



# The role of vitamin D in female infertility

## Hope or hype?

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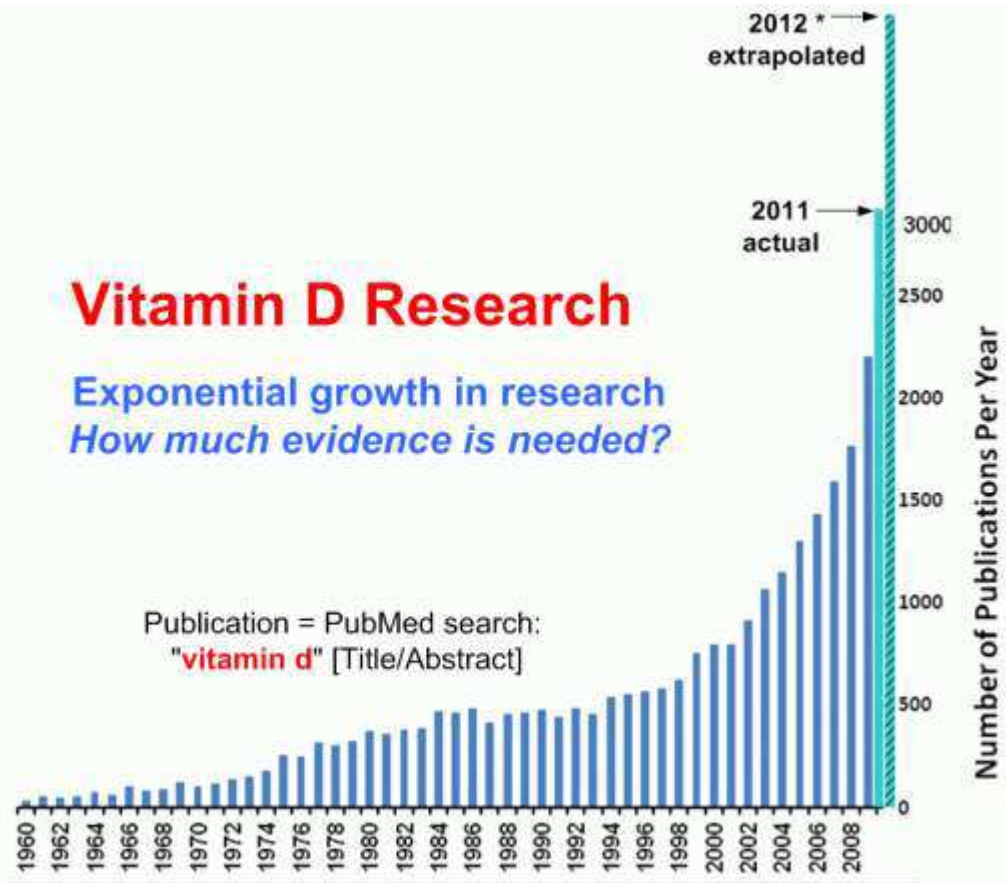
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# The “trendy” Vitamin D

## Vitamin D Research

Exponential growth in research  
*How much evidence is needed?*



\* Actual 2011 = 3097; First 48 days of 2012 = 571; extrapolated for all of 2012 → 4342 publications



Universitair Ziekenhuis Brussel

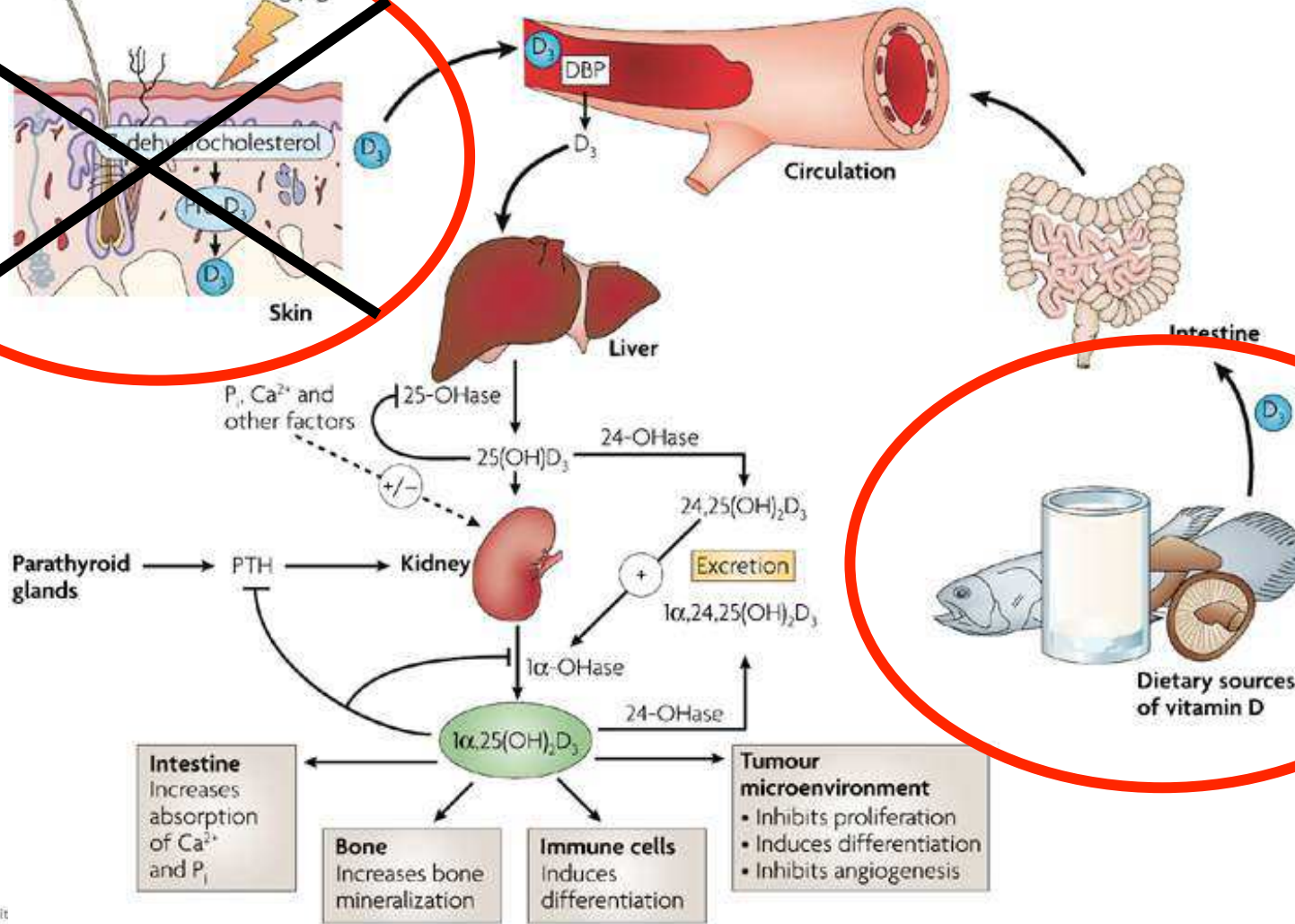
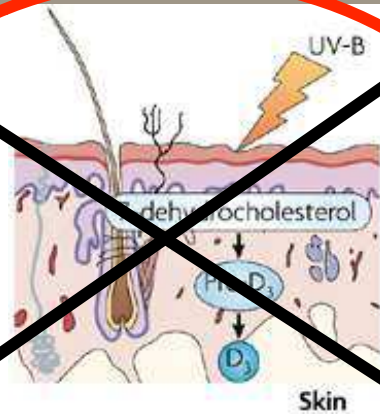


