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## LETTER

### Response to 'Mono-ovulation in women with polycystic ovary syndrome: the role of step-up, ultra-low-dose gonadotrophin regimen'



To the Editor

We thank Professor Orvieto for valuable comment and interest in our review 'Mono-ovulation in women with polycystic ovary syndrome: a clinical review on ovulation induction' (Petersen et al., 2016). We are, of course, aware that the new gonadotrophin pen devices enable dosage of FSH in ultra-low increments and we assume (hope!) that fertility specialists and colleagues around the world are also all aware of these new devices.

In the review, we describe in detail the randomized controlled trial (RCT) by Leader (2006) comparing the low dose step up protocol using increments of 25 IU FSH versus increments of 50 IU FSH in 158 patients, each included in one cycle only.

We have read your article (Orvieto and Homburg, 2009), also with great interest, describing an observational study including 25 women in 69 cycles. Despite the study being very interesting, we believe that it contains a risk of bias due to women being included for more than one cycle in the analyses (different starting doses used in each cycle based on previous response but each cycle included in the analyses). We therefore find it difficult to directly compare the results of the two studies (Balén et al., 1994 versus Orvieto and Homburg, 2009).

Due to space limitations it was not possible to extend our review further and the reviewers of the manuscript did not comment on this subject. We will welcome more RCT in the future for improving the stimulation protocols used for

mono-ovulation. We are sure that chronic low-dose FSH regimens are used widely and agree that the FSH threshold dose may be found more accurately with further study.

## References

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