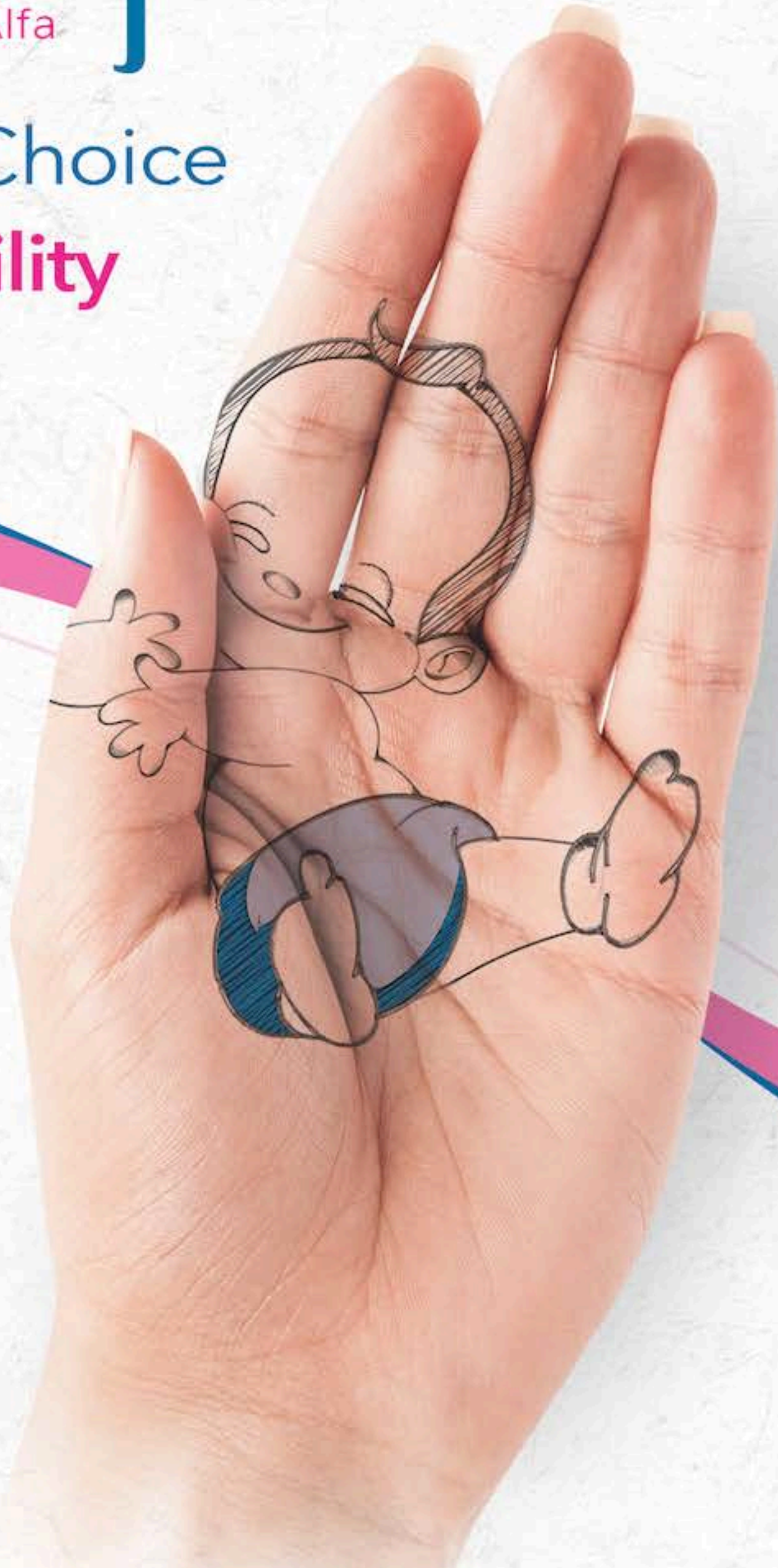


**Cinnal-f**<sup>®</sup>  
Follitropin Alfa

The Right Choice  
for Fertility



شرکت سیناژن  
**CinnaGen**

شرکت تحقیقاتی و تولیدی سیناژن

تلفن: ۰۲۱ - ۴۲۸۱۵

فاکس: ۰۲۱ ۸۸ ۵۶ ۱۵ ۷۵

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### Follitropin- $\alpha$ : More clinical pregnancy rate

