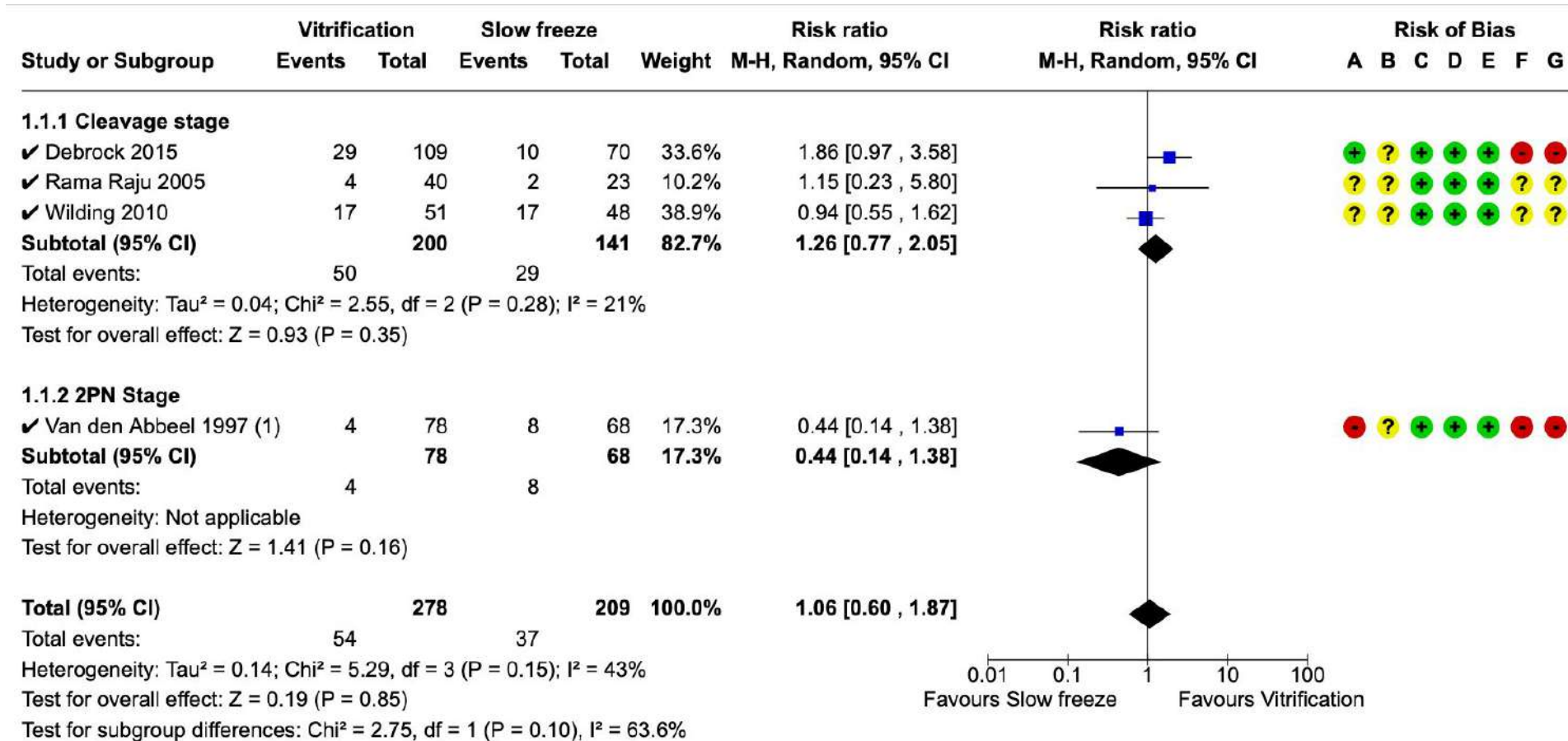
Techniques for human embryo cryopreservation

Cochrane Database of Systematic Reviews, CD009589

In preparation

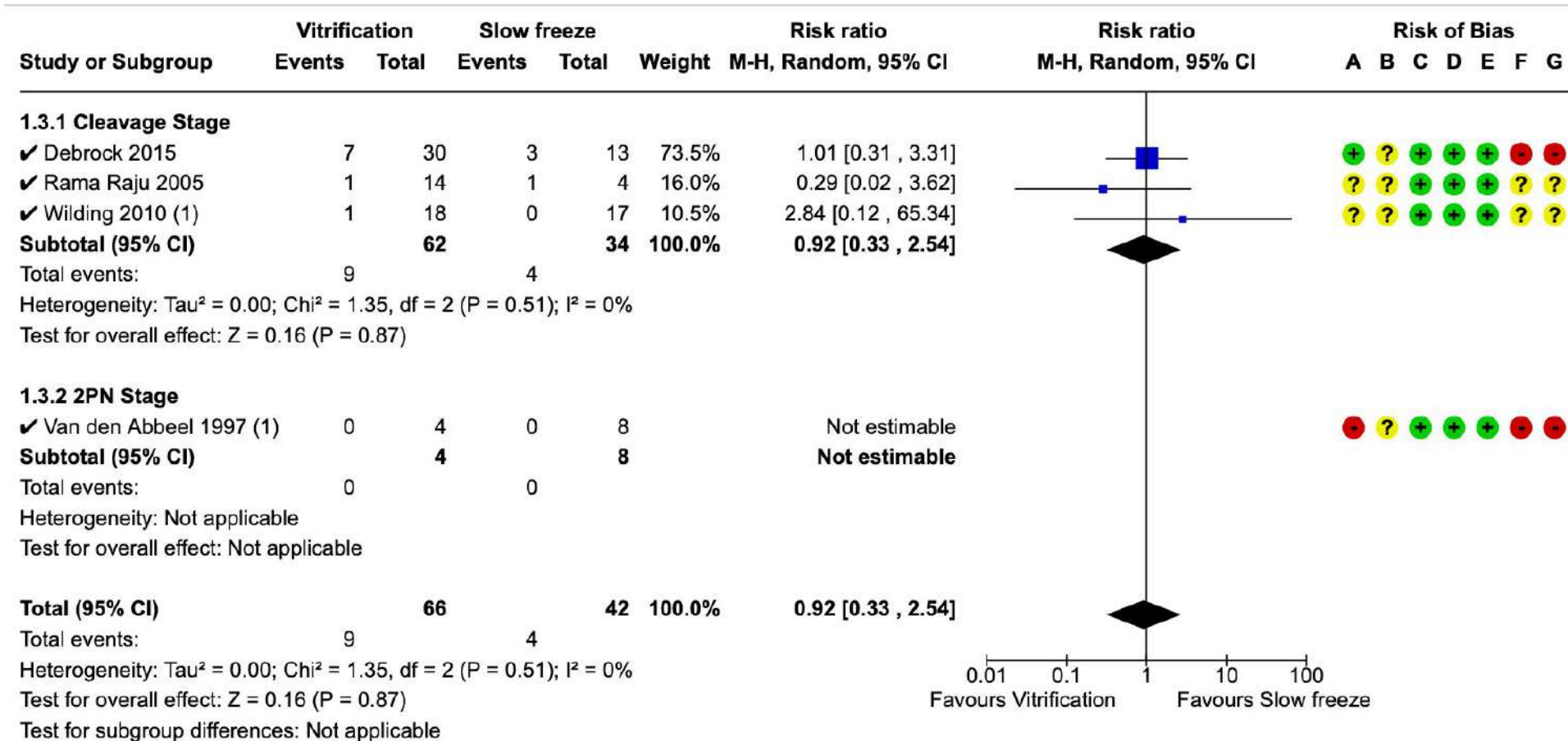
- 37 RCTs
- 19 comparisons were identified in published RCTs

Slow freezing vs vitrification - Live birth



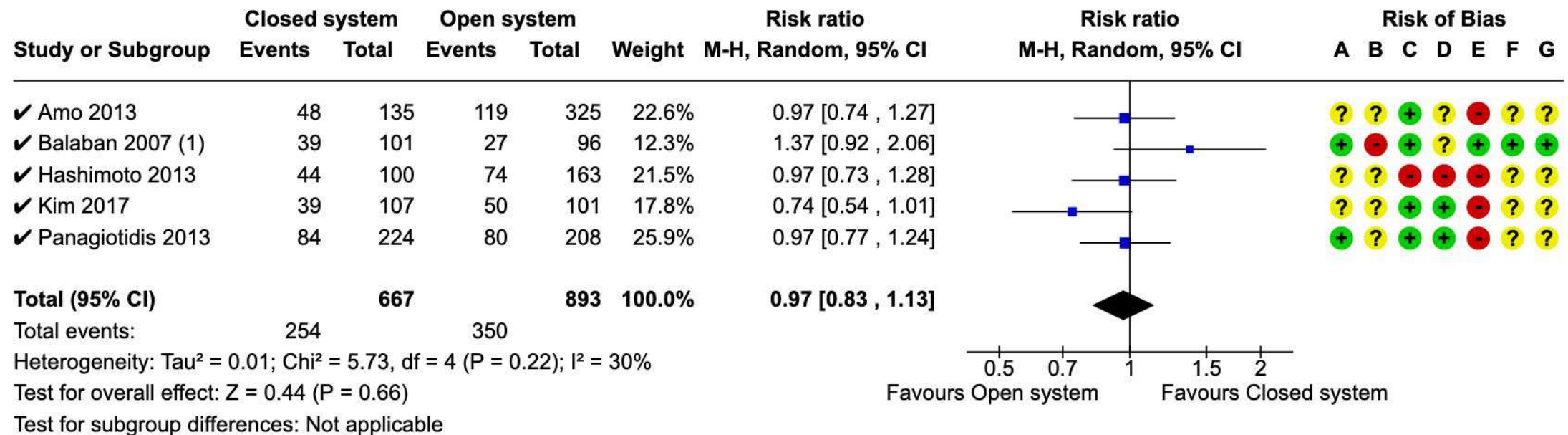
- Similar LBR with slow freezing vs vitrification
- No RCT reporting LBR to compare slow vs vitrification of blastocysts