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Centrum voor  
Reproductieve Geneeskunde

# What do we know about production and the actions of vit D



# Is it Vitamin D so important?

- Mortality elderly
- Bone health
- Cancer (colon, prostate, breast)
- Cardiovascular disease
- Immune system
- Pregnancy
- Multiple sclerosis

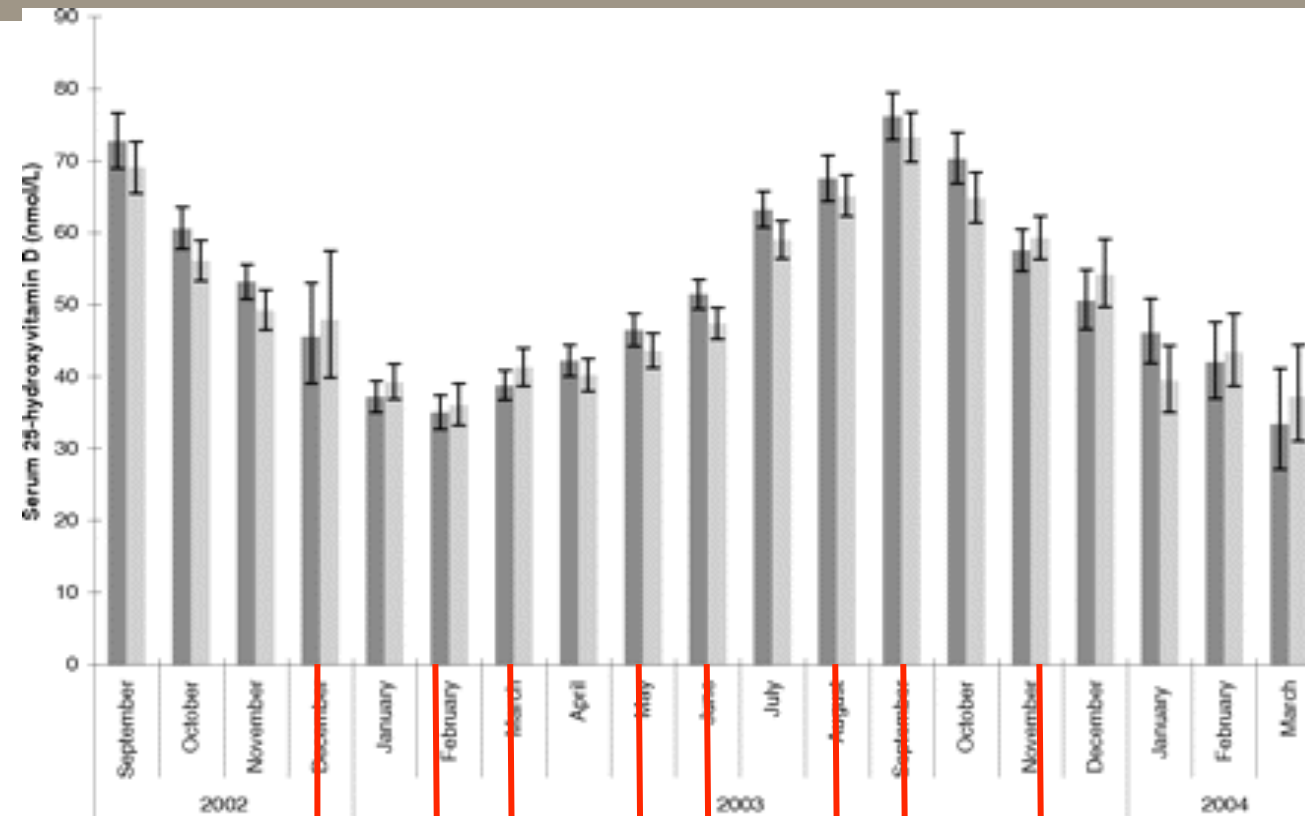
# Does Vitamin D have any role in female infertility?

