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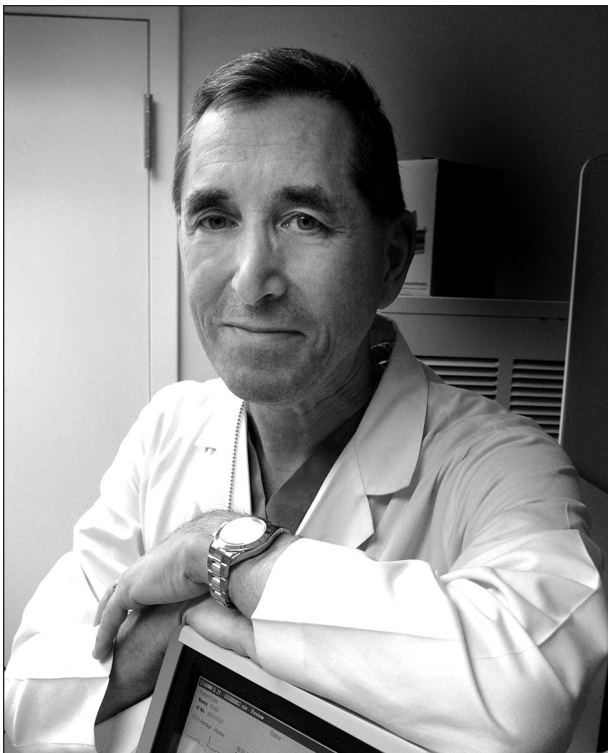
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A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the September-October 2020 Editor-in-Chief's page. This issue features two timely articles that deal with reproductive health and fertility.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- *Comparison of Pregnancy Outcomes and Obstetric Complications Between Frozen Embryo Transfer and Fresh Embryo Transfer in Women with Polycystic Ovary Syndrome: A Meta-Analysis*
Lijuan Cao, M.M., Yu Shi, M.D., Danni Yang, M.M., Jiahui Wu, M.M., Xuefeng Jiang, M.D., and Xi Xia, M.D., Ph.D.

Women with polycystic ovary syndrome (PCOS) wishing to become pregnant will frequently avail themselves of assisted reproductive technologies. In this case, the authors performed a literature search to collect published studies that have compared the obstetric outcomes in such patients according to whether they underwent frozen or fresh embryo transfers. Specifically, they looked at rates of clinical pregnancy, live birth, miscarriage, preterm birth, and macrosomia. The only difference between the two groups that numbered more than 3,000 cycles each was an important one—lower miscarriage rate in the frozen embryo transfer group. While this was obviously a retrospective analysis and does not address the reasons for choosing one embryo transfer technique over another, it should give reproductive endocrinologists some food for thought when treating infertility in this special patient population.

- ***Long-Term Fetomaternal Outcomes after Fertility-Sparing Surgery in Malignant Ovarian Germ Cell Tumor Patients***

Qingyong Guo, M.D., Huan Yi, M.D., Xiangqin Zheng, M.D., Jianrong Song, B.D., Suyu Li, M.D., and Yuan Lin, M.D.

This is a retrospective study of a small group of relatively young patients (average age, 22 years) diagnosed with malignant ovarian germ cell tumors (MOGCTs), which are most common in adolescents and women under the age of 25 years. In addition to surgery, most (85%) received adjuvant chemotherapy. The follow-up period averaged a little over 8 years, and only 2 of the 27 patients had recurrent tumors. The average interval

from end of therapy to pregnancy (rate, 92%) was approximately 3 years, and the live-birth rate was 65%. No birth defects or long-term developmental disorders were detected in the offspring. It is quite natural for women who may not be contemplating pregnancy for some time to be concerned when they are given this diagnosis, even after receiving successful treatment that preserves their fertility. While this series of MOGCT patients is limited, these are relatively rare tumors, and any data on how these young women fare after receiving treatment should be quite welcome to patients and their providers. Still, caution should be exercised following successful therapy, particularly as it regards an appropriate tumor-free interval before pregnancy is undertaken.