The aim of this study is to evaluate the chances for pregnancy in patients with POR to conventional controlled ovarian hyperstimulation (COH) in different age groups. In women with POR to COH chronological age occurs a strong prognostic factor for chances for pregnancy after ART. Many recent studies declare no correlation between chronological and ovarian age and shows no difference in implantation and clinical pregnancy (CP) rates in different age groups in patients with POR (Tarek El-Toukhy et al., 2002). Other studies conclude that low pregnancy rates in patients with POR are related to higher risk of trisomy in patients with diminished follicular reserve despite the age. (Haadsma et al., 2010). This is retrospective cohort study including 373 women underwent IVF/ICSI procedure between January 2012 and December 2012. All women were stimulated with conventional COH with initial doses of not less than 300 IU FSH and 4 or less than 4 oocytes were retrieved. Patients were divided into 3 age groups and clinical pregnancy rate was estimated: Group A <= 34 years (n=120); Group B - 35 and 39 years (n=134); Group C >=40 (n=107). The overall pregnancy rate (PR) was 27,9% in women with POR. In the three groups we achieved pregnancy rate per embryo transfer (ET) as follows: Group A - 37 CP/91 ET - 40,7 %, Group B - 28 CP/102 ET - 27,5 % and Group C - 9 CP/72 ET 12,5 % PR/ET. A statistically significant difference was detected between the results in Groups A and C (p=0,0001) and not statistically significant, but evident between Groups B and C (p=0,0097). The results show that the age is a reliable prognostic marker for chances for pregnancy in women with POR. Younger women with POR have greater chances for pregnancy and respectively these women should be counseled differently compared to women over 40 regarding their chances for pregnancy - offer donor eggs to older patients.