Slow freezing vs vitrification - Miscarriage



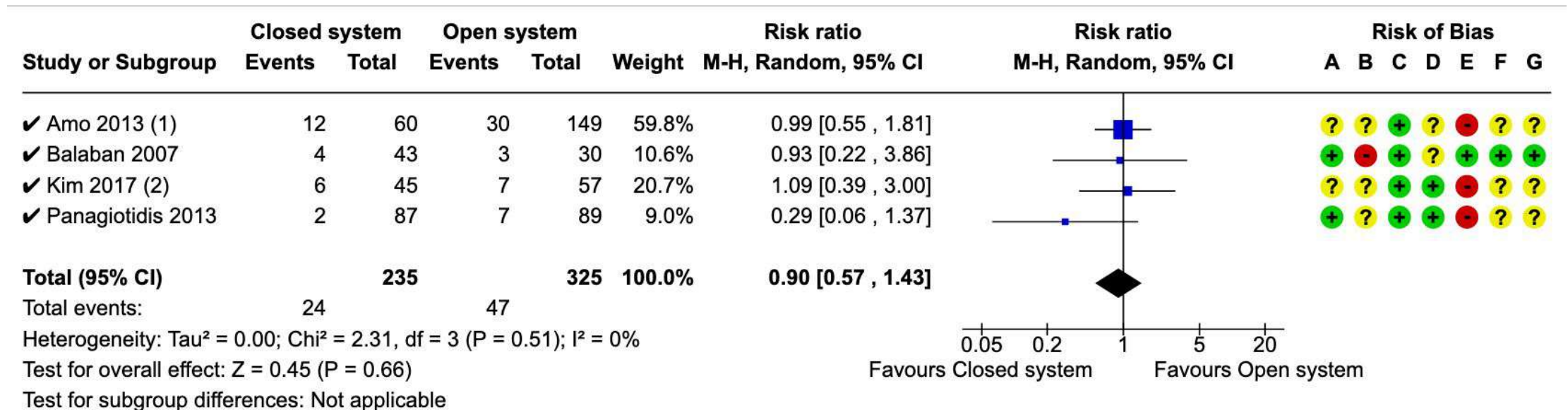
- Similar miscarriage rate with slow freezing vs vitrification

Open vs closed vitrification – Live birth



- Similar LBR with open and closed vitrification carriers

Open vs closed vitrification - Miscarriage



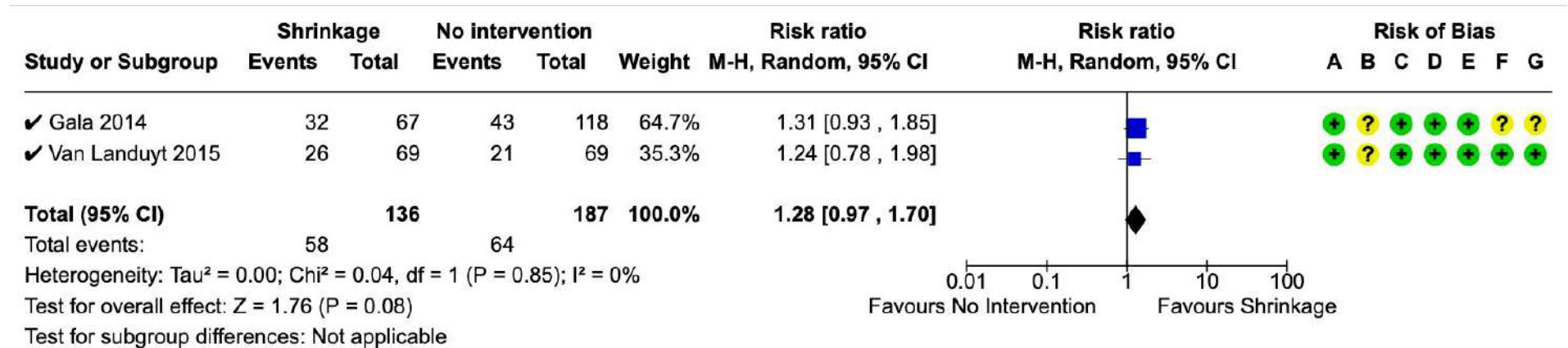
- Similar miscarriage with open and closed vitrification carriers

