

# The impact of thyroid autoimmunity on IVF/ICSI outcome: a systematic review and meta-analysis

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The authors would like to apologise for errors in some of the data shown in Figure 2 of the above article. These arose as a result of inaccurate data extraction from the study of Mintziori et al. (Mintziori et al., 2014). A new meta-analysis examining the association between the presence of thyroid autoantibodies and the likelihood of live birth has thus been performed and the recalculated live birth rate (LBR) (odds ratio (OR) 0.73; 95% CI [0.54–0.99],  $P=0.04$ ) (Fig. 2) should now be considered as correct. In the text below we have described the amendments. Furthermore, updated versions of Figure 2 and of supplementary Figure S1 have been provided.

In the Results section of the abstract

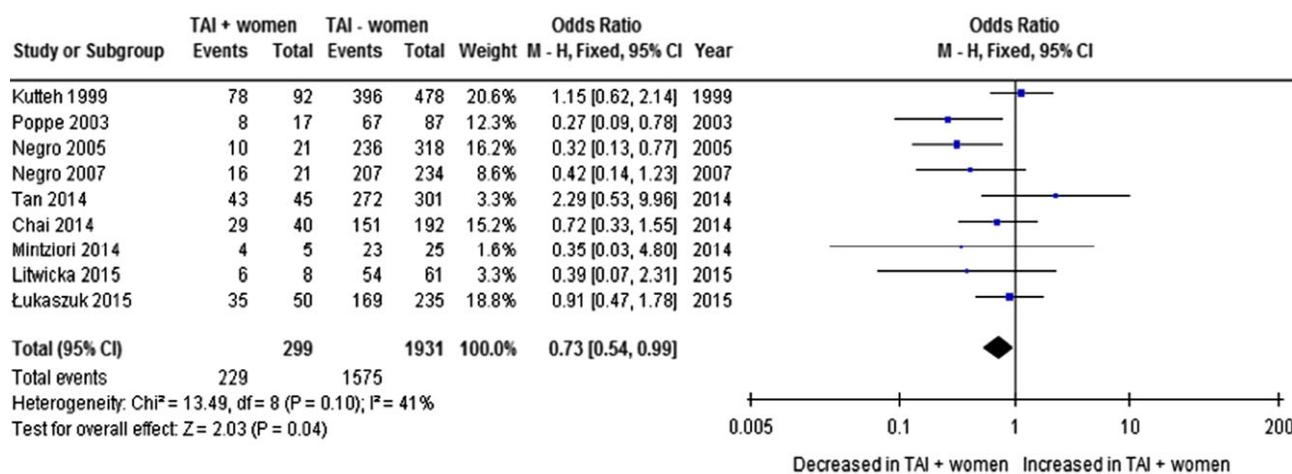
“Compared with women with negative TAI, women with positive TAI had a lower LBR (odds ratio (OR) 0.65; 95% confidence interval (CI) [0.49–0.87];  $P = 0.004$ ; 9 studies; 4396 women;  $I^2 = 66\%$ ”

Should be corrected to

“Compared with women with negative TAI, women with positive TAI had a lower LBR (odds ratio (OR) 0.73; 95% confidence interval (CI) [0.54–0.99];  $P = 0.04$ ; 9 studies; 4396 women;  $I^2 = 41\%$ ”

In the “Primary Outcome – Live birth rate” section of the Results

“Pooling of results from the studies showed a statistically significant reduction in LBR in women with positive TAI compared with



**Figure 2** Association between thyroid autoantibodies and likelihood of live birth. TAI+ = positive for thyroid autoimmunity; TAI- = negative for thyroid autoimmunity. Considering the  $I^2$  value (41%) that indicates moderate heterogeneity, the pooled effect estimate was derived also using a random effect model (OR 0.64; 95% CI [0.42–0.99];  $P = 0.05$ ).

women with negative TAI (OR 0.65; 95% CI [0.49–0.87];  $P = 0.004$ ). Considering the  $I^2$  value (66%) that indicates moderate heterogeneity, the pooled effect estimate was derived also using a random effect model (OR 0.53; 95% CI [0.30–0.93];  $P = 0.03$ ) (Fig. 2). A funnel plot showed no indication of asymmetry among studies (Supplementary Fig. S1)."

Should be corrected to

"Pooling of results from the studies showed a statistically significant reduction in LBR in women with positive TAI compared with women with negative TAI (OR 0.73; 95% CI [0.54–0.99],  $P=0.04$ ). Considering the  $I^2$  value (41%) that indicates moderate heterogeneity, the pooled effect estimate was derived also using a random effect model (OR 0.64; 95% CI [0.42–0.99];  $P = 0.05$ )

(Fig. 2). A funnel plot showed no indication of asymmetry among studies (Supplementary Fig. S1)."

The authors would like to apologise for these errors, but reassure readers that they do not affect the other content or conclusions of the article.

## Reference

Mintziori G, Goulis DG, Gialamas E, Dosopoulos K, Zouzoulas D, Gitas G, Venetis CA, Toulis KA, Kolibianakis EM, Tarlatzis BC. Association of TSH concentrations and thyroid autoimmunity with IVF outcome in women with TSH concentrations within normal adult range. *Gynecol Obstet Invest* 2014;77:84–88.