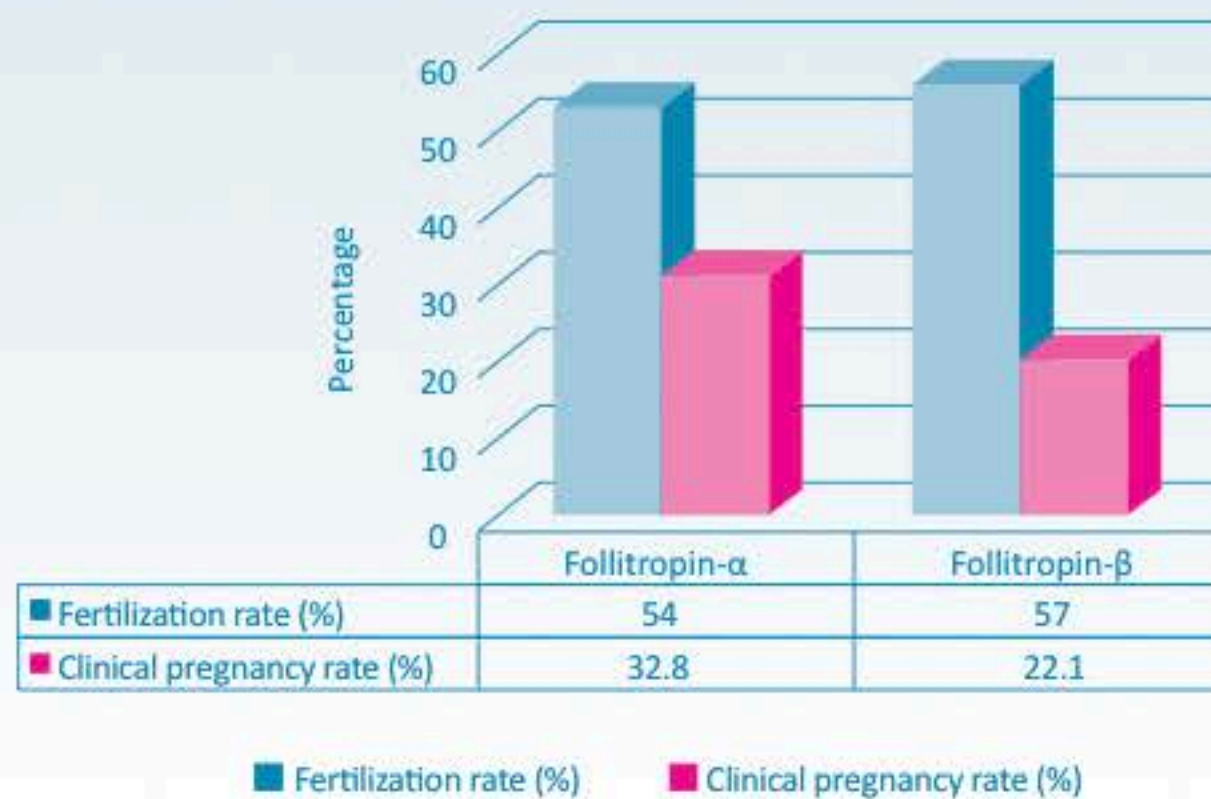


Figure 1. Clinical outcome of follitropin- $\alpha$  versus follitropin- $\beta$

- 266 consecutive cycles were evaluated, 198 in patients using follitropin- $\alpha$  and 68 in patients using follitropin- $\beta$ .
- A clinical pregnancy was achieved in 65 patients in the follitropin- $\alpha$  group (32.8% per cycle) and 15 patients in the follitropin- $\beta$  group (22.1% per cycle).
- Follitropin- $\alpha$  was associated with a tendency toward an increased clinical pregnancy rate ( $P < 0.07$ ).

