

CONGRESS ESHRE 202

Our top six highlights include...

1

Modern IVF with mainly single embryo transfer achieved cumulative live birth rates of up to 68%, while reducing multiple births to 2.9%.

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Halving out-of-pocket treatment costs of triple ART births, affordability as a to care.

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A novel single-sperm assay outperformed conventional semen analysis, improving male infertility diagnosis.

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Hospital admissions for miscarriage and pregnancy have in England since COVID-19 persistent inequities

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OPENER

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Scientific progress is driven not only by discovery, but also by ethical leadership, collaboration, and sustained commitment to the field

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ocket fertility could almost highlighting major barrier

3

Donor eggs may not fully overcome uterine ageing, with women aged ≥ 49 years experiencing lower live birth rates and higher miscarriage rates.

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Rare genetic variants were found in nearly 70% of people with unexplained infertility, supporting genomic testing.

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Congress Review

Review of the European Society of Human Reproduction and Embryology (ESHRE) Annual Meeting 2026

Location:	London, UK
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THE EUROPEAN Society of Human Reproduction and Embryology (ESHRE) returned to London, UK, this year for its 42nd Annual Meeting, bringing together more than 12,800 delegates from 134 countries for 5 days of cutting-edge science, education, and international collaboration. Hosted at ExCeL London, the congress marked ESHRE's fourth meeting in the UK, following previous congresses in Cambridge, Edinburgh, and London, reflecting the region's longstanding contribution to reproductive medicine. Opening the meeting, ESHRE Chair Anis Feki drew inspiration from London's scientific heritage, encouraging delegates to embrace the Royal Society's motto, *Nullius in verba* ('take nobody's word for it') by questioning evidence, challenging assumptions, and engaging in thoughtful scientific debate throughout the congress.

CELEBRATING A LANDMARK YEAR

The congress coincided with several important milestones for reproductive medicine. In 2026, ESHRE celebrated 150 years since the discovery of fertilisation, recognising the extraordinary progress made by the field while looking ahead to its future. Delegates also witnessed the renaming of the ESHRE Nurses Award to the Jean Purdy Nurses Award, honouring the pioneering embryologist and research nurse whose work was instrumental to the birth of IVF and acknowledging the essential contribution of nurses and midwives to reproductive healthcare.

ESHRE BY THE NUMBERS

The scale of ESHRE 2026 reflected the continued growth of both the society and

the specialty. More than 12,800 delegates attended from 134 countries, while a record 2,750 abstracts were submitted across 40 scientific topics, representing the highest number in the congress's history. Throughout the meeting, ESHRE also showcased the breadth of its activities beyond the annual congress, from international data collection through the European IVF Monitoring Consortium and Preimplantation Genetic Testing Consortium to guideline development, certification and accreditation, research funding, and policy initiatives that continue to shape reproductive medicine across Europe.

HONOURING THE PEOPLE BEHIND THE PROGRESS

A highlight of the Opening Ceremony was the recognition of individuals whose work has had a lasting impact on reproductive

medicine. Honorary membership was awarded to Françoise Shenfield, University College London, UK; and Guido Pennings, Ghent University, Belgium, for their lifelong contributions to reproductive ethics, while Bruno van den Eede was recognised for more than 40 years of service to ESHRE, having helped transform the society from a small scientific network into one of the world's leading organisations in reproductive medicine. Together, these tributes reflected the congress's broader message that scientific progress is driven not only by discovery, but also by ethical leadership, collaboration, and sustained commitment to the field.

LOOKING AHEAD

With an ambitious programme spanning embryo biology, reproductive genetics, fertility preservation, pregnancy loss, endometriosis, AI, ethics, and health policy, ESHRE 2026 set the stage for another year of scientific progress. A recurring message throughout the Opening Ceremony was that innovation alone is not enough; advances in reproductive medicine must continue to be underpinned by robust evidence, high-quality data, and patient-centred care. That theme would resonate across the scientific sessions that followed.