# What do we already know about fertility?

## Basic science

- Vitamin D receptor null mice express uterine hypoplasia and impaired folliculogenesis (*Yoshizawa T, et al. Nat Genet 1997*)
- Vitamin D receptor is present and differentially expressed in endometrium throughout the estrous cycle (*Zarnani et al., Fertil Steril 2010*)

# Seasonality in live births and vitamin D levels

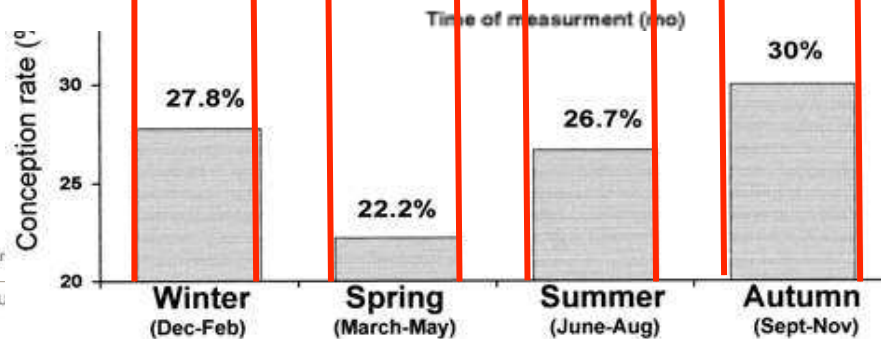


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**Seasonal variability in fertilization and embryo quality rates in women undergoing IVF**

Shalev, M.D., Abraham Benshushan, M.D., Samuel Meirsdorf, M.D.,<sup>a</sup>  
 D., Neri Laufer, M.D., and Anat Safran, Ph.D.

<sup>a</sup>Obstetrics and Gynecology, the IVF Unit, Hadassah Ein-Kerem Hospital, Hebrew University Jerusalem, Israel



# How can it affect fertility?

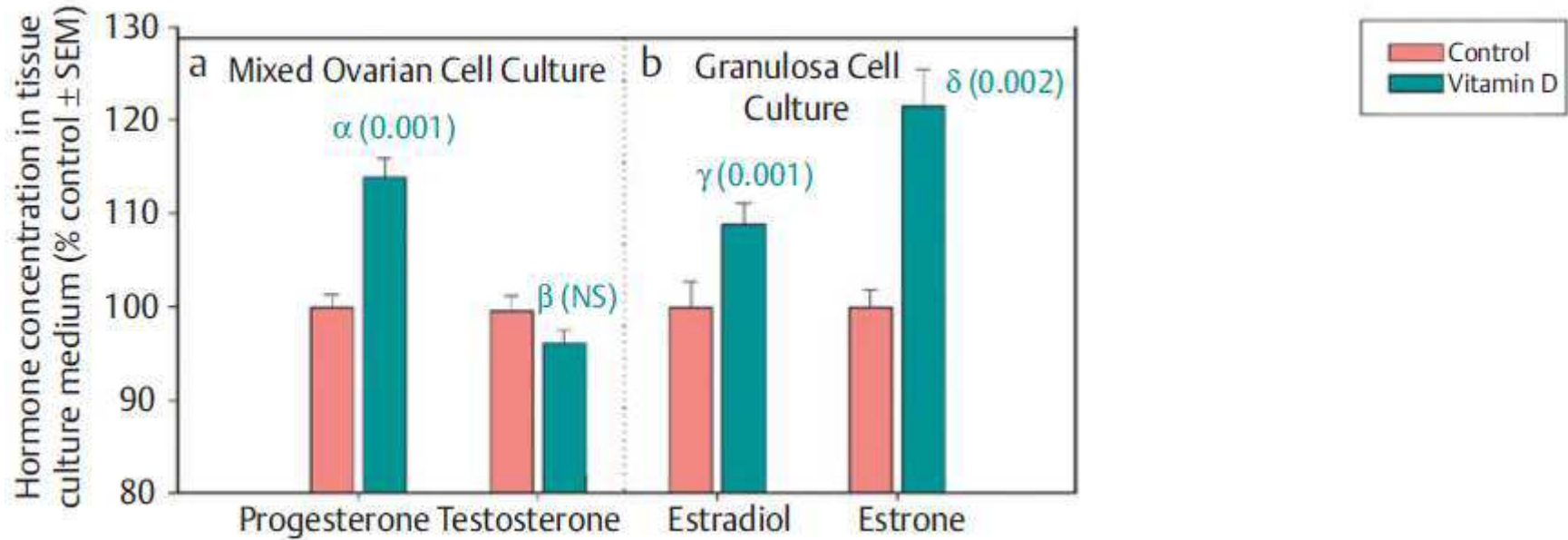
- Affecting genes involved in steroidogenesis and follicular development
- Affecting of vitamin D on markers of ovarian reserve
- Affecting endometrial receptivity