**Reference:**

Orvieto, Raoul, et al. "Follitropin- $\alpha$  (Gonal-F) versus follitropin- $\beta$  (Puregon) in controlled ovarian hyperstimulation for in vitro fertilization: is there any difference?." *Fertility and sterility* 91.4 (2009): 1522-1525



## Follitropin- $\alpha$ : More pure and potent FSH

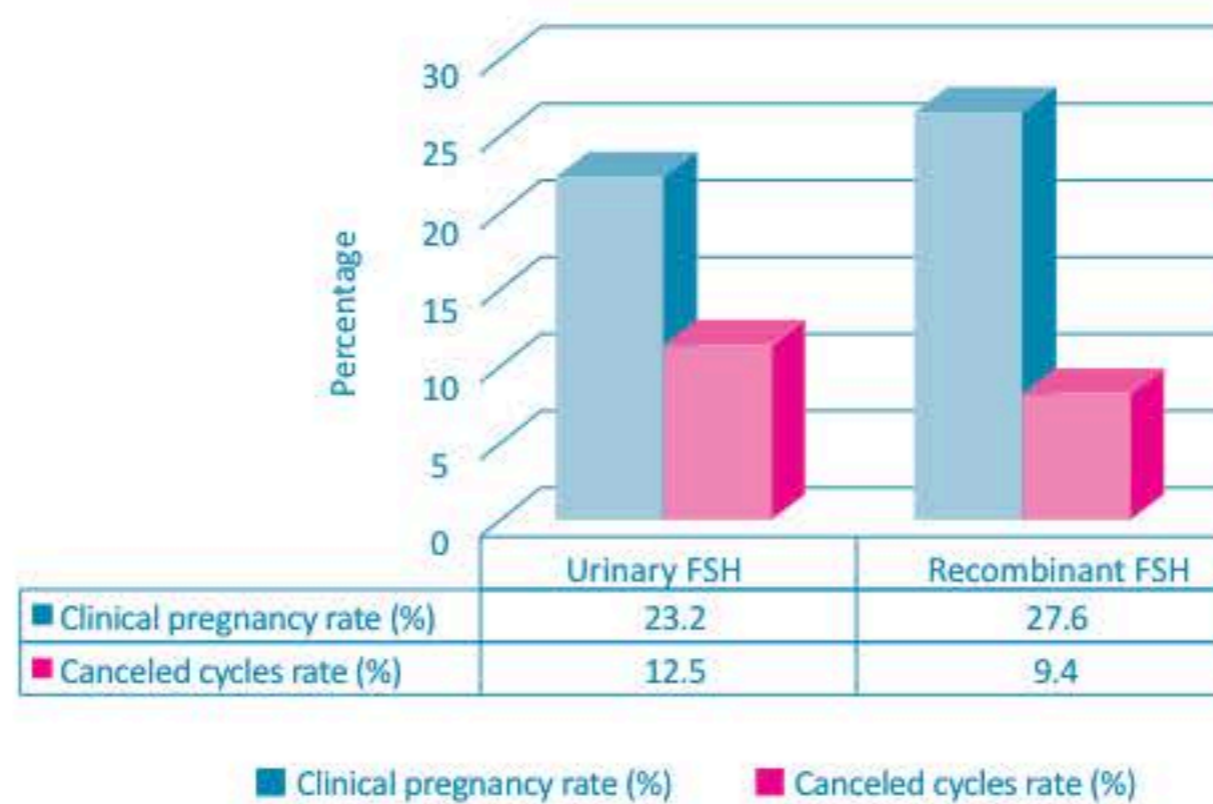


Figure 1. Clinical outcome of recombinant FSH versus urinary FSH

- A total of 51 patients resistant to clomiphene citrate therapy were randomized (urinary FSH: n=35; recombinant FSH: n=16) and underwent a total of 96 cycles (urinary FSH: n=64; recombinant FSH: n=32).
- The clinical pregnancy rates in the urinary FSH (23.2%) and recombinant FSH (27.6%) groups were comparable (P<0.6).
- There was significantly more single follicle development in the recombinant FSH group.
- Significantly higher final E2 levels and a larger number of follicles recruited, oocytes retrieved, or embryos obtained by recombinant FSH compared to urinary FSH.
- Recombinant FSH is more efficient than urinary FSH.