Artificial blastocyst shrinkage vs no intervention

Live birth



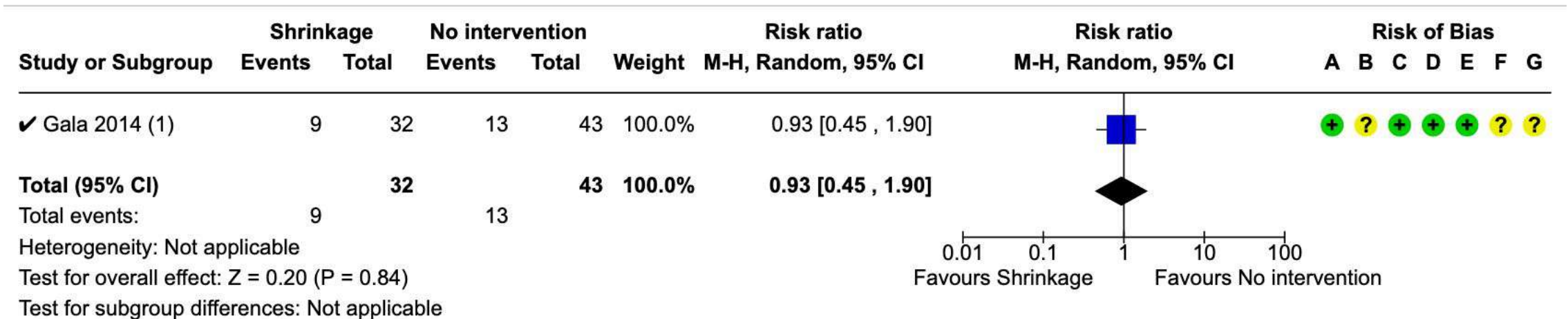
Clinical pregnancy



- Higher CPR but similar LBR with blastocyst shrinkage

Artificial blastocyst shrinkage vs no intervention

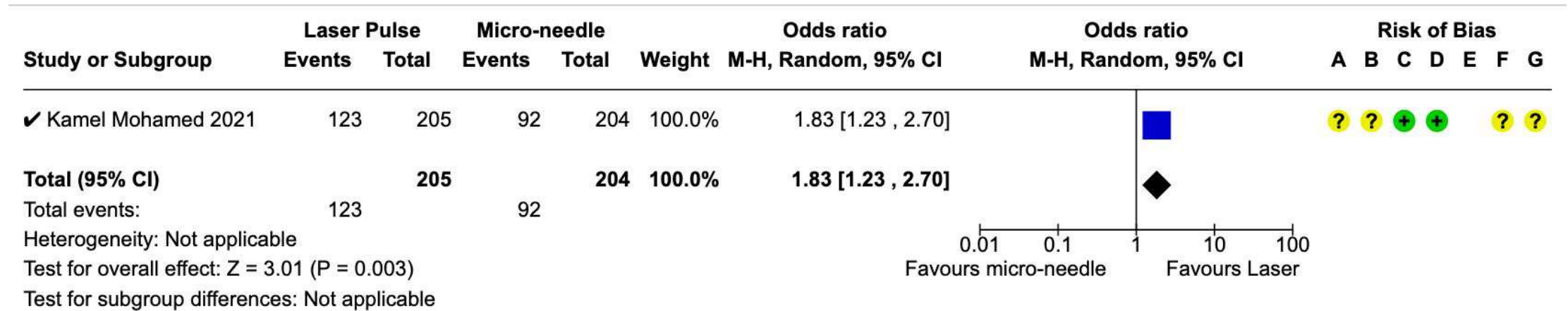
Miscarriage



- Similar miscarriage with blastocyst shrinkage vs no intervention

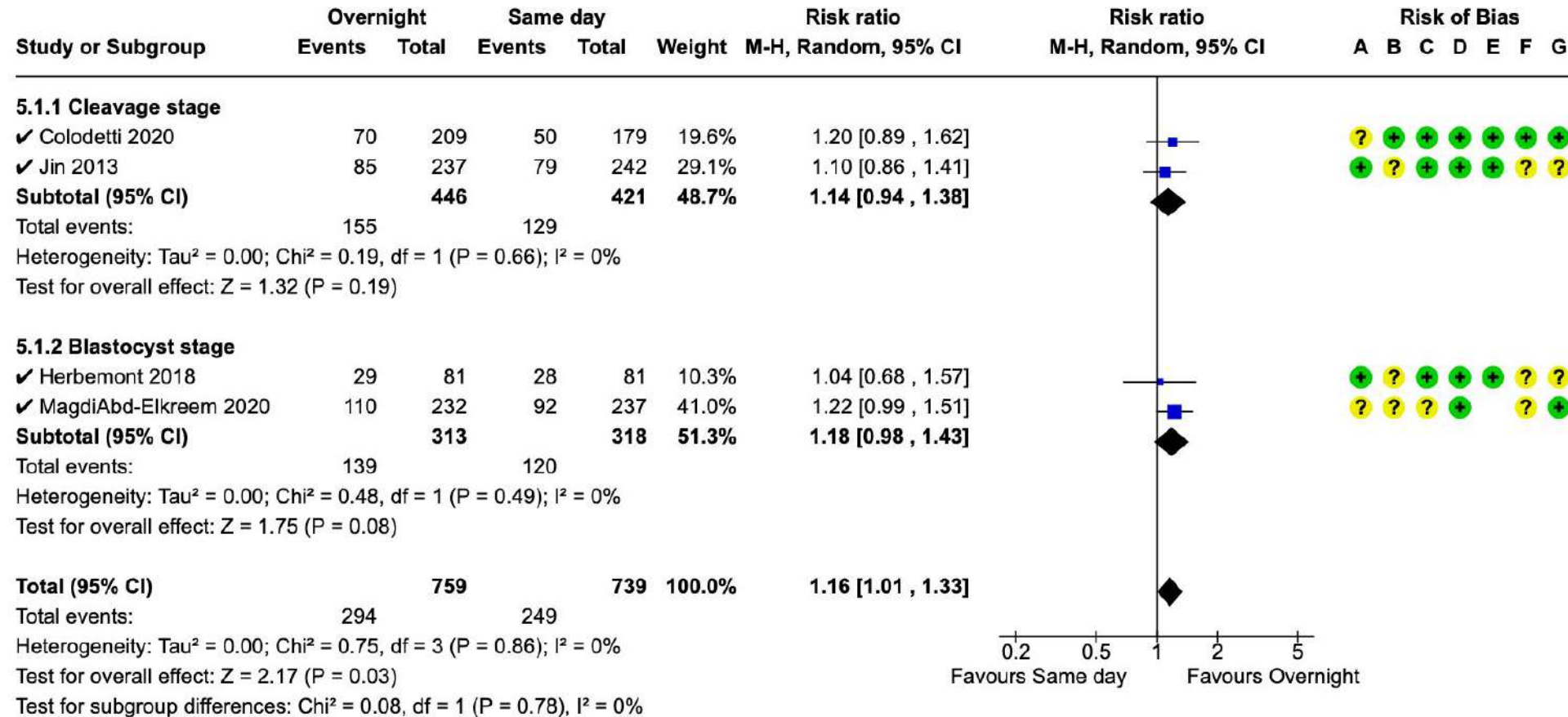
Laser vs mechanical blastocyst shrinkage

Clinical pregnancy



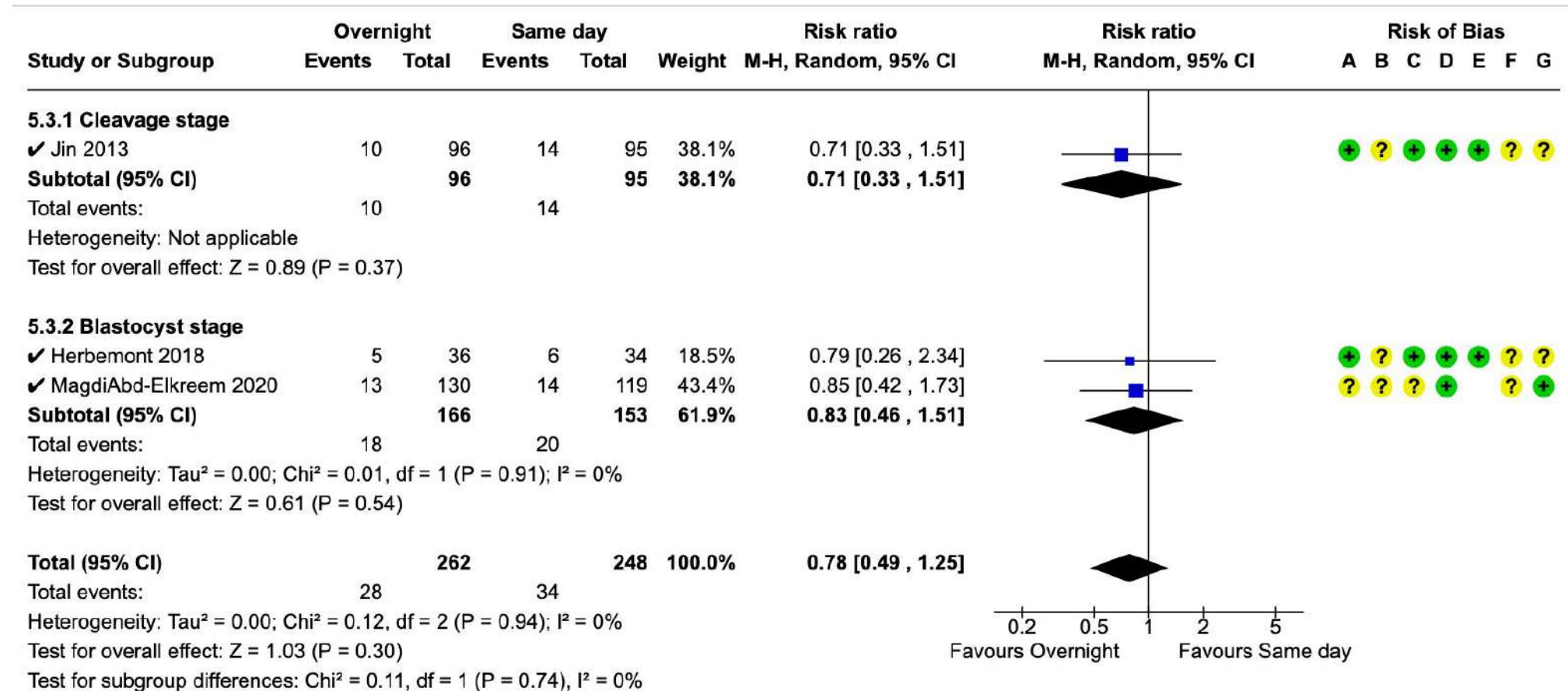
- Higher CPR using laser shrinkage vs mechanical
- Data on Live birth and miscarriage not reported in any RCT

FET same day vs overnight culture – Live birth



- Higher LBR with overnight culture

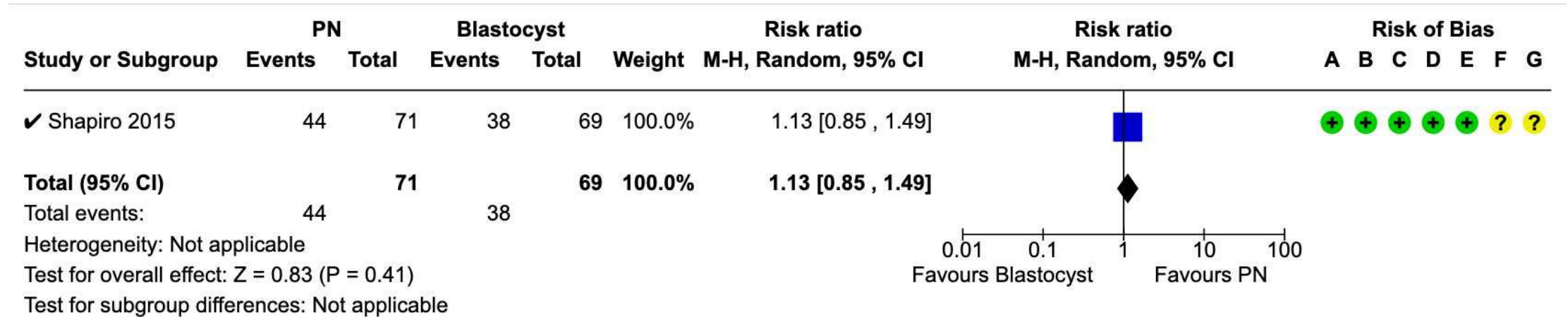
FET same day vs overnight culture – Miscarriage