“Innovation alone is not enough; advances in reproductive medicine must continue to be underpinned by robust evidence, high-quality data, and patient-centred care”



Congress highlights

Donor Eggs Do Not Fully Offset the Effects of Uterine Ageing After 49 Years

NEW RESEARCH presented at ESHRE 2026 suggests that age-related changes in the uterus may reduce the chances of a successful pregnancy even when donor eggs are used. The findings indicate that women aged 49 years and older have significantly lower live birth rates and higher miscarriage rates than younger recipients, highlighting the potential role of uterine ageing in reproductive success.¹

While donor-oocyte treatment overcomes the age-related decline in egg quality, relatively little is known about how ageing of the uterus itself affects pregnancy outcomes. To investigate this, Crestani et al.¹ analysed 2,760 single blastocyst transfers performed in 1,774 women who underwent donor-oocyte treatment between March 2021–December 2024. By using donor eggs, the researchers were able to largely isolate the effects of the uterine environment from those of oocyte ageing.

Pregnancy outcomes were compared across four recipient age groups (35–40 years, 41–45 years, 46–49 years, and ≥49 years), with analyses adjusted for maternal, paternal, and embryo-related factors. The researchers assessed clinical pregnancy, live birth, miscarriage, cumulative live birth rates, and endometrial characteristics.

The analysis identified 49 years as a clinically meaningful threshold after which reproductive outcomes declined. Clinical pregnancy rates fell from 54.0% in women aged 35–40 years to 42.6% in women aged 49 years and older. Live birth rates similarly decreased from 46.2% to 31.7%, while miscarriage rates increased from 24.2% to 37.6%.

Compared with women aged 35–40 years, women aged 49 years and older had significantly lower odds of achieving a live birth and more than double the odds of

miscarriage. Cumulative live birth rates also declined substantially, from 80.0% in the youngest group to 62.5% among women aged 49 years and older who transferred all available embryos.

The study also demonstrated age-related changes in endometrial appearance. Although endometrial thickness remained similar across age groups, the proportion of women with a trilaminar endometrial pattern, a feature associated with optimal uterine receptivity, declined from 94.7% in women aged 35–40 years to 81.0% in those aged 49 years and older.

These findings suggest that donor eggs cannot completely overcome the effects of reproductive ageing, with uterine factors appearing to play an increasingly important role beyond the age of 49 years. The authors note that women should continue to be counselled that donor-oocyte treatment remains an effective option, but that success rates may still be influenced by age-related changes within the uterus.

The study is observational and cannot establish a direct causal relationship between uterine ageing and reproductive outcomes. The researchers also note that further studies are needed to investigate the biological mechanisms underlying uterine ageing, including vascular, immune, hormonal, and molecular changes, and to identify biomarkers that may better predict uterine biological age.

“Donor eggs cannot completely overcome the effects of reproductive ageing, with uterine factors appearing to play an increasingly important role beyond the age of 49”

Reducing Fertility Treatment Costs Could More Than Double ART Births

HALVING out-of-pocket fertility treatment costs could increase births achieved through assisted reproductive technology (ART) by almost three-fold, according to an international study presented at ESHRE 2026.²

Cost remains one of the greatest barriers to accessing fertility treatment worldwide, yet the extent to which affordability influences ART use has not been comprehensively quantified. To address this, researchers analysed ART registry, economic, and demographic data from 22 countries and regions between 2021–2023, representing more than 95% of global ART activity.

The team developed a novel 'cost-to-baby' metric, which estimates the total cost required to achieve one live birth through ART. The analysis incorporated treatment costs, medications, embryo transfer procedures, and financial support measures such as public reimbursement, subsidies, and tax benefits. Costs were expressed as a proportion of each country's median after-tax household income.

Affordability varied markedly across the world. Gross treatment costs ranged from 66% of median household income in Israel to 833% across much of Africa, while patients' net out-of-pocket costs ranged from just 13% in Israel to 825% in African countries without substantial funding programmes.

Countries where out-of-pocket costs were below 50% of annual household income consistently recorded the highest ART utilisation. South Korea and Spain each reported that more than 11% of all births resulted from ART, while Japan reported 9.3%. In contrast, ART accounted for only 0.2–0.4% of births in regions including Brazil, India, and Southeast Asia, where treatment costs were substantially higher relative to household income.