# How can it affect fertility?

- Affecting genes involved in steroidogenesis and follicular development
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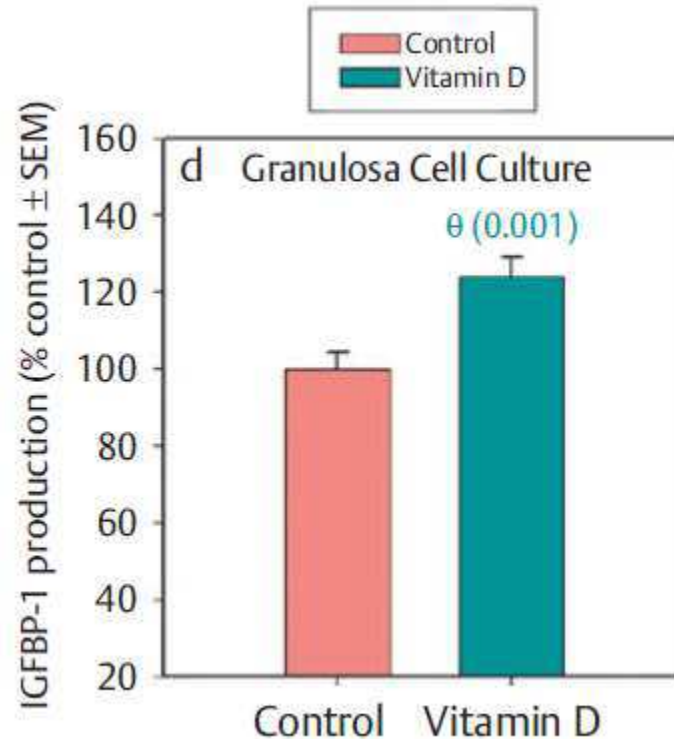
# Effect of Vitamin D deficiency on steroidogenesis and follicular development (1)



Parikh et al., Horm Metab Res. 2010

**Vitamin D supplementation  
increases E2 and P production in ovarian cells**

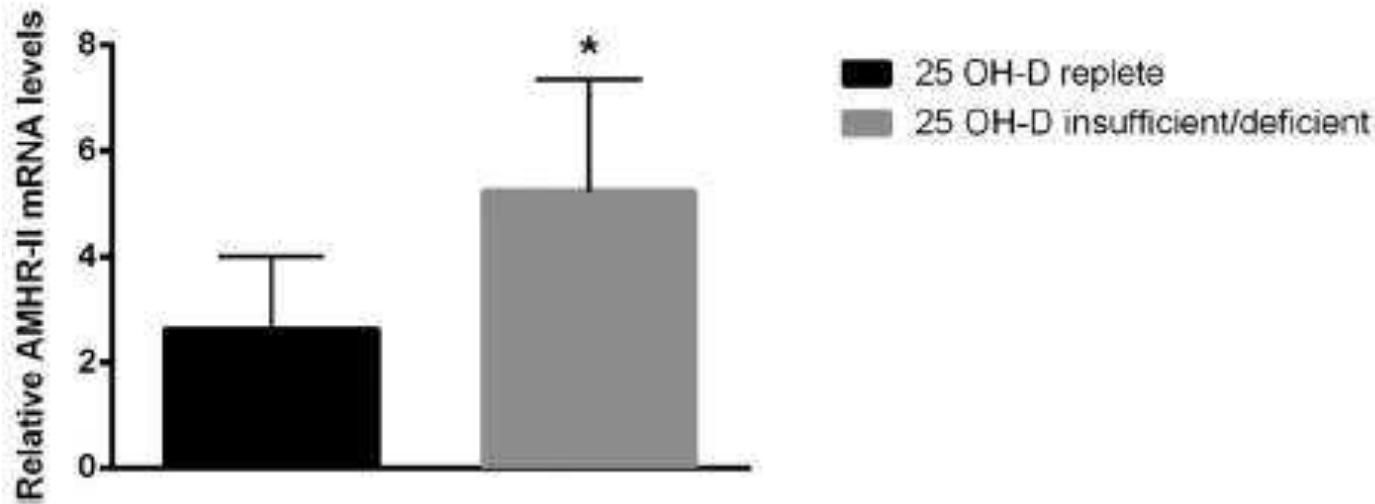
# Effect of Vitamin D deficiency on steroidogenesis and follicular development (2)



Parikh et al., Horm Metab Res. 2010

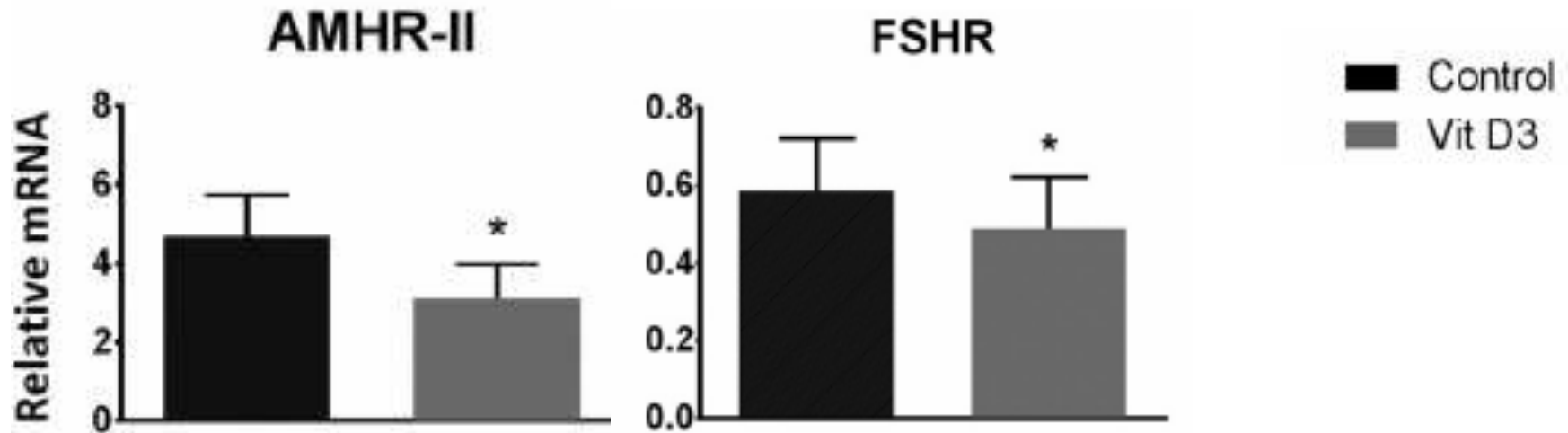
**Vitamin D supplementation  
increases IGFBP-1 production in ovarian cells**