- Similar miscarriage rate

Pronuclear vs blastocyst vitrification

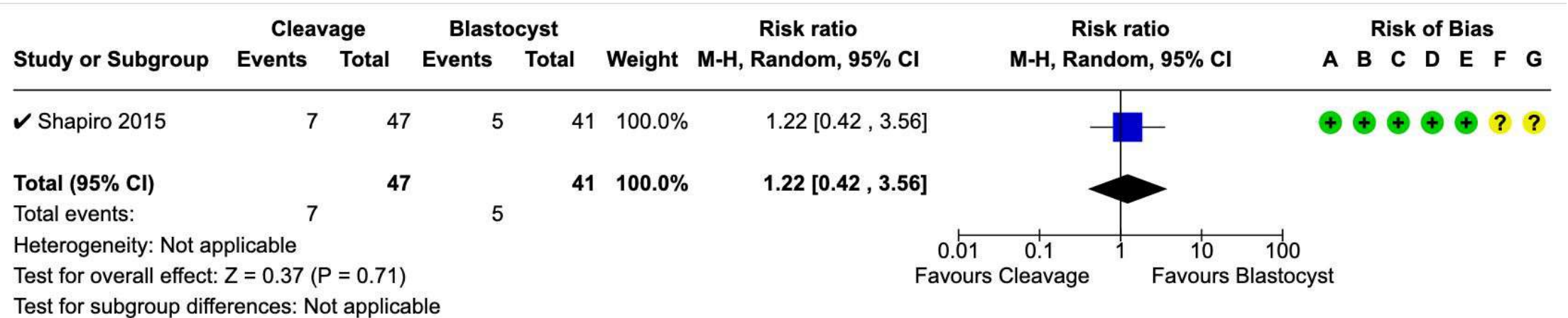
Live birth



- Similar LBR

Pronuclear vs blastocyst vitrification

Miscarriage



- Similar miscarriage rate

Early vs expanded blastocyst vitrification

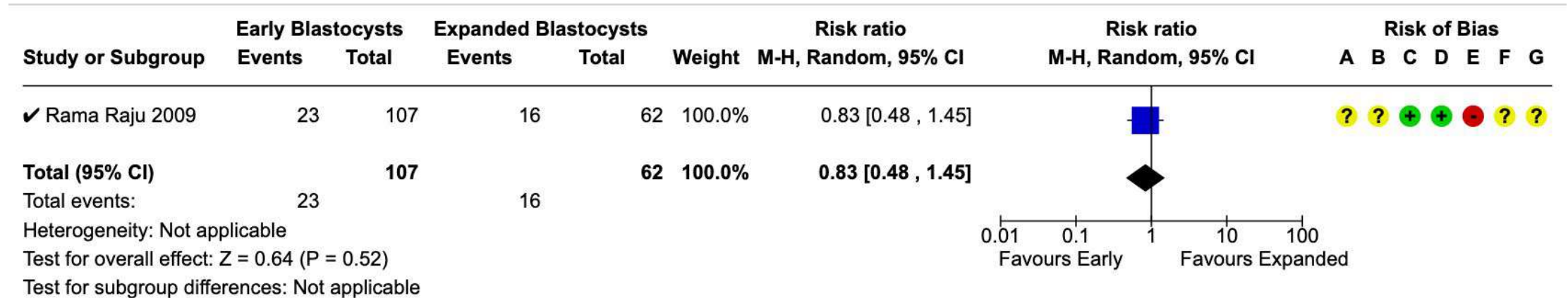
Live birth



- Similar LBR

Early vs expanded blastocyst vitrification

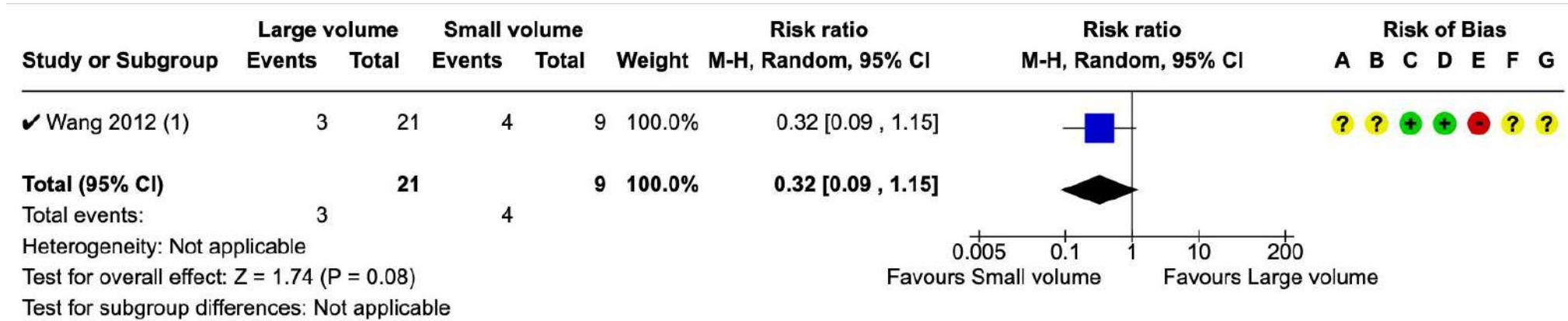
Miscarriage



- Similar miscarriage

Small vs large cryoprotectant loading volume

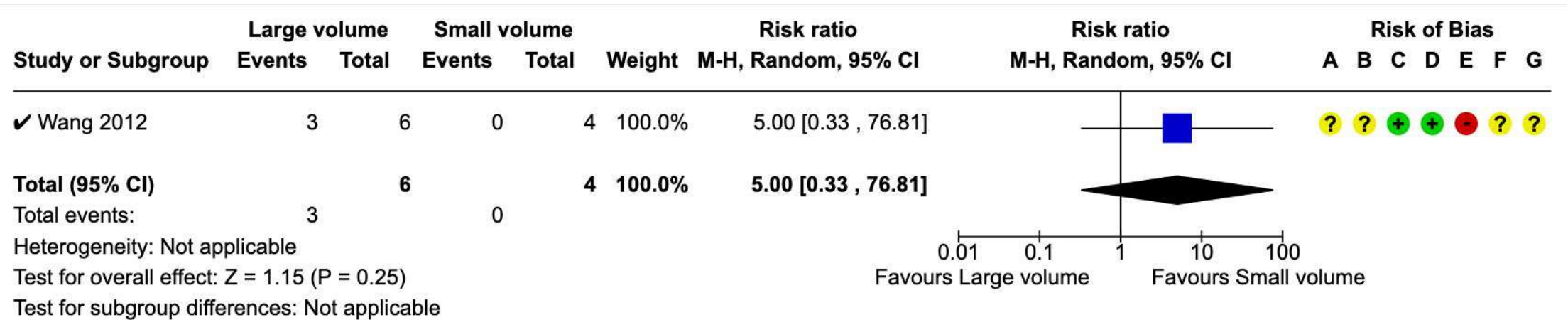
Live birth



- Similar LBR – approaching significance in favour of small volume