The researchers found that affordability explained between 77% and 84% of the variation in ART use across countries. Importantly, the relationship was not linear: reducing costs produced disproportionately

large increases in treatment uptake, particularly in regions where financial barriers were greatest. Modelling suggested that halving patient costs could increase ART births by 2.67-fold.

Lead author Stephanie Kuku, World Health Organization, said the findings demonstrate that affordability is a measurable determinant of access to fertility care and highlighted the importance of funding multiple treatment cycles rather than a single attempt. The authors also identified tax incentives, expanded public funding, workforce reforms, and improvements in clinical efficiency as potential strategies to reduce treatment costs.

The findings suggest that improving affordability could substantially increase access to fertility treatment worldwide, providing policymakers with a practical benchmark for expanding equitable access to ART.



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Multiplex Sperm Assay Improves Male Infertility Diagnosis

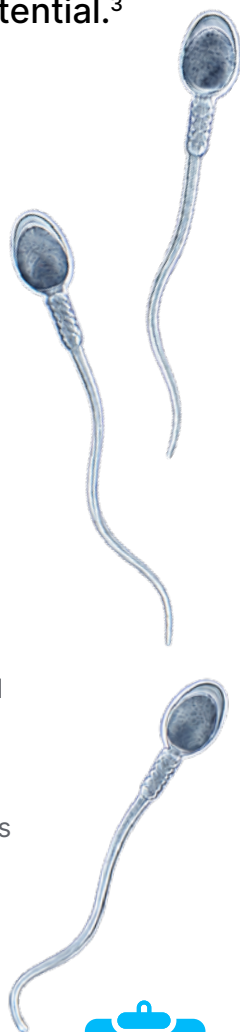
MALE INFERTILITY diagnosis continues to rely heavily on conventional semen analysis, despite growing evidence that measures such as sperm concentration, motility, and morphology provide only limited information about sperm functional competence and reproductive potential.³

Emerging research suggests that mitochondrial dysfunction plays a central role in male infertility, yet clinically relevant functional biomarkers remain absent from routine diagnostic testing.

A study presented at ESHRE 2026 investigated whether a multiplexed single-sperm functional assay integrating intracellular pH, senescence-associated β -galactosidase (β -gal) activity, and mitochondrial DNA G-quadruplex structures could improve infertility diagnosis and support targeted therapeutic discovery. The findings demonstrated significantly improved diagnostic accuracy compared with conventional semen analysis alone and identified two compounds with the potential to rescue sperm dysfunction.

Researchers conducted a diagnostic test study using two independent clinical cohorts comprising 130 participants recruited between 2022–2026. The training cohort included 56 participants from one hospital, while the validation cohort included 74 participants from a second institution. Washed spermatozoa were simultaneously stained using three fluorescent probes targeting intracellular pH, β -gal activity, and mitochondrial G-quadruplex structures, allowing functional assessment at the single-cell level.

Biomarker measurements were integrated with standard semen parameters to construct multivariate logistic regression models for infertility prediction. In parallel, sperm samples from infertile patients were exposed to a library of natural compounds in a high-throughput 96-well format to assess their effects on the identified biomarkers.



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The multiplexed assay quantified all three sperm functional biomarkers with high specificity and significantly improved diagnostic model performance. In the training cohort, the area under the receiver operating characteristic curve increased from 0.87 (95% CI: 0.79–0.96) using conventional semen parameters alone to 0.93 (95% CI: 0.87–0.99) when functional biomarkers were incorporated ($p < 0.001$). This improvement was replicated in the external validation cohort, where the area under the curve increased from 0.82 (95% CI: 0.68–0.96) to 0.89 (95% CI: 0.79–0.98; $p < 0.01$). Decision curve and calibration analyses further supported the enhanced clinical utility of the integrated model.