# Effect of Vitamin D deficiency on steroidogenesis and follicular development (3)



Vitamin D sufficient women have a  
**2-fold decrease in AMHRII mRNA levels**

# Effect of Vitamin D deficiency on steroidogenesis and follicular development (4)

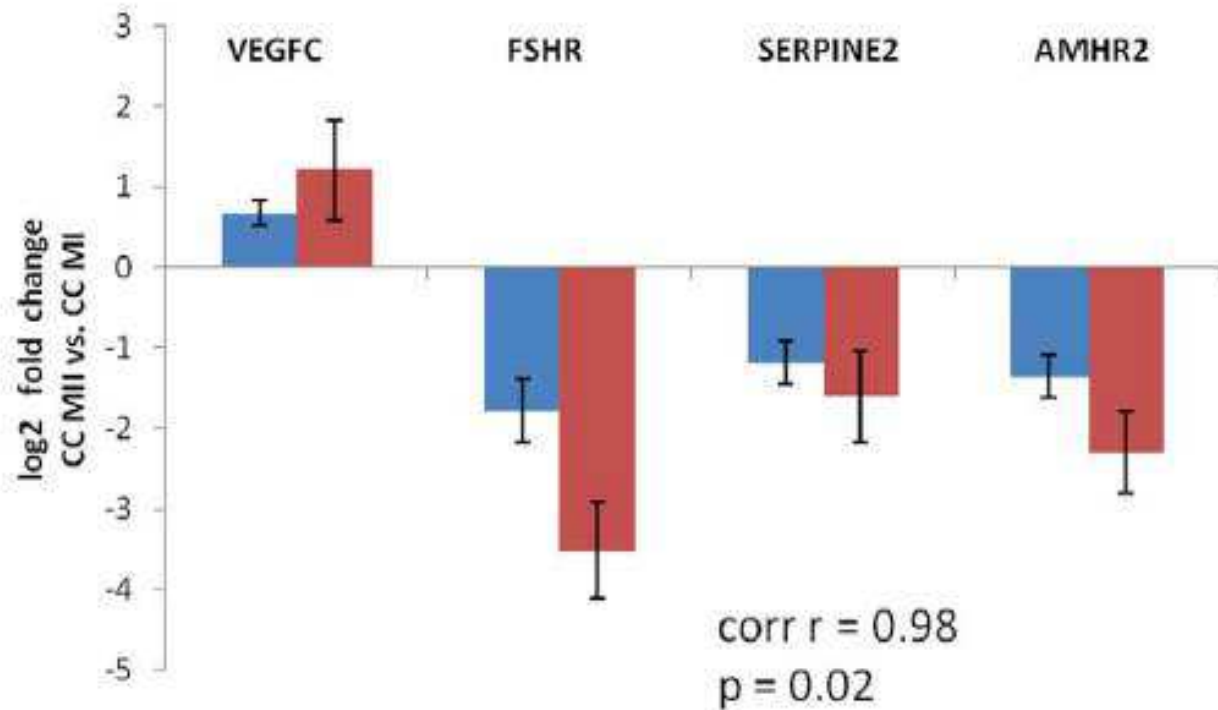


Merhi Z et al JCEM. 2014

**Vitamin D supplementation  
reduced AMH-RII and FSH-R concentrations**

# Effect of Vitamin D deficiency on steroidogenesis and follicular development (5)

The role of AMHR2 and FSHR in oocyte maturity

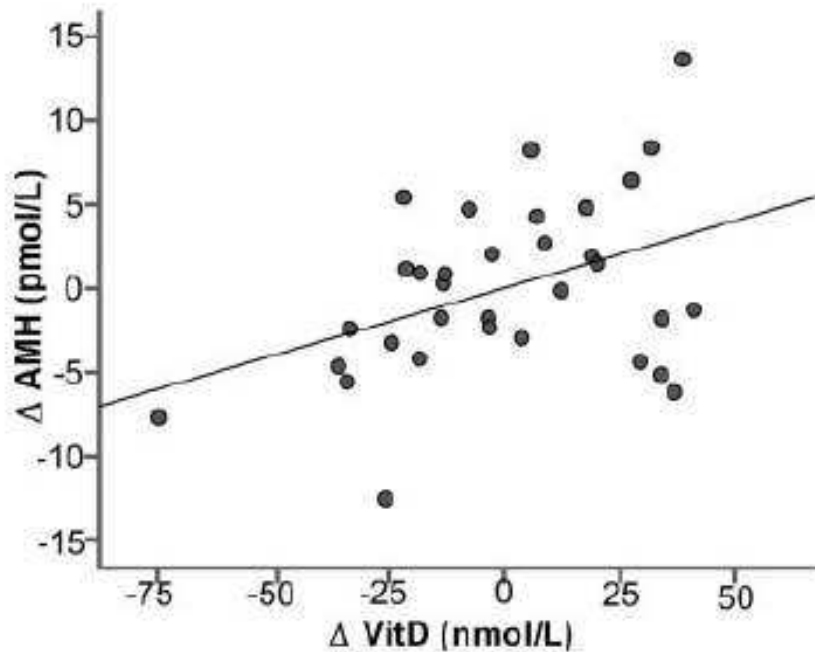


**AMHR2 and FSHR are the most differentially expressed genes between MI and MII oocytes**

# How can it affect fertility?

- Affecting genes involved in steroidogenesis and follicular development
