
We thank Drs Bohlmann, von Wolff and Strowitzki for their interest in our manuscript and for their thoughtful input and comment.

The treated patients have been followed up for up to 11 years. Our study was started in 1991, so the earliest treated patients have now been followed up for quite a long time. One of the patients in the study group, who was diagnosed as suffering from premature ovarian failure, has conceived naturally almost 2 years after receiving the BEACOPP treatment protocol and GnRH-a. There was no significant difference in the rates of survival or recurrence, or in the disease-free interval between the study and control groups.

Two young women, aged 15 and 20 years, undergoing high-dose chemotherapy and bone marrow transplantation (BMT) were co-treated with GnRH-a, at their own request. Both of them are now experiencing normal ovulatory menstrual cycles (8 and 3 years after the BMT, respectively).

Not all the recurrence patients received the GnRH-a co-treatment.

We do not have enough patients to be able to assess the effect of GnRH-a on high-dose chemotherapy/BMT-associated gonado-toxicity; therefore, to preserve all the possible options for their future, we recommend laparoscopic ovarian cryopreservation for these patients.

We are aware of the possible direct effects of GnRH-a on ovarian, pancreatic and potentially other malignant cell lines, and thank Bohlmann et al. for their valuable addition. We are not aware of any direct effect of the GnRH-a on lymphoma or leukemia cells, either in vitro or in vivo. We agree that such possible effects need experimental clarification.

We are sorry for the mistake in the patients’ ages, we stated 15–40 years in the Abstract instead of 14–40 years.

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