High-throughput drug screening identified hydroxycamptothecin as a compound capable of significantly increasing sperm intracellular pH, while luteolin reduced both mitochondrial DNA G-quadruplex accumulation and β -gal activity. Functional validation studies in sperm samples from patients with asthenozoospermia demonstrated improvements in mitochondrial membrane potential following treatment with both compounds. In mouse models of sperm dysfunction, luteolin restored early embryonic metabolic profiles, while both compounds improved fertilisation and blastocyst formation rates using cryopreserved sperm.

These findings suggest that functional sperm biomarkers may provide clinically meaningful information beyond conventional semen analysis and could facilitate more personalised approaches to male infertility management. By combining diagnosis with therapeutic screening, the platform offers a translational pathway linking functional assessment to targeted intervention. Limitations include the moderate sample size, the inclusion of exclusively Chinese populations, and the *ex vivo* nature of the drug screening experiments. Further validation in larger, ethnically diverse populations and *in vivo* studies of therapeutic efficacy will be required before clinical implementation.



Air Pollution Linked to Changes in Sperm Gene Regulation

EXPOSURE to common outdoor air pollutants during sperm development has been linked to altered DNA methylation in a new secondary data analysis presented at ESHRE 2026.⁴ The findings add to growing evidence that environmental exposures may influence male reproductive health and highlight areas for further research into fertility, pregnancy outcomes, and offspring health.

Air pollution has previously been associated with reduced semen quality and a range of cardiovascular, respiratory, and reproductive health effects. However, less is known about how exposure may affect sperm at the molecular level. DNA methylation is a chemical modification that regulates gene activity without changing the underlying DNA sequence, and alterations in this process may affect the function of genes involved in reproduction and early development.

In this analysis, researchers examined samples from more than 2,000 men who participated in a study conducted in Salt Lake City, Utah, USA, between 2013–2017. Sperm DNA methylation was analysed in 1,220 men who provided samples after a 6-month follow-up. The investigators estimated participants' exposure to outdoor ozone, nitrogen dioxide, sulphur dioxide, and fine particulate matter during spermatogenesis, the approximately 3-month period of sperm production.

39 DNA methylation changes associated with exposure to mixtures of air pollutants were identified, with ozone and nitrogen dioxide contributing most strongly. One notable finding involved altered methylation of the GNAS gene, an imprinted gene that has previously been associated with poorer semen quality and implicated in embryonic and fetal development. Because imprinted genes can remain active during early embryonic development, the researchers suggested that these findings raise questions about whether paternal environmental exposures could have implications beyond fertility, potentially influencing pregnancy and offspring health.



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It was noted that air pollution is a complex mixture that varies according to season and geographical location, with nitrogen dioxide and ozone commonly elevated in urban environments because of traffic emissions and natural gas combustion. As a result, the findings should be interpreted within the context of varying environmental exposures.

The researchers emphasised that the study identified associations rather than cause-and-effect relationships and that replication in other populations will be important. Future studies will also need to determine whether air pollution-related changes in sperm DNA methylation have measurable downstream effects on male fertility, pregnancy outcomes, or child health, while also examining the potential contribution of indoor and personal air pollution exposure.

“These findings raise questions about whether paternal environmental exposures could have implications beyond fertility, potentially influencing pregnancy and offspring health”





“Geographical location and abstinence duration remained independently associated with semen parameters”

Study Reveals Regional Differences in Sperm Quality Despite Similar Lifestyles

NEW RESEARCH presented at ESHRE 2026 has found that men in Spain's best-performing region had almost double the motile sperm count of those in the worst, despite similar lifestyles.⁵

Sperm quality has long been tied to habits like smoking, diet, and exercise, yet growing evidence points to geography too. This study set out to test whether marked regional differences in male fertility could be pinned on lifestyle and social factors, or whether something in the environment might be at play.

The prospective multicentre study analysed semen quality and lifestyle data from 386 men undergoing fertility assessment at seven assisted reproduction centres across Spain between June 2024–December 2025. Participants completed a standardised questionnaire covering residence, BMI, medical history, physical activity, chemical exposure, medication, smoking, alcohol, drug, and coffee use. Researchers compared semen parameters across four regions (north, south, southeast, and central) to see whether geographical gaps in sperm quality reflected lifestyle or socio-demographic differences.