Small vs large cryoprotectant loading volume

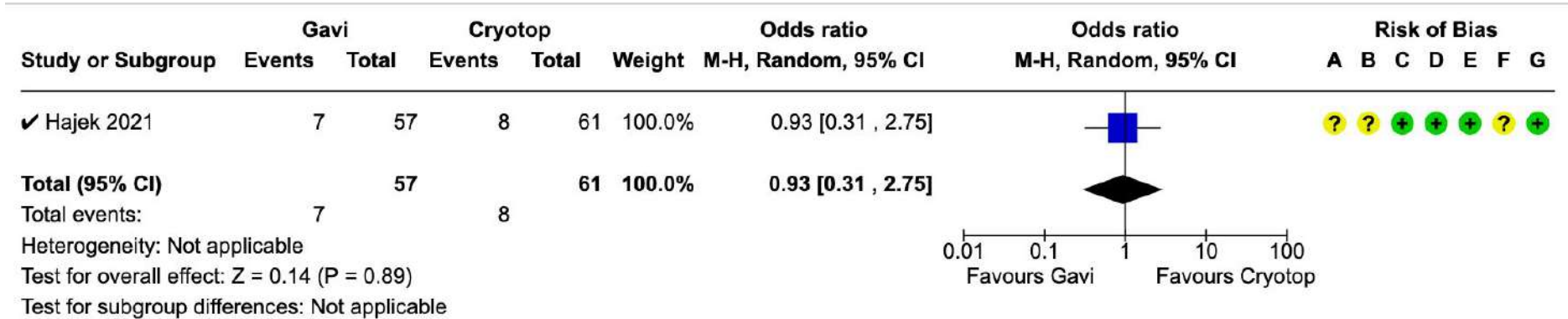
Miscarriage



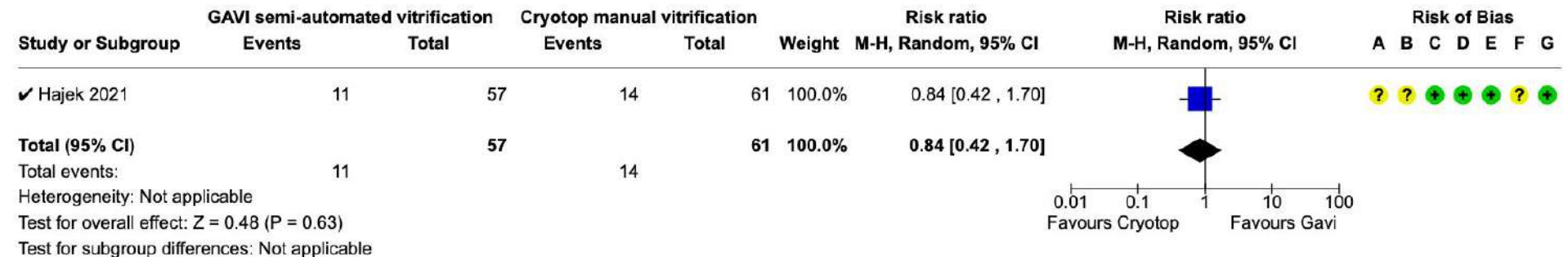
- Similar miscarriage

Manual vs semi-automated (Gavi) vitrification

Live birth



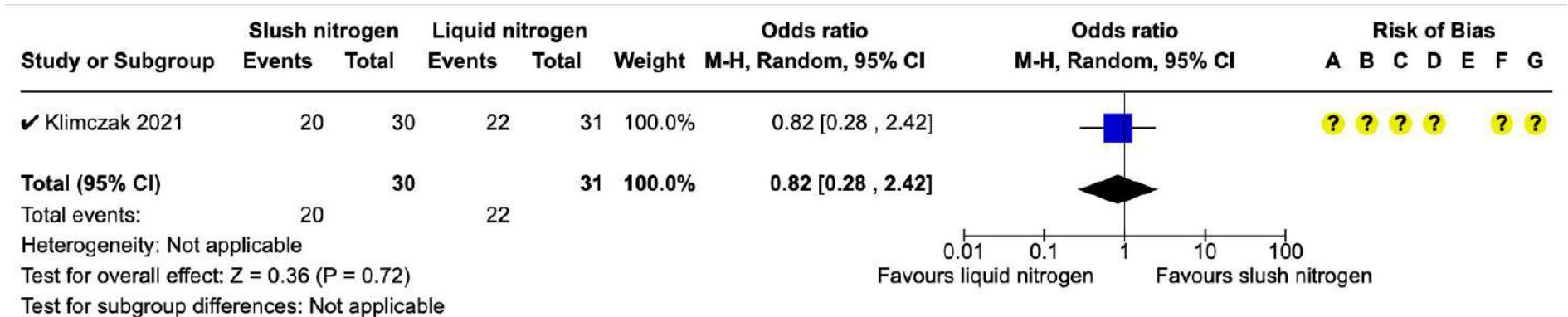
Clinical pregnancy



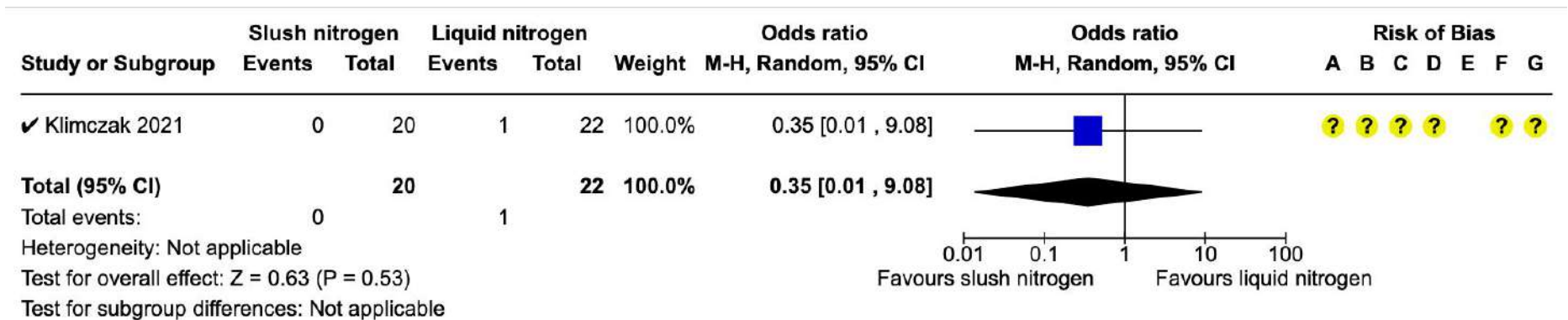
- Similar LBR
- Data on miscarriage not reported

Slush N₂ vs liquid N₂

Clinical pregnancy



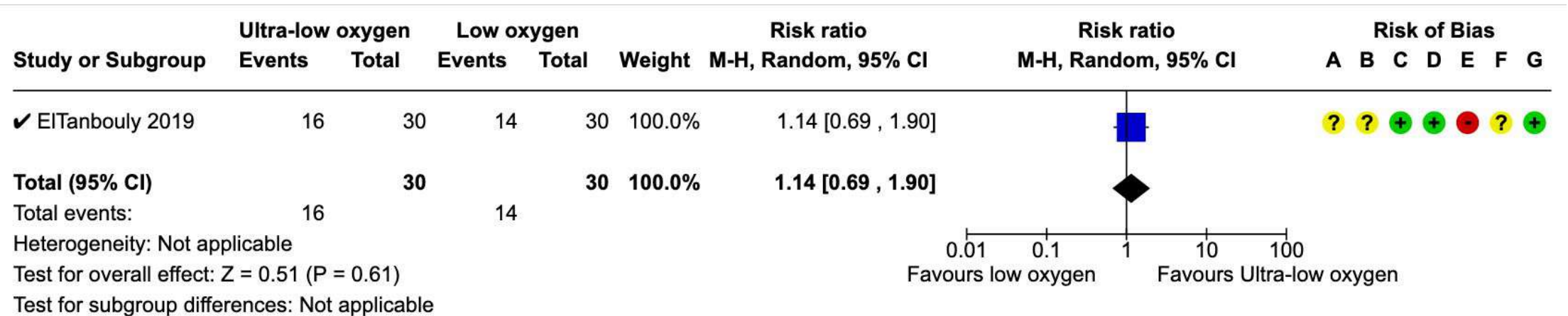
Early pregnancy loss



- Similar LBR
- Data on LBR not reported

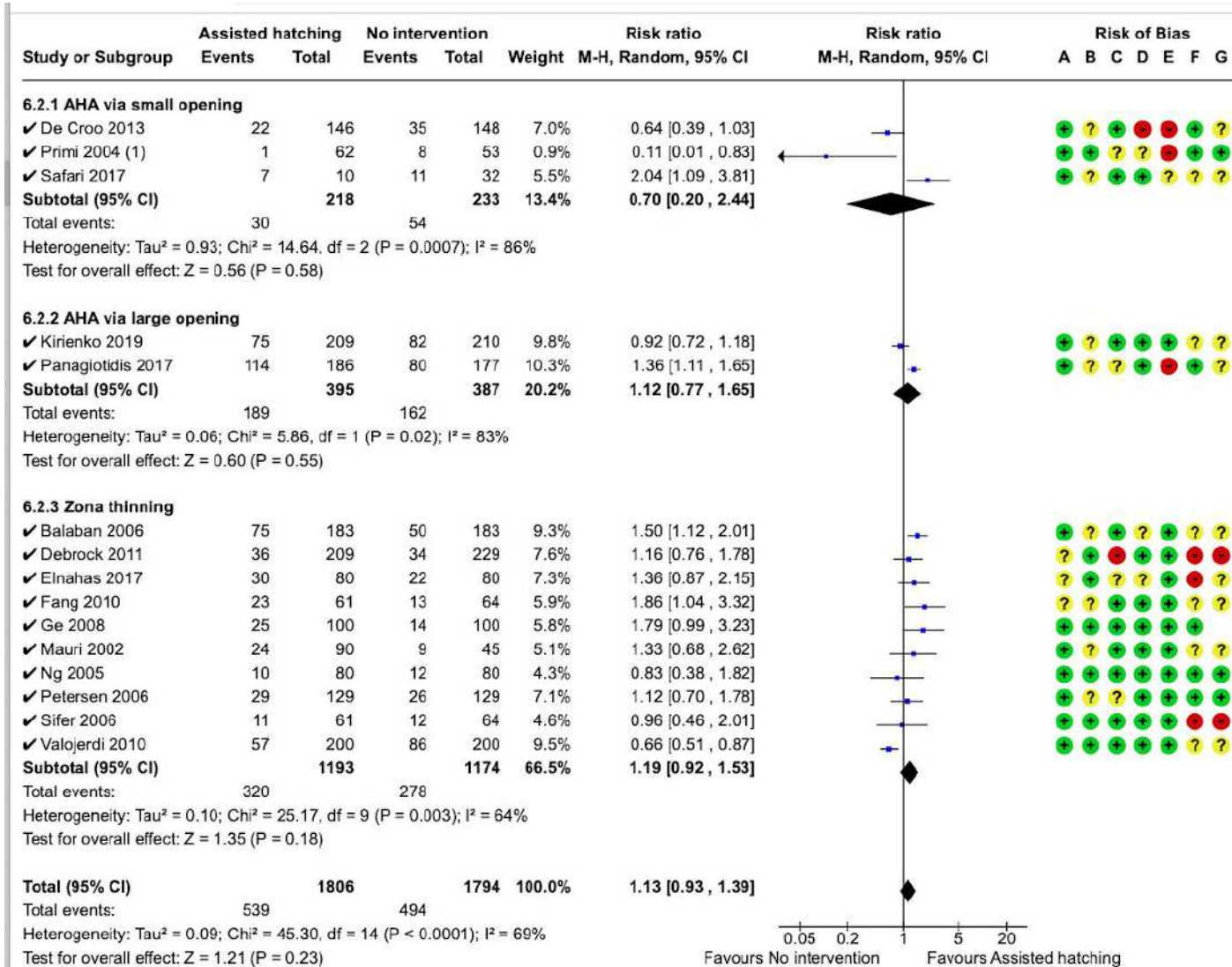
Low O2 (5%) vs ultra-low O2 (2%) in post-thaw culture

