

## What do you see in *Fertility and Sterility* video articles?



A top question underlying clinical research is, “How can we do better?” One of the easiest opportunities for advancing reproductive endocrinology and infertility (REI) is to take familiar procedures and slightly modify them in order to provide more efficient or effective care than previously achieved. Managing cervical ectopic pregnancy with methotrexate and potassium chloride through technique parallel to follicular aspiration allows safer and more effective treatment than with dilation and curettage or systemic methotrexate. Air infusion at flexible office hysteroscopy allows for accurate and gentle tubal patency assessment. Transducer pressure with transvaginal sonography can identify adhesions through the sliding sign that would not be directly visualized through sound waves.

Enhancing fertility preservation through variations on standard follicular aspiration technique are addressed in this month's *Fertility and Sterility* video article by Eskew et al. (1), as well as another recent video article by Pereira et al. (2). This issue of *Fertility and Sterility* presents the former as the first video article to demonstrate in vivo follicular aspiration at laparotomy and the latter was the first video article for ex vivo retrieval. These publications demonstrate how to refine typical follicular aspiration techniques so that most REI specialists can readily expand approaches to fertility preservation. Though proximity to a high-quality embryology laboratory is ideal, both cases resulted in reasonable yields despite being in operating rooms instead of the assisted reproductive technology suite.

Approximately 50,000 premenopausal women undergo unilateral or bilateral oophorectomy each year, many of whom have missed opportunities for fertility preservation. Approaches to and the importance of fertility preservation have been recently and articulately addressed in Reflections by Christianson (3) and Grossman-Becht and Forman (4). It is appropriate to echo the need for insurance based financial support so that cost is not the rate limiting step and the need for greater collaboration, where the majority of oncologists rarely refer to REI and 30% rarely consider procreative goals when making treatment plans (5). However, we also should look beyond external constraints and train ourselves to refine familiar techniques in order to expand and improve care in this setting.

Beyond enhancing our awareness of opportunities specific to fertility preservation, these and other recent video articles inspire us to reflect on how we can do more with what we already have. Many of the video articles published focus on practical solutions to common clinical issues using existing resources and skills and do so in seven minutes. How often can we say that a few minutes of learning change how we

think and act, and achieve better care with minimal cost? When refining technique, *Fertility and Sterility's* video articles often achieve this high standard.

The unique niche of video articles also reminds us of how modifications to standard care can be research stepping stones or full steps forward. Many residents and fellows are reluctant to perform research beyond program requirements because of obstacles such as funding, time considerations, and the reality that major breakthroughs are rare. However, such a perspective would reflect a limited viewpoint on how research transforms medicine. Looking at the evolution of species, punctuated equilibrium (sudden, large evolutionary advances) occurs, but arguably phyletic gradualism (subtle, gradual changes) can be equally important for evolution.

Though punctuated equilibrium gets headlines in REI research, phyletic gradualism is essential to progress and more broadly achievable. Institutional review board approved systematic tracking of subtle clinical refinement doesn't require large grants, is inherently built into existing practices, holds relevance through addressing the common, and ultimately resets the bar so that those without extensive research resources can still move the field forward by more than just one patient at a time. Many of us have done procedures similar to the previously noted videos, yet they are the first of their kind published. Case reports, case series, and full studies incorporated into video articles help bridge the gap in translating common sense in to evidence. Patients benefit when we see clinical research as not just for those in ivory towers, but for those in the trenches as well.

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