



LETTER

Response to comment on: Systematic review of pregnancy outcomes after fertility-preserving treatment of uterine fibroids

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We thank Dr Anneveldt and colleagues ([Anneveldt et al., 2020](#)) for their interest in our review of pregnancy outcomes after treatment of fibroids ([Khaw et al., 2020](#)). We conducted our research based on available data and, as discussed in the review, there are very significant limitations to our cautiously-worded conclusions.

We are very aware of the limitations of comparing studies with different baseline characteristics of the patients included, and as Dr Anneveldt and colleagues

correctly state, it is not possible to control for such differences where the data are not available. We excluded age from our main analysis as none of the studies (other than case reports) indicated the age of the women intending or achieving pregnancy and this was not possible to source from the primary data. Similarly, we excluded any analysis of the proportion of women achieving a pregnancy because the denominator of the number of women who tried to achieve a pregnancy to was not reported, hence confining our analysis to pregnancy outcomes only. These points are all discussed in our review.

From the data available, we identified that live birth rate was highest after myomectomy, followed closely by fibroid ablation, and we highlighted the complications associated with myomectomy. It may be the case that for some patients, fibroid ablation is indeed as good, or even a better choice. We hope that our review, in highlighting the limitations of the current data, may promote publication of better-quality evidence on which to base these important clinical decisions.

REFERENCES

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