Clinical pregnancy



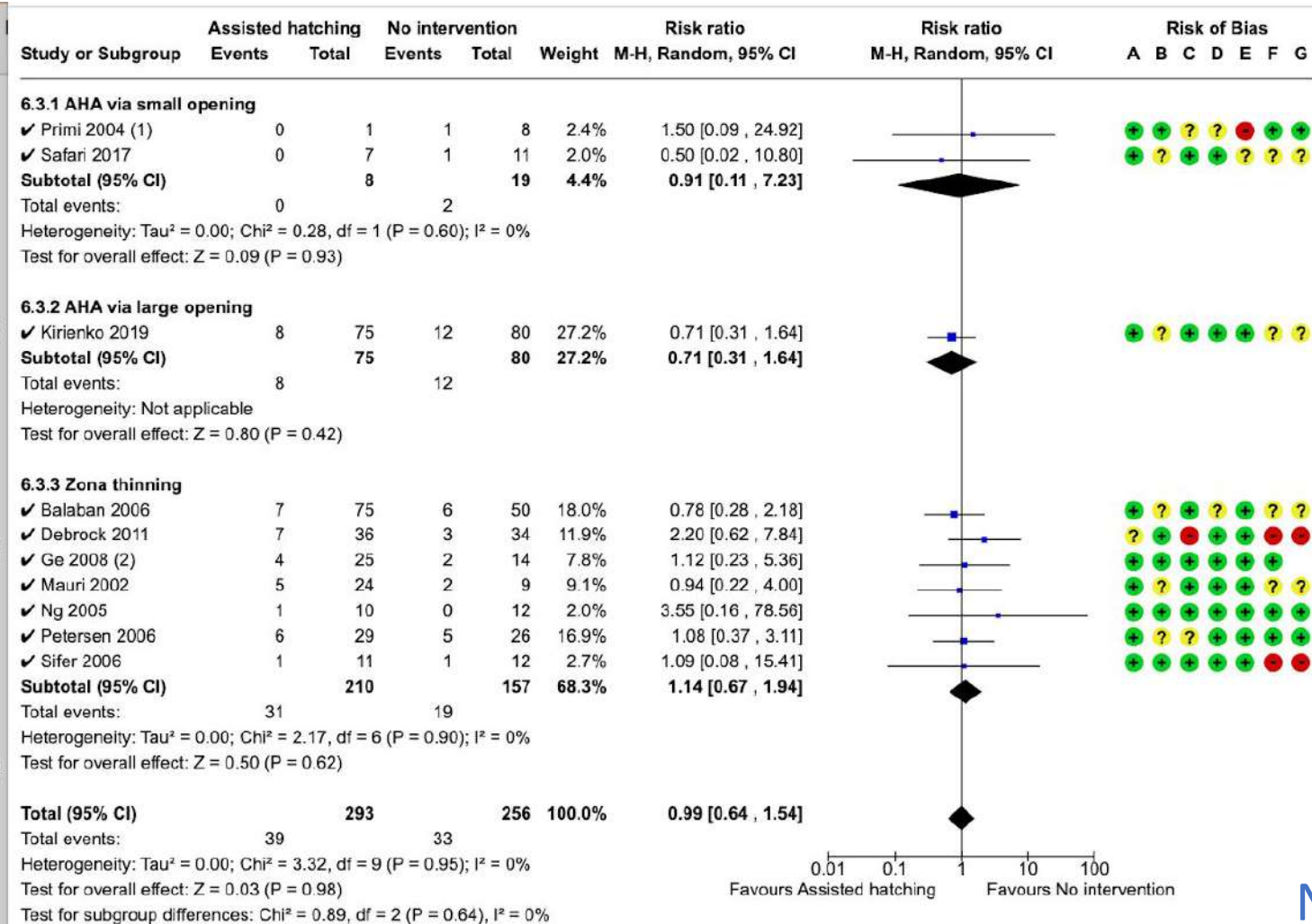
- Similar CPR
- Data on LBR and miscarriage not reported

Assisted hatching post-thaw – Live birth



No significant benefit of AH after warming

Assisted hatching post-thaw - Miscarriage



No difference in miscarriage rate

Quality of data

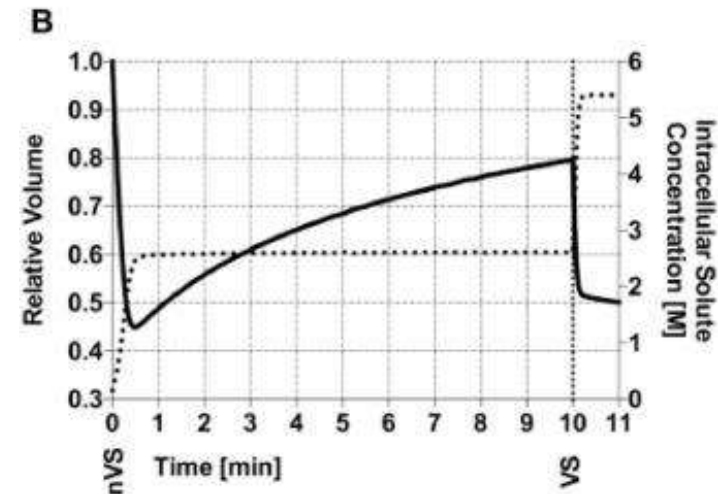
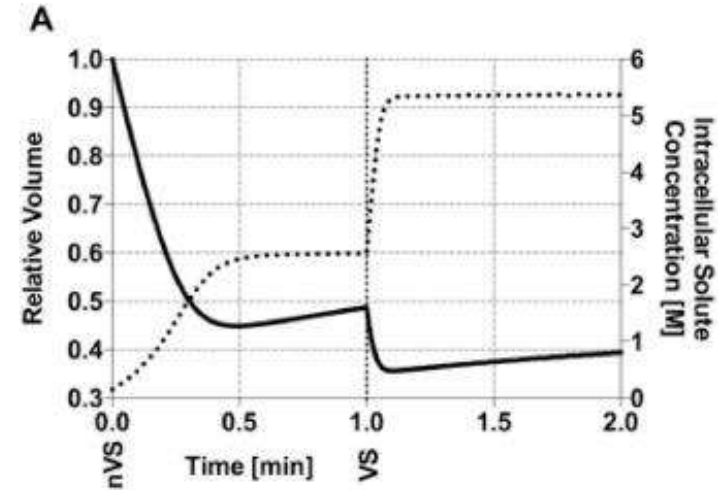
- Small number of RCTs for each technique
- High degree of heterogeneity between studies
- Low quality of data
- Still unsure whether there is a beneficial effect of any of these techniques
- Numerous observational and retrospective studies may suggest significant effects
- More well-designed RCTs are necessary
- Choice of techniques largely depends on laboratory set-up and personal preference

Summary of findings

Interventions	Outcomes
Vitrification vs slow freezing	Similar LBR and misc. RCT using blastocysts not identified
Open vs closed vitrification	Similar LBR and misc.
Artificial blastocyst shrinkage vs no intervention	Similar LBR and misc.
Laser vs mechanical blastocyst shrinkage	Laser is better
Pronuclear vs cleavage vitrification	Similar LBR and misc.
Early vs expanded blastocyst vitrification	Similar LBR and misc.
FET same day vs overnight culture	Higher LBR with overnight culture. Similar misc.
Small vs large loading volume	Trend for higher LBR (NS) with small volume. Similar misc.
Manual vs semi-automated vitrification	Similar CPR and LBR
Slush N ₂ vs liquid N ₂	Similar CPR and EPL
Low O ₂ (5%) vs ultra-low O ₂ (2%)	Similar CPR
Assisted hatching vs no intervention	Similar LBR and misc.

