clomiphene, intrauterine insemination (IUI), IUI with ovarian stimulation and IVF–ICSI. The input of data from a couple took <3 min. Cumulative conception rates were displayed graphically. Graphics and data tables could be printed for documentation and were used as an aid to the counselling of the couple involved. The database was designed to allow for the future statistical analysis of the data for the user. An example of the graphical display is shown in the figure below.

Conclusions: The software program PROGNO® has proved to be helpful in transferring knowledge from literature sources into informative references for the clinician and patients. It provides a starting point for decision-making in which other individual and emotional factors form complementary elements. It helps to estimate the spontaneous chance of a pregnancy and the additional value of treatment. It allows the clinicians to estimate the additional prognostic value of diagnostic procedures. The program is also useful as a research tool, as it takes into account simultaneously the prognostic impact of a variety of infertility factors.

P201. Agreement between tubal patency assessed by hysterosalpingography and laparoscopic chromopertubation

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Introduction: A number of authors have reported a remarkable discrepancy between hysterosalpingography and laparoscopic chromopertubation. However, the agreement between both tests has not been expressed by an adequate mathematical parameter (κ coefficient).

Materials and methods: A total of 314 consecutive women were subjected prospectively to laparoscopy and hysterosalpingography during an infertility study. Chromopertubation using methylene blue dye was performed on days 20–24. Hysterosalpingography was performed on days 7–10 with water-soluble contrast. The κ coefficient was calculated, where κ = percentage agreement/(1 – percentage chance expected agreement).

Results: The κ coefficients ranged from 0.40 to 0.36, depending on the categories analysed, which corresponded to a moderate agreement.

Conclusion: The diagnosis of tubal factor requires that both tubal patency tests (hysterosalpingography and laparoscopy) show an abnormal patency. When one of the aforementioned tests is normal, performing the second has few clinical advantages. However, it is suggested that when there is a discordant patency, pregnancy rates could be somewhat reduced.

P202. Standardization of cryopreservation is not possible for different periods of embryo culture

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Aim: To evaluate the thawing results following a standard freezing procedure after 3, 4 or 5 days of embryo culture in vitro.

Materials and methods: Data from 255 thawing procedures performed during the period May–December 1995 were included in this evaluation. Embryo freezing was performed using dimethylsulphoxide (DMSO) as the cryoprotectant for the different culture days. Thawing procedures were performed in five steps with different DMSO concentrations.

Results: Prolonging the embryo culture time from 3 to 5 days allowed for better natural embryo selection. Whereas on day 3 ~55% of the cycles had supernumerary embryos which could be frozen, after 5 days of culture only ~40% of the cycles had embryos available for freezing.

<table>
<thead>
<tr>
<th>Day of freezing</th>
<th>No. of embryo transfers/ no. of thawing procedures</th>
<th>No. of pregnancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>39/59 (66%)</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>53/94 (56%)</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>15/102 (15%)</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>107/255 (42%)</td>
<td>8</td>
</tr>
</tbody>
</table>

*P < 0.05; **P < 0.001.

Conclusion: The thawing procedures performed on embryos frozen after 5 days of embryo culture result in significantly lower numbers of embryo transfers when compared with the same procedures performed on embryos at earlier stages of development. Therefore we can conclude that the freezing–thawing procedure with DMSO, as used in our laboratory, is not suitable for embryos at all stages of development.