Significant regional differences emerged in semen volume, sperm concentration, motility, morphology, and total motile sperm count. Men in northern Spain had the strongest results, averaging a total motile sperm count of 94.35 million against 50.11 million in central Spain. The north also led on sperm concentration (80.96 million/mL) and motility (44.79%). Reduced motility affected 23.9% of northern men, compared with 55.4% in the south and 53.4% in central Spain. Lifestyle patterns, however, were broadly similar across regions. After adjustment for all measured lifestyle and socio-demographic factors, only geographical location and abstinence duration remained independently associated with semen parameters.

The findings suggest that environmental exposures such as pollution or contaminants may drive the differences, warranting larger studies and stronger policies to limit pollutants.



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Miscarriage and Ectopic Pregnancy Admissions Rise as Inequalities Persist

HOSPITAL admissions for miscarriage and ectopic pregnancy have increased in England in recent years, according to research presented at ESHRE 2026. The nationwide study also found persistent socioeconomic inequalities in early pregnancy complications that remained largely unchanged over the past two decades.⁶

Researchers analysed national hospital data from England between 2004–2024, including 786,984 miscarriage admissions, 211,727 ectopic pregnancy admissions, and more than 12.4 million deliveries. Miscarriage and ectopic pregnancy are among the most common early pregnancy complications, yet long-term national trends and changes in associated health inequalities have been poorly understood.

Miscarriage admissions declined between 2010–2018, falling from 45,232 to 37,398 annually (annual percent change [APC]: –2.06%), before declining more sharply between 2018–2021 (APC: –4.26%). However, admissions rose again after the COVID-19 pandemic, with 133,400 miscarriage admissions recorded between 2021–2024.

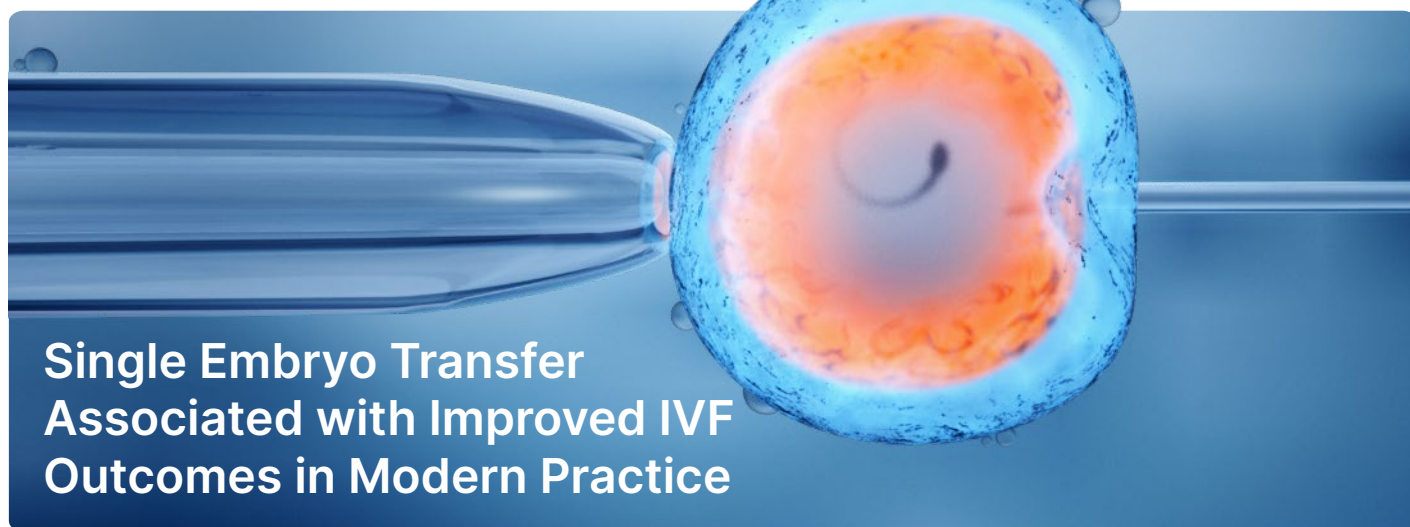
A similar pattern was observed for ectopic pregnancy. Admissions increased significantly between 2005–2012 (APC: +2.81%), remained relatively stable for several years, and then increased again from 2021–2024, during which 44,577 admissions were recorded (APC: +4.28%).

