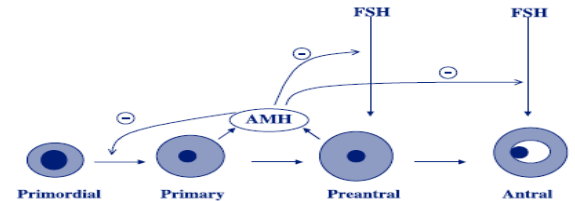


BACKGROUND

AMH is involved in cell growth and differentiation. In males, it prevents the female reproductive system from developing during embryonic development^{1,2}. In females, AMH is involved in the regulation of follicular development. It is produced in the ovaries by the granulosa cells of early developing follicles. The mechanism behind the regulatory role of AMH is thought to be the inhibition of follicle recruitment¹⁻³ and FSH-stimulated growth⁴.



Source: Clinical Endocrinol © 2006 Blackwell Publishing

Methodology

Human AMH enzyme-linked immunosorbent assay from Diagnostics Systems Laboratories, Inc. Assay sensitivity .017 ng/mL, Range .025-15 ng/mL.

Clinical Utility

MENSTRUAL CYCLE INDEPENDENT—AMH levels do not vary significantly from day to day throughout the cycle^{5,6}. Measurements can be taken at a time other than day 3.

OVARIAN RESERVE—Several studies have shown AMH to have a strong correlation relative to other markers⁷⁻¹⁰.

OVARIAN AGEING—AMH may more accurately reflect the decline in ovarian reserve over time. As a result it may be a leading indicator of ovarian ageing and the onset of menopause^{7,11-12}.

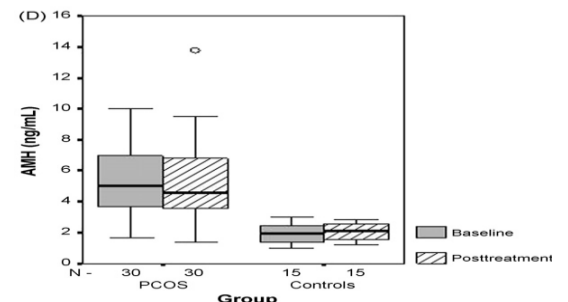
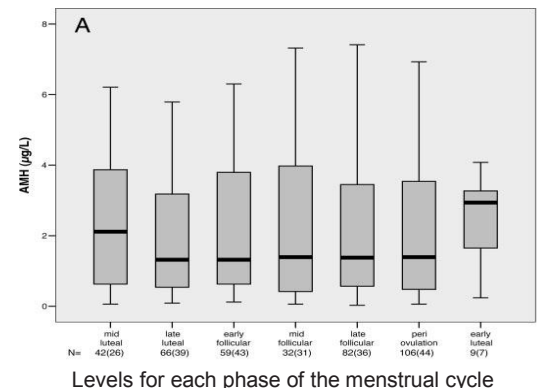
PREDICTIVE CAPABILITY FOR OVARIAN STIMULATION—AMH may be a better marker for predicting cancelled cycles and optimizing stimulation protocols^{8,9,13-16}.

OVARIAN DYSFUNCTION—AMH may provide additional information for women with secondary amenorrhea¹⁷. It has also been well established AMH is highly correlated with PCOS¹⁸⁻²¹.

ONCOLOGY—AMH can be used to assess and monitor cancer patients to make informed decisions about their fertility. AMH has also been shown to be a granulosa cell tumor marker for detection and for patients having undergone an ovariectomy²²⁻²⁴.

CONTRACEPTIVE THERAPY—AMH levels are not significantly altered by the use of oral contraceptive therapy²⁵.

Hehenkamp *et al.* • AMH Is Menstrual Cycle Independent. JCEM 2006.



Somunkiran A, *et al.*, Anti-Müllerian hormone levels during hormonal contraception in women with polycystic ovary syndrome, Eur. J. Obstet. Gynecol 2007.

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