### Reference:

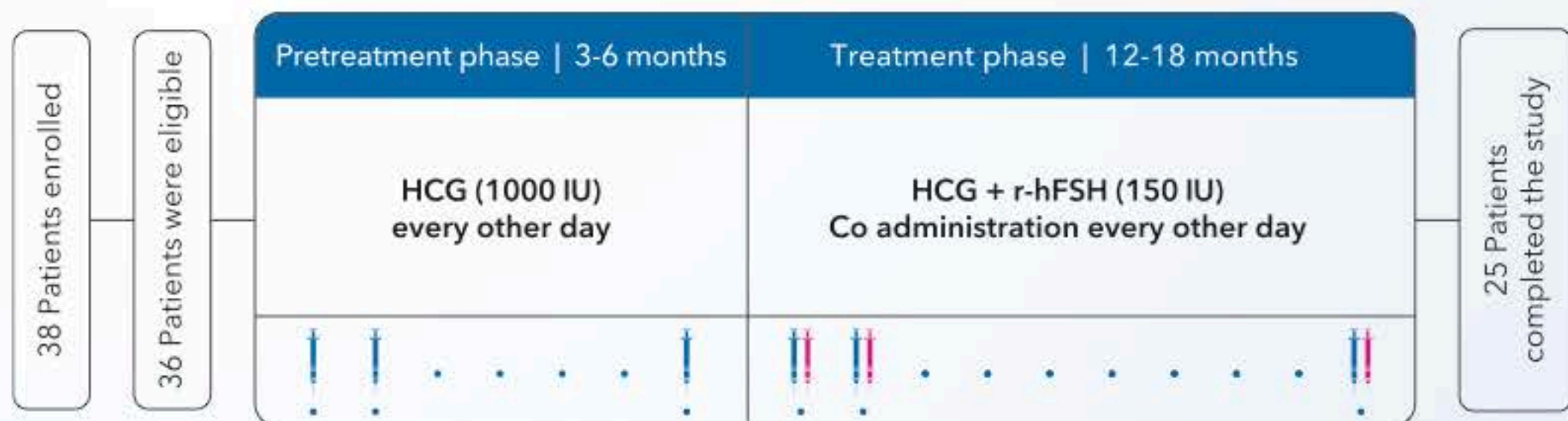
Yarali, Hakan, Orhan Bukulmez, and Timur Gurgan. "Urinary follicle-stimulating hormone (FSH) versus recombinant FSH in clomiphene citrate-resistant, normogonadotropic, chronic anovulation: a prospective randomized study." *Fertility and sterility* 72.2 (1999): 276-281.



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**Follitropin alfa:** Productive Spermatogenesis



