In this issue of the journal, we publish an important article, ‘The effect of endometrial injury on ongoing pregnancy rate in unselected subfertile women undergoing in-vitro fertilization: a randomized controlled trial’ by Tracy Yeung and her group from Hong Kong. It is an exemplary randomized clinical trial (RCT) of the effect (on IVF ongoing pregnancy rate) of endometrial injury performed in the cycle preceding IVF treatment. The study was registered with the Hong Kong Clinical Trial Registry on 4 January 2011. Patients were included in the trial from March 2011 onwards. According to the sample size calculation 300 patients were needed, and 300 patients were included in the study when it closed in October 2013. Each woman contributed a single cycle to the study, most were first cycles, some were repeat cycles. The study design is straightforward, the methods are carefully described, every reader who should wish to do so could easily repeat the study. There was one well-defined primary endpoint, ongoing pregnancy rate. An intention-to-treat (ITT) analysis was performed as well as a per-protocol (PP) analysis. These showed similar ongoing pregnancy rates of 26.7% (injury) and 32.0% (non-injury) in the ITT analysis, and 34.5% (injury) and 37.8% (non-injury) in the PP analysis. The authors conclude that ‘endometrial injury (…) did not result in significant improvement in the ongoing pregnancy rate among unselected subfertile women undergoing IVF’.

It is such a genuine (but unfortunately also rare) pleasure to review a well-designed, meticulously performed and carefully reported study like the present one. Of course, it is costly and labour-intensive to do an RCT. But imagine what the world-wide costs would have been if Yeung et al. (2014) would not have done the study, and all assisted reproduction technology practitioners would have switched to endometrial ‘scratching’. Just because of some appealing findings in a few small, underpowered, mostly observational studies, although each coming with an elaborate explanation for the putative effect of tissue injury on endometrial receptivity.

An RCT is a powerful exploratory tool in clinical research. If only we would use it more often . . . For Human Reproduction nods and winks are not good enough. And neither do we need hunches and inklings, not even if accompanied by fancy theories. As the prominent scientist Piet Borst once said: ‘Hunches are usually wrong, hunches of expert authorities in the field are usually wrong as well’.

We need evidence.

Reference