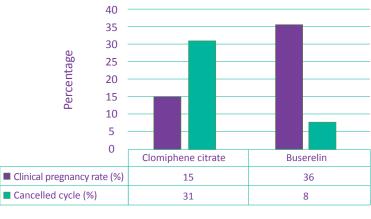


## **Buserelin:** Trustable way to improve in vitro fertilization success



■ Clinical pregnancy rate (%) ■ Cancelled cycle (%)

Figure 1. Clinical outcome for treatment with clomiphene citrate with HMG versus buserelin with HMG

• 77 infertile women were given buserelin followed by induction of ovulation by HMG in 83 cycles of treatment for in vitro fertilization, and 328 women received clomiphene citrate and HMG.

• Clinical pregnancy rate were 36% for buserelin treatment compared to 15% for clomiphene citrate (P<0.001).

• 36% percent of treatment cycles with buserelin resulted in a clinical pregnancy compared with 15% after clomiphene citrate (p<0.0001).

• Analogue of luteinizing hormone releasing hormone (Buserelin) give substantial improvement in clinical results.

## Reference:

Rutherford, A. J., et al. "Improvement of in vitro fertilisation after treatment with buserelin, an agonist of luteinising hormone releasing hormone." BMJ 296.6639 (1988): 1765-1768.

## Buserelin: Safe choice for treatment of advanced prostate cancer

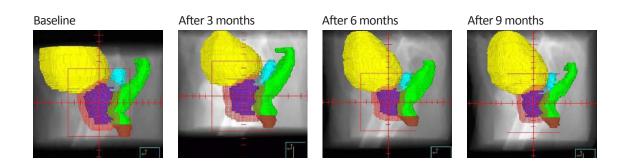


Figure 1. Prostate volume reduction (purple) shown on sagittal plane of CT scans after different months of Maximal Androgen Blockade (MAB).

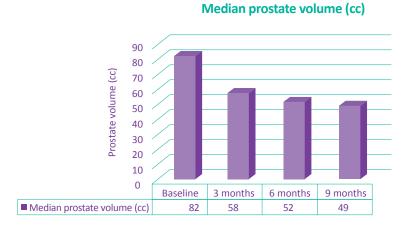


Figure 2. Median prostate volume reduction during 9 months of MAB for the study

• Twenty patients scheduled for external beam radiotherapy with prostate cancer were treated with buserelin and nilutamide for 9 months consecutively.

• The baseline median prostate volume for patients was 82 cc with a median volume reduction of 31% (P < 0.0001) after 3 months and 9 % (P<0.0001) after 6 months of androgen deprivation.

• Most significant prostate volume reduction is achieved after 3 months of MAB with a maximum reduction after 6 months.

• The synergistic effect of neoadjuvant androgen deprivation therapy and external beam radiotherapy can improve outcome in prostate cancer treatment.

## Reference:

Langenhuijsen, Johan F., et al. "Neoadjuvant androgen deprivation for prostate volume reduction: the optimal duration in prostate cancer radiotherapy." Urologic Oncology: Seminars and Original Investigations. Vol. 29. No. 1. Elsevier, 2011.