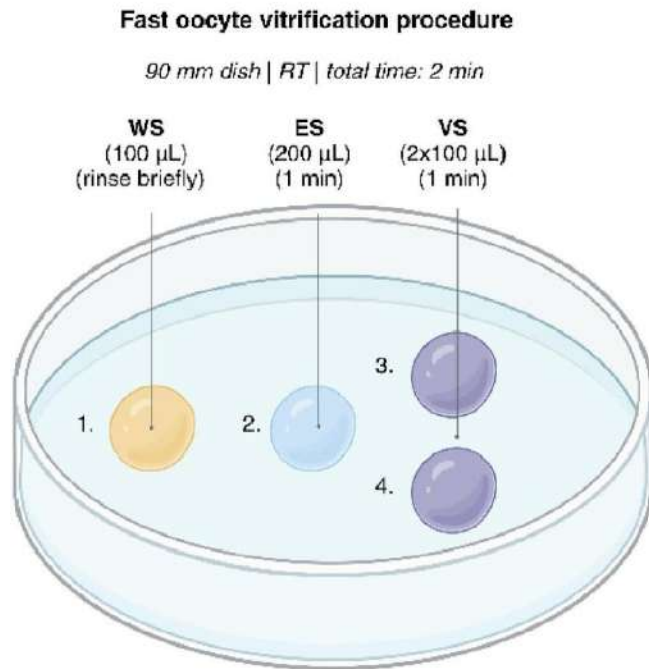
Ultra-fast freezing and warming

- Gallardo et al. (2019): simulated oocyte osmotic behaviour to cryoprotectant solution
- Equilibrium can be achieved in much shorter times (3—60 sec) similarly to traditional exposure (9-15 min).
- Showing feasibility of ultra-fast vitrification

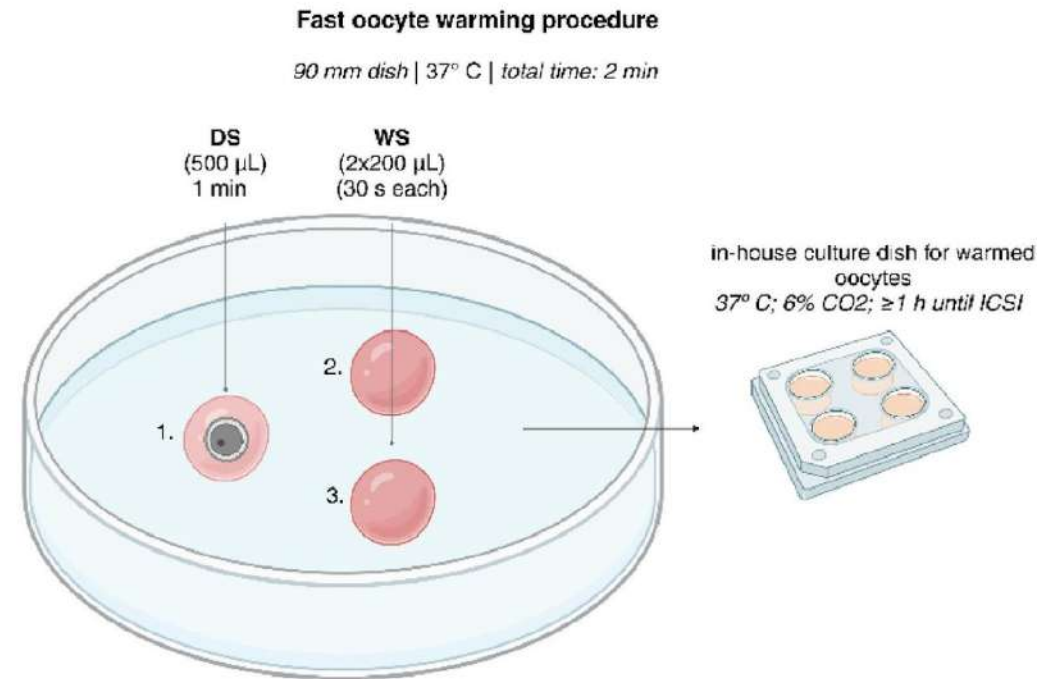


Oocyte ultra-fast freeze and warming

A.



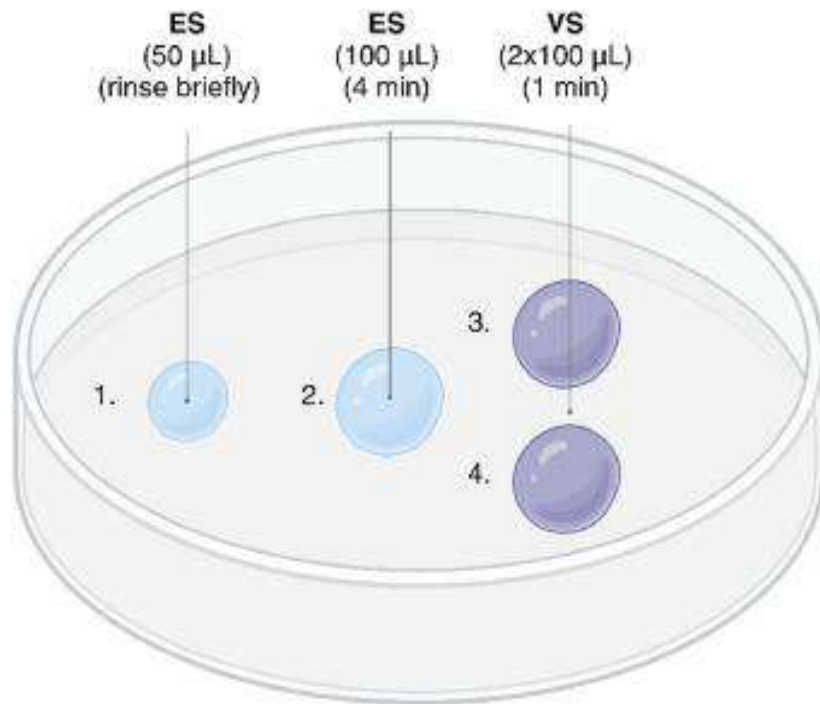
B.



Blastocyst ultra-fast freeze and warming

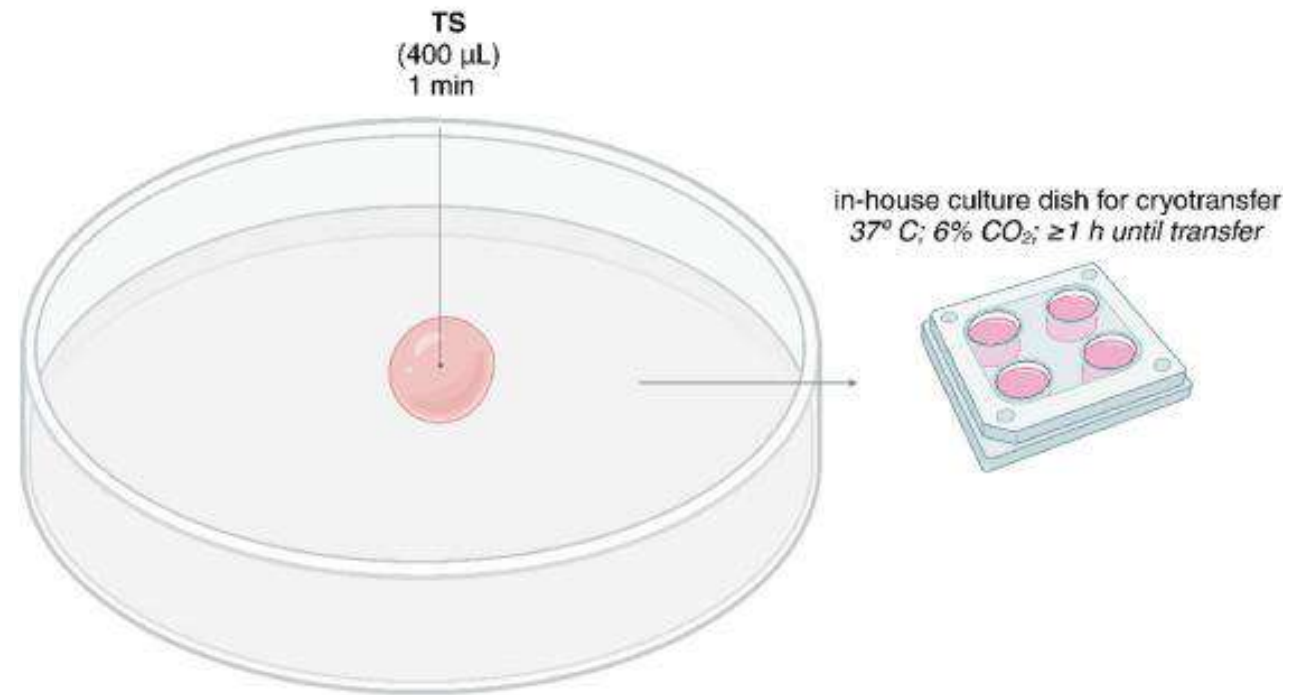
Fast blastocyst vitrification procedure

90 mm dish | RT | total time: 5 min



Fast blastocyst warming procedure

90 mm dish | 37° C | total time: 1 min



Fast and furious blastocyst rehydration



ARTICLE · Volume 48, Issue 4, 103731, April 2024

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Fast and furious: pregnancy outcome with one-step rehydration in the warming protocol for human blastocysts