- Affecting of vitamin D on markers of ovarian reserve
- Affecting endometrial receptivity

# Effect of vitamin D on markers of ovarian reserve (1)



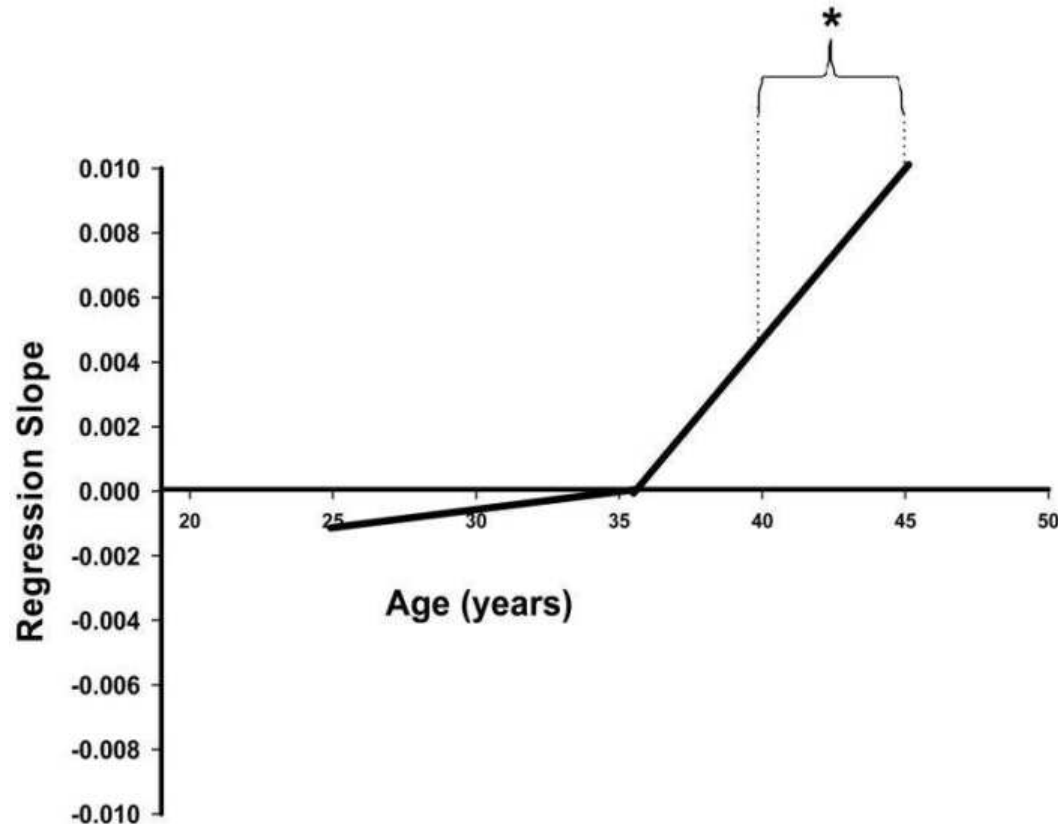
**TABLE 2.** The change in the level of AMH correlates with seasonal change in 25(OH)D levels of 33 women

Model no.	Model		Predictor of $\Delta$ AMH	Partial	
	R	P		R	P
1	0.60	0.002	$\Delta$ VitD	0.38	0.030
			Initial AMH level	-0.53	0.002
2	0.62	0.007	$\Delta$ VitD	0.45	0.014
			Initial AMH level	-0.52	0.003
			Initial vitamin D level	0.21	0.271
			Age	0.20	0.297

**Vitamin D levels correlate with AMH in women**



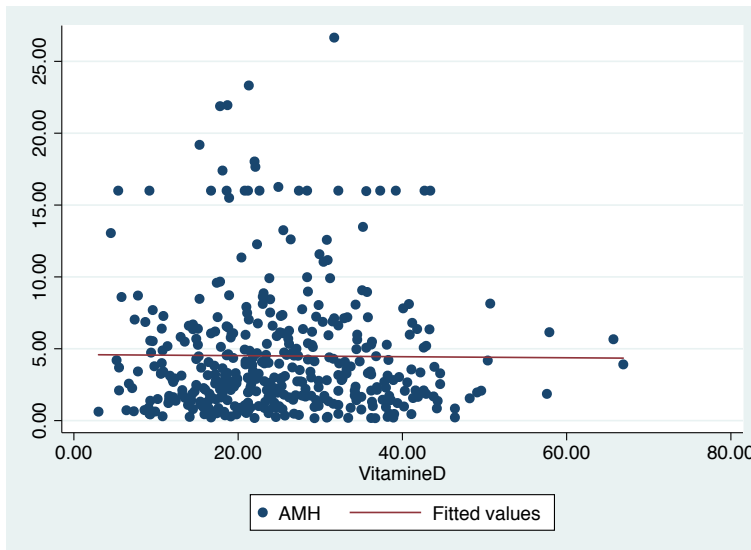
# Effect of vitamin D on markers of ovarian reserve (1)