**PRIMARY endpoint** Proportion of patient achieving a sperm density  $\geq 1.5 \times 10^6/\text{mL}$ .

**SECONDARY endpoint** Testicular volume, sperm function and morphology, pregnancy

**ASSESSMENT** Semen analysis at first day of HCG+r-hFSH administration and every 3 months.

Figure 1. Study design

## Follitropin alfa: The best choice for azoospermia with hypogonadotropic hypogonadism

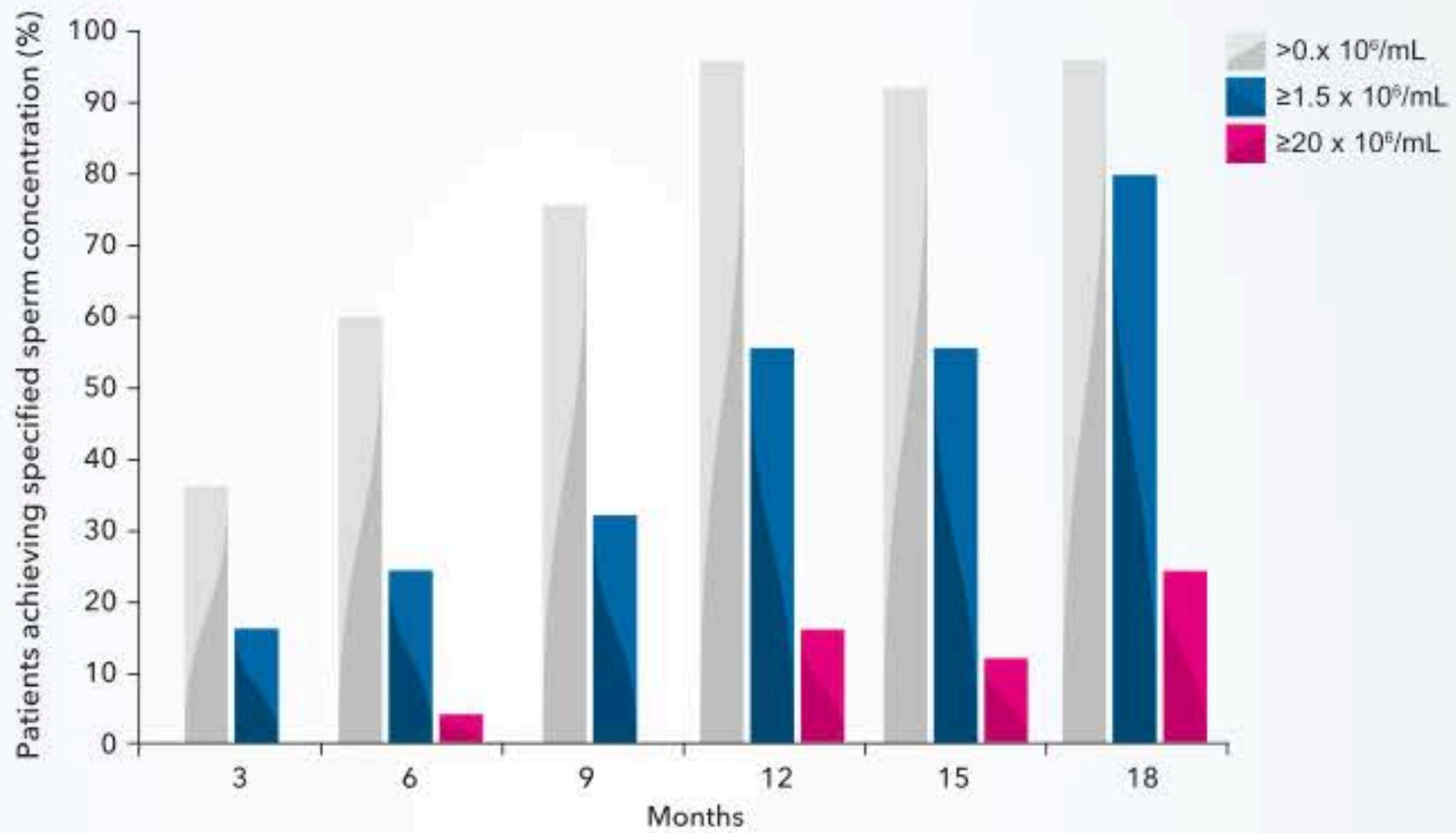


Figure 2. Percentages of patients achieving different sperm concentration at 3 months intervals for patients who completed treatment (n=25).

- 24 of 25 patients (96%) treated with follitropin alfa responded to treatment with spermatogenesis
- Normal sperm morphology doubled from month 3 to month 18 of the treatment.
- Five clinical pregnancies were achieved.
- Follitropin alfa is effective for the induction of spermatogenesis and is well-tolerated.

### Reference:

Matsumoto, A.M., et al. Fertility and sterility, 2009. 92(3): p. 979-990.



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