



# Biology of Blood and Marrow Transplantation

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## Response to Tomao et al Letter-to-the-Editor

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### To the Editor:

We thank Drs Tomao, Vici, and Tomao for their interest in and comments about our article in their letter. We welcome their agreement with our emphasis on multidisciplinary approaches to gynecologic care of HSCT patients. We understand that they wished we had broadened our discussion to include fertility preservation after cancer. However, given the complexity of HSCT, we chose to focus only on issues faced by women undergoing transplantation rather than those observed in all cancers. Fertility after cancer is a topic covered by others [1], including the authors [2]. In addition, Tomao et al offered their perspective that we should have recommended recombinant AMH as part of fertility preservation [3]. We do acknowledge that some are studying novel approaches, such as recombinant AMH or mTOR inhibitors (such as described by Goldman et al [4]), but these theoretical options would not be consistent with a “practical approach” to fertility preservation. Uterine transplant would likely never be a practical solution in any setting, let alone after HSCT. Finally, as we suggested in our article, the ASCO guidelines [5] recommend GnRH agonists for menstrual suppression, and these compounds may also provide some protection to fertility in centers where more

comprehensive services are not available. We emphasize in our article that is essential to refer for comprehensive, high-quality fertility preservation.

As suggested, the optimal earliest time to begin family-building after transplantation is not known. Many oncologists are conservative regarding the amount of time that patients should avoid pregnancy. Although this is dependent on the clinical circumstances and the clinician, in the United States, oncologists strive to avoid unplanned or mistimed pregnancies in the context of potential disease recurrence. Tomao and others in other parts of the world may have a different clinical practice.

We sincerely hope to continue the much-needed dialog on the special needs of patients undergoing HSCT.

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