**Vitamin D levels correlate with AMH  
only in women of advanced reproductive age**

# Vitamin D and ovarian reserve UZ Brussel

- ~400 women attending the unit
- AMH and 25-OH vitamin D measured on the same day



Source	SS	df	MS
Model	252.381715	2	126.190857
Residual	8784.60028	382	22.9963358
Total	9036.982	384	23.5338073

Number of obs = 385  
F( 2, 382) = 5.49  
Prob > F = 0.0045  
R-squared = 0.0279  
Adj R-squared = 0.0228  
Root MSE = 4.7954

AMH	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
VitDcat	.5740401	.513993	1.12	0.265	-.4365696	1.58465
AGE	-.1594923	.0509497	-3.13	0.002	-.2596693	-.0593154
_cons	9.289139	1.656239	5.61	0.000	6.032652	12.54562

# How can it affect fertility?

- Affecting genes involved in steroidogenesis and follicular development
- Affecting of vitamin D on markers of ovarian reserve
- Affecting endometrial receptivity

# Vitamin D and endometrial receptivity (1)

## The elective single embryo transfer (eSET) model

- 368 women with SET
- Age 18-36
- Evaluation of Vitamin D levels in relation to pregnancy rates

***Polyzos et al, Hum Reprod 2014***

# Vitamin D and endometrial receptivity

## The eSET model

	Vitamin D <20ng/mL	Vitamin D ≥20ng/mL	P value
	239	129	
<b>Positive hCG, n(%)</b>	124 (52)	86 (67)	<b>0.006</b>
<b>Clinical pregnancy, n(%)</b>	98 (41)	70 (54)	<b>0.015</b>
<b>Live birth, n(%)*</b>	78 (35)	61 (48)	<b>0.015</b>

Vitamin D deficient had 40% lower odds for pregnancy compared with normal levels

# Vitamin D and endometrial receptivity

## The frozen embryo transfer model

- Prospective cohort
- 280 women
- Frozen ET
- Measurement of Vitamin D levels on the day of ET and correlation with pregnancy rates

***Polyzos et al, NCT01985672***

# Vitamin D and endometrial receptivity

## The frozen embryo transfer model

	Vitamin D <20ng/ml	Vitamin D $\geq$ 20 ng/ml	P value
<b>Number of patients</b>	127	153	
<b>Positive hCG</b>	52 (41.3%)	74 (58.7%)	0.2 <sup>b</sup>
<b>Clinical pregnancy</b>	41 (32.2%)	58 (37.9%)	0.3 <sup>b</sup>

Polyzos et al. NCT01985672

**Vitamin D levels do not affect pregnancy rates if FET cycles**

# Vitamin D and endometrial receptivity

## The oocyte acceptor model

	Normal, >30 ng/mL	Insufficient, 20–30 ng/mL	Deficient, <20 ng/mL	<i>P</i> trend
<b>Clinical pregnancy rate, %</b>				
Unadjusted	74	42	35	.002
Adjusted	79	36	32	.001
<b>Live-birth rate, %</b>				
Unadjusted	57	34	31	.03
Adjusted	59	30	31	.04

***Rudick et al., Fertil Steril 2014***

Vitamin D status	Normal, >30 ng/mL	Insufficient, 20–30 ng/mL	Deficient, <20 ng/mL	<i>P</i> value
Implantation rate (%)	60.9	63.4	65.2	.894
Pregnancy rate (%)	70	69.9	73.9	.787
Ongoing pregnancy rate (%)	55.9	52.7	60.7	.533

***Fabris et al., Fertil Steril 2014***



# Vitamin D and endometrial receptivity

## The euploid embryo and its implantation potential

	Ongoing pregnancy
<b>Deficient</b> <20 ng/mL	131 (63.6)
<b>Insufficient,</b> 20–29.9 ng/mL	133 (61.9)
<b>Replete,</b> ≥30 ng/mL	60 (62.5)

*Franasiak et al., AJOG 2015*

**Vitamin D levels do not correlate with implantation of an euploid embryo**

## The euploid embryo and its implantation potential

- Retrospective study
- 298 embryos ( 113 patients)
- Embryo aneuploidy rate (New comprehensive chromosome screening (CCS) platforms)
- Evaluate pregnancy rates after single euploid blastocyst transfer

So.....

Isn't it a little  
confusing?