During the same period, the number of deliveries declined substantially, decreasing from 636,401 in 2017 to 545,149 in 2024 (APC: –2.26%).

The analysis also highlighted marked socioeconomic disparities. During the most recent decade, miscarriage admissions were approximately 2.7-times higher among women living in the most deprived areas than among those in the least deprived (71,104 versus 26,414 admissions). Ectopic pregnancy admissions showed a similar pattern, with around 2.4-times more admissions in the most deprived compared with the least deprived areas (17,845 versus 7,580 admissions).

The researchers suggest that the recent increase in admissions may reflect multiple factors, including changes in healthcare delivery during and after the COVID-19 pandemic, altered healthcare-seeking behaviour, increasing maternal age, rising obesity rates, and other reproductive health risk factors. They conclude that improving equitable access to high-quality early pregnancy care, strengthening Early Pregnancy Assessment Units, investing in preventive strategies, and prioritising research into pregnancy loss will be important for reducing inequalities and improving reproductive health outcomes.

“The recent increase in admissions may reflect multiple factors, including changes in healthcare delivery during and after the COVID-19 pandemic”



Single Embryo Transfer Associated with Improved IVF Outcomes in Modern Practice

MODERN IVF treatment using predominantly single embryo transfer was associated with improved cumulative live birth rates while substantially reducing multiple births, according to a new study presented at the ESHRE Congress 2026.⁷

Historically, in studies carried out before the adoption of modern IVF techniques, three-cycle cumulative live birth rates were between 53–59%, while multiple pregnancy rates exceeded 20%. This study suggests that modern IVF techniques have substantially improved these outcomes.

Researchers examined the outcomes from 18,396 women who underwent their first IVF cycle between January 2012–December 2021 across seven Australian fertility clinics, with follow-up through December 2023. Women underwent treatment using contemporary IVF protocols including extended blastocyst culture, embryo vitrification, and elective freeze-all strategies where appropriate.

Cumulative live birth rate over three treatment cycles was 68.2% using optimal per-protocol analysis and 58.7% using intention-to-treat analysis. This was achieved while using a single embryo transfer in 95.3% of embryo transfers and maintaining a multiple birth rate of 2.9%.

The authors stated that these outcomes were likely a result of the widespread adoption and advancement of modern IVF techniques such as blastocyst culture,

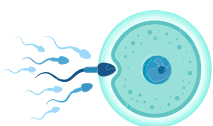
embryo vitrification, freeze-all strategies, and optimised frozen embryo transfer protocols. However, success rates varied considerably by maternal age.

The highest cumulative live birth rate was 84.5%, observed in women younger than 35. In the remaining age brackets, outcomes were 74.4%, 57.7%, and 30.1% for women aged 35–37 years, 38–40 years, and 41–42 years respectively.

Researchers also compared outcomes before and after modern IVF advancements introduced from 2016. These included single-step culture medium and time-lapse embryo culture. There were increases in fertilised eggs developing into usable blastocysts between 2012–2015 and 2017–2021 (48.3% to 57.6%) along with an increase in single embryo transfer (92.8% to 97%). Notably, multiple birth rate fell from 3.2% to 2.7% over the same period.

Results also suggested that strong outcomes could still be achieved when preimplantation genetic testing for aneuploidy was not performed.

Overall, the findings suggest that contemporary IVF protocols incorporating single embryo transfer can achieve higher cumulative live birth rates, while substantially reducing multiple births. These findings suggest that modern IVF approaches can achieve high cumulative live birth rates without routinely transferring multiple embryos and may support a safer and more cost-effective route to parenthood.