[Juergen Liebermann](#) ^a · [Kristina Hrvojevic](#) ^b · [Jennifer Hirshfeld-Cytron](#) ^a · [Rebecca Brohammer](#) ^a · [Yuri Wagner](#) ^a · [Alexis Susralski](#) ^a · [Sue Jasulaitis](#) ^a · [Shu Chan](#) ^b · [Eden Takhsh](#) ^b · [Meike Uhler](#) ^a [Show less](#)



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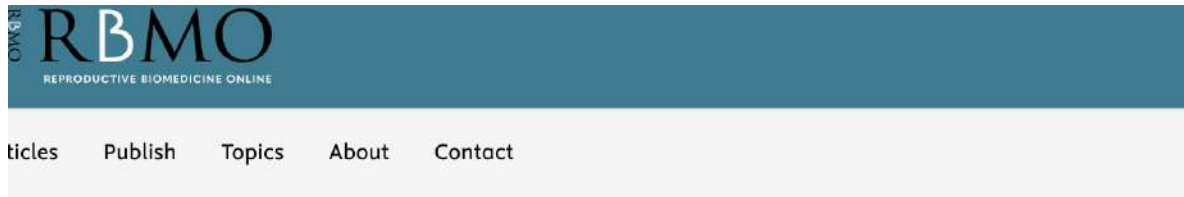
Do faster, do better: frozen embryo transfer outcomes with one-step warming protocol at different embryos stages

[Rossella Fucci](#) ¹ · [Patrizia Falcone](#) ¹ · [Francesco Capodanno](#) ² · [Sara Rubini](#) ² · [Andrea Gallinelli](#) ² · [Vincenzo Lofiego](#) ³ · [Silvia De Stefani](#) ⁴ · [Mariangela Primiterra](#) ⁴ · [Elisabetta Coccia](#) ¹ · [Elisabetta Baldi](#) ⁵ · [Simone Palini](#) ⁶ [Show less](#)

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- Similar survival rate, similar CPR
- Higher ongoing pregnancy using fast warming vs multi-step warming
- Lower miscarriage rate using fast warming
- Shorter time using fast warming

Ultra-fast vitrification and warming of oocytes



SHORT COMMUNICATION · Volume 49, Issue 1, 103976, July 2024

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Fast and furious: successful survival and resumption of meiosis in immature human oocytes vitrified and warmed using a short protocol

[J. Liebermann](#)   · [R. Brohammer](#) · [Y. Wagner](#) · [R. Smith](#) · [K. Even](#) · [J. Hirshfeld-Cytron](#) · [M.L. Uhler](#) [Show less](#)



ARTICLE · Volume 49, Issue 6, 104690, December 2024 · [Open Access](#)

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Ultra-fast vitrification and rapid elution of human oocytes: Part II – verification of blastocyst development from mature oocytes

[Kathryn Wozniak](#) ² · [Ryan Reichelderfer](#) ¹ · [Seyed Ghaemi](#) ³ · [Danielle Hupp](#) ³ · [Peter Fuzesi](#) ² · [Guy Ringler](#) ¹ · [Richard P. Marrs](#) ^{1,3} · [Mitchel C. Schiewe](#)  ^{1,3}  [Show less](#)

- Studies using in-vitro matured MI/GV oocytes
- >95% survival with ultra-fast protocol (Liebermann 2024)
- Higher survival with ultra-fast (98%) compared to standard protocol (83.3%) (Wozniak 2025)
- Benefit of reduced exposure to room temperature, and shorter time of procedure.

Universal embryo warming

Universal post-warming dilution of vitrified embryos: impact of different vitrification/warming kits, warming volume and rapid dilution/rehydration steps on survival and clinical outcomes

Lodovico Parmegiani ¹ ✉ · Gabor Vajta ^{2,3} · Colleen Lynch ⁴ · Alessandra Arnone ¹ · Silvia Bernardi ¹ · Antonio Manuel Maccarini ¹ · Sara Lanzilotti ¹ · Azzurra Rastellini ¹ · Enzo Troilo ¹ · Elena Nardi ⁵ · Walter Ciampaglia ¹

Table 1 LCS2 – Combinations of different kits. Number of warming cycles per group

Vitrification kit used	Group IFU -S	Group USSW -I	Group USSW - K	Group USSW - S	Group USSW - V
Kitazato - vitrification media VT601	11	48	2	20	3
Sage - vitrification kit ART-8026	6	31	3	11	5
Fuji Film Irvine - Vit Kit Freeze 90133-SO	5	16	0	7	2
Total	22	95	5	38	10

- Possible to combine various kits for vitrification/warming
- Possible to perform the universal single-step warming (USSW) with any warming kit brand.

Universal post-warming dilution of vitrified embryos: impact of different vitrification/warming kits, warming volume and rapid dilution/rehydration steps on survival and clinical outcomes

Lodovico Parmegiani ¹ · [✉] · Gabor Vajta ^{2,3} · Colleen Lynch ⁴ · Alessandra Arnone ¹ · Silvia Bernardi ¹ · Antonio Manuel Maccarini ¹ · Sara Lanzilotti ¹ · Azzurra Rastellini ¹ · Enzo Troilo ¹ · Elena Nardi ⁵ · Walter Ciampaglia ¹

Table 2 LCS1 – Outcome measures (Survival rate, Clinical Pregnancy rate, Embryo Implantation rate, Live Birth rate)

	Group KK	Group KS	Group KI	Group SK	Group SS	Group SI	Group IK	Group IS	Group II	Group HK	Group HS	Group HI
Mean female age (± SD) at warming	37.6±4.5	37.2±4.3	37.9±4.3	38.0±5.2	37.5±5.1	37.6±5.0	38.1±4.7	37.5±5.3	37.0±4.7	37.1±4.0	37.3±5.2	37.1±4.2
Survival % (No. of surviving embryos/ warmed embryos)	100% (237/237)	99.7% (307/308)	99.7% (285/286)	99.5% (189/190)	99.8% (531/532)	99.8% (531/532)	100% (70/70)	100% (229/229)	100% (292/292)	100% (134/134)	100% (110/110)	100% (124/124)
Clinical Pregnancy % (Presence of a gestational sac / No. embryo transfers)	39% (78/200)	39.6% (103/260)	40.8% (95/233)	47.0% (70/149)	41.4% (173/418)	36.1% (108/299)	36.2% (21/58)	36.4% (67/184)	38.2% (89/233)	37.8% (34/90)	34.5% (29/84)	36% (32/89)
Embryo Implantation % (No. of gestational sacs/ transferred embryos)	35% (83/237)	37.5% (115/307)	35.1% (100/285)	39.7% (75/189)	35.4% (188/531)	33.1% (124/375)	31.4% (22/70)	31.4% (71/226)	33.8% (99/292)	29.9% (40/134)	29.1% (32/110)	29% (36/124)
Live Birth % (No. of pregnancies leading to births / embryo transfers)	32.5% (65/200)	31.2% (81/260)	27.0% (63/233)	34.9% (52/149)	30.1% (77/299)	27.8% (83/299)	27.6% (16/58)	29.3% (54/184)	28.8% (67/233)	28.9% (26/90)	27.4% (23/84)	29.2% (26/89)
No. of babies born	70	87	64	56	139	97	17	59	74	29	24	29

P-Value NS. Exceptions (mean female age at Mann-Whitney Rank Sum Test): KI (37.9 ± 4.3) vs SS (37.5 ± 5.1) P=0.040 vs II (37.0 ± 4.7) P=0.012

Age

Survival

Clinical pregnancy

Implantation

Live birth

Babies

New methods of vitrification

Ultra-fast and universal warming

- Higher efficiency
- Flexibility
- Time-saving
- Improved workflow in the lab
- Proof of concept successful
- Time to move to prospective clinical studies

Thank you!