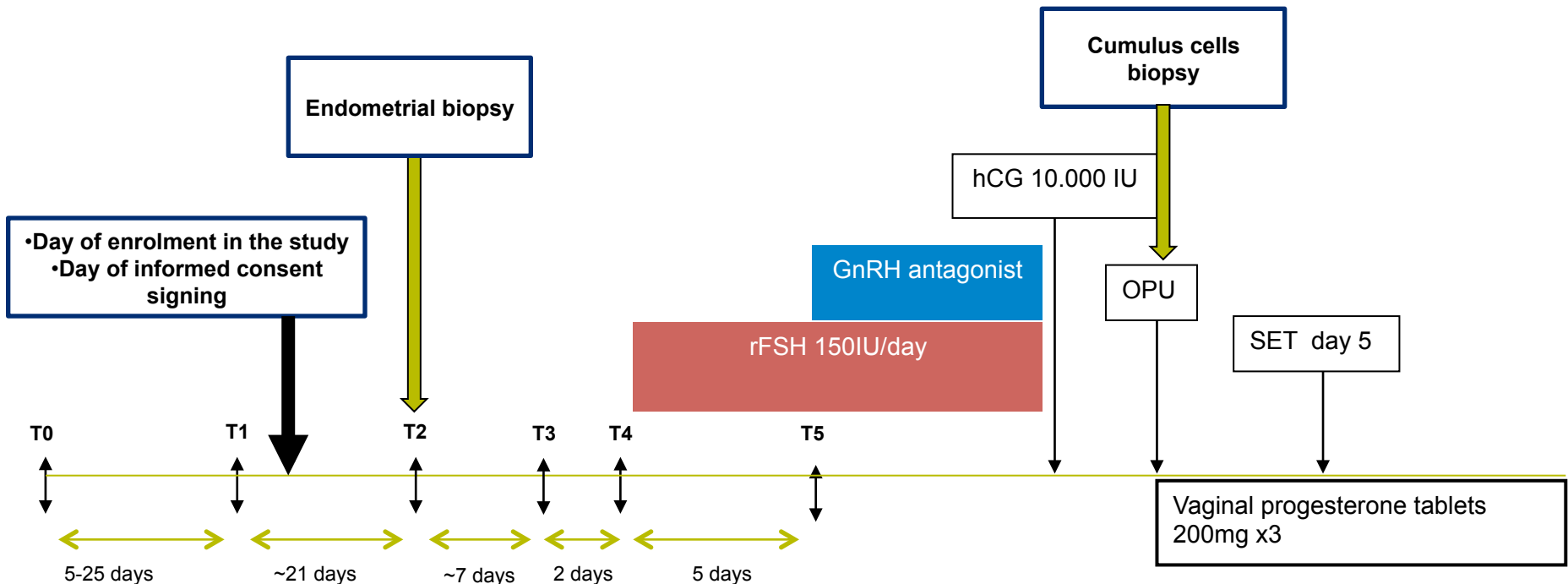


# In which direction should we focus?

Translational research should be the answer to  
our queries

# Translational research study in UZ Brussel

- Case control study (vitamin D deficient women and controls)
  - 36 women undergoing IVF/ICSI
- RNA sequencing from endometrial biopsies and cumulus cell biopsies



# Aims and design

## RNA sequencing in endometrial and cumulus cells

**AIM 1:**  
*Vitamin D deficient*  
*vs.*  
*controls*

18 patients Vitamin D deficiency

Endometrial biopsy in the  
implantation window (LH+7) and  
RNA-seq expression analysis

18 patients Vitamin D levels normal

Endometrial biopsy in the  
implantation window (LH+7) and  
RNA-seq expression analysis

*Ovarian stimulation for ICSI after menstruation*

1. 150IU rFSH,  
2. GnRH antagonist protocol,  
3. Single day 5 embryo transfer  
4. Progesterone 600mg daily for  
luteal phase support

1. 150IU rFSH,  
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**AIM 2:**  
*pregnant*  
*vs.*  
*not pregnant*

Not pregnant

Pregnant

Not pregnant

Pregnant



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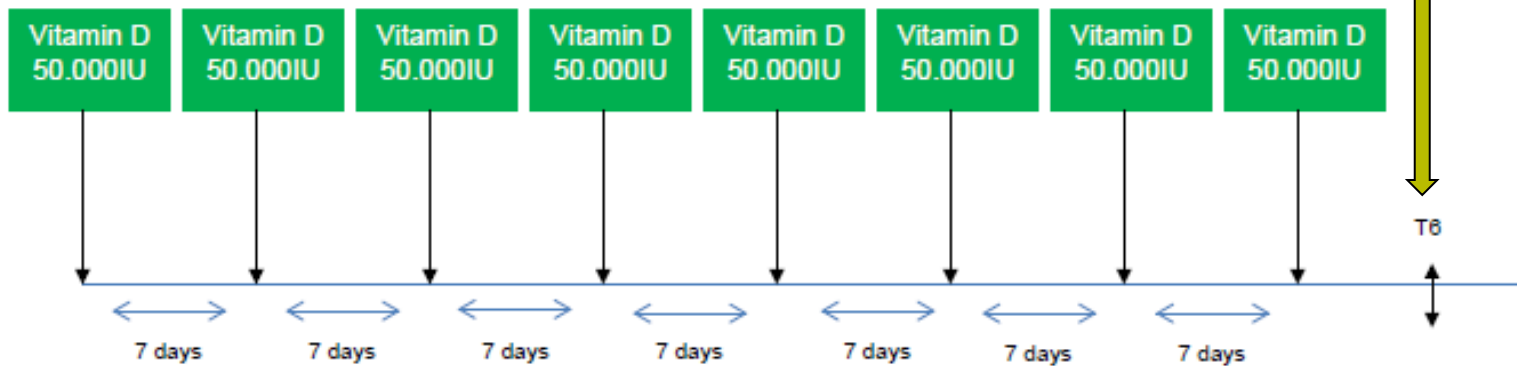
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# Aims and design

**AIM 3:**  
**endometrial gene expression**  
**profiling** on the day of implantation,  
*before and after the supplementation of*  
*Vitamin D*

Vitamin D deficient  
not pregnant

Endometrial biopsy



# Conclusions

- Vitamin D is a trend
- We cannot exclude a link between vitamin D levels and ovarian folliculogenesis
- We should not forget the endometrium
- Ongoing prospective studies and translational research projects will shed light into this field
- Although data should be interpreted with caution research opportunities are excellent



In the meanwhile.....

LET THE SUNSHINE IN ..... and maybe you  
can get easier pregnant