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Unexplained Infertility Linked to Rare Gene Variants

Unexplained infertility may have a substantial genetic basis, according to research presented at ESHRE 2026.⁸

Unexplained infertility is typically diagnosed once standard clinical investigations have excluded ovulatory, anatomical, endocrine, and male factor causes. Researchers sought to determine whether people with unexplained infertility carry rare variants in genes previously implicated in oocyte dysfunction or early embryonic developmental defects.

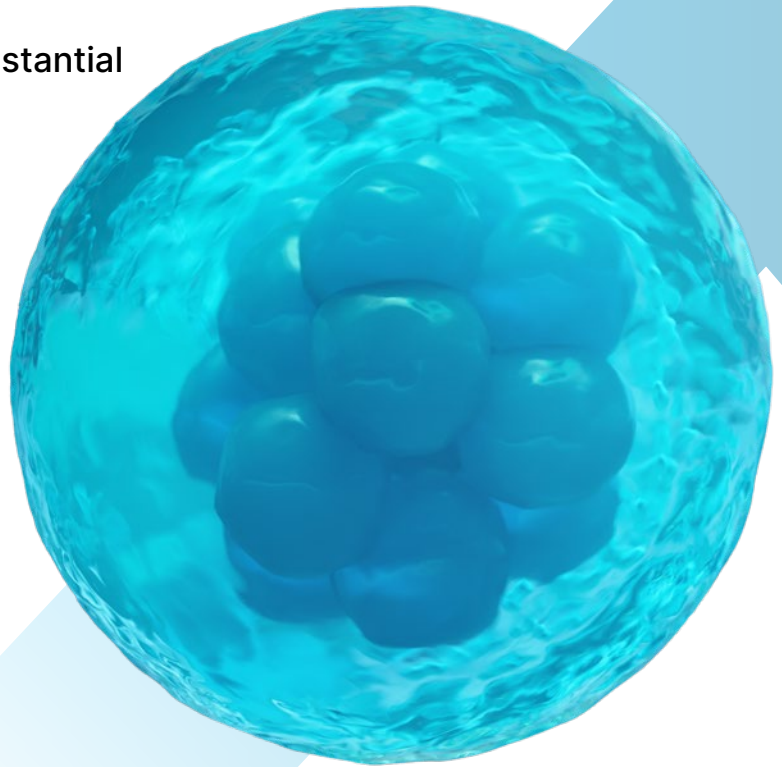
The study combined a systematic literature review and validated gene-disease assessment, with whole exome sequencing, in a multicentre cohort recruited between July 2021–March 2023.

The researchers identified 84 candidate genes associated with oocyte and early embryo competency, among 979 participants with unexplained infertility. Of these, 36 were classified as having strong evidence and 17 as having moderate evidence supporting a gene-disease relationship.

No differences were observed in fertilisation, blastocyst development, clinical pregnancy, or live birth rates between variant carriers and non-carriers

Genes with strong or moderate evidence were clustered within biologically relevant pathways, such as DNA damage response pathways involving *BRCA1*, *BRCA2*, *MLH3*, and *CHEK1*.

Among the 979 participants studied, researchers detected 747 rare variants with a minor allele frequency below 1% across 52 of 53 genes with strong or moderate evidence. Overall, 678 participants (69.3%) carried at least one variant and 329 (33.6%) carried multiple variants.



Analysis of clinical outcomes demonstrated that participants carrying any loss of function variant had lower oocyte maturity rates (74.6%) compared with non-carriers (80.6%). However, no differences were observed in fertilisation, blastocyst development, clinical pregnancy, or live birth rates between variant carriers and non-carriers.

The authors noted several limitations, including uncertainty surrounding the pathogenicity of many missense variants, the predominance of monoallelic findings, unavailable male partner genotypes, and the possibility of unrecognised endometriosis.

Despite these limitations, the findings provide a systematically curated genomic framework for unexplained infertility and suggest that a condition traditionally regarded as a diagnosis of exclusion may, in many cases, have an underlying genetic contribution.

The study's findings may be used to inform future diagnostic panels, genetic counselling, mechanistic studies, and precision, individualised fertility care.

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