THE AUTHORS REPLY: As stated in our conclusion, the overall survival benefit was observed in the entire population receiving ADT and docetaxel. This benefit at the early analysis appears to be driven primarily by men with high-volume disease. Although definitions intended to characterize disease volume have limitations, two other phase 3 trials have yielded similar findings on overall survival when our definitions of disease volume were applied.\(^1,2\) It is also clear that prostate cancer is a heterogeneous disease, and we agree that the development of molecular biomarkers is very important. To this end, we agree that biologic characterization of patients and their tumors, including quality-of-life data, could be of value.

With longer follow-up, the potential benefit of up-front chemotherapy for men with low-volume disease will be better defined. At this time, patient preference and physician judgment should determine who (including those with low-volume disease) receives chemotherapy. However, in a disease with a longer natural history, deaths not related to prostate cancer could affect overall survival. At this stage, there are no data to support the use of progression-free survival as a surrogate end point for overall survival.

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Cryopreservation of Oocytes

TO THE EDITOR: In his review on cryopreservation of oocytes (Oct. 29 issue),\(^1\) Schattman recommends that “the possibility of elective cryopreservation of oocytes should be discussed with all women who are in their early 30s.” We question this assertion. Although age-related infertility is of concern to many women, the evidence for successful pregnancy outcomes associated with elective oocyte cryopreservation is still limited, and the procedure carries potential risks for healthy women. The American Society for Reproductive Medicine no longer considers this procedure “experimental,” but it also recognizes the paucity of evidence with respect to safety, efficacy, ethics, emotional risks, and cost-effectiveness of oocyte cryopreservation for nonmedical indications.\(^2\) Elective cryopreservation is expensive, and there is currently little objective and independent information to guide individual decision making. Discussions about oocyte cryopreservation usually take place with service providers who stand to gain a direct financial benefit. We are concerned that this universal clinical recommendation may fuel women’s anxiety about age-related infertility and promote the commercial business of oocyte cryopreservation, without assisting clinicians in providing advice for women who are making complex decisions that affect their reproductive choices.

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TO THE EDITOR: With regard to a woman concerned about her future fertility, Schattman describes in detail the indications for cryopreservation of
Jennifer P. Schneider, M.D., Ph.D.

that their long-term health risks are unknown.

ation, especially more than once, should be told

maintained. All women who undergo ovarian stimula-

long-term risks of this procedure are not main-

istries that would enable studies of the potential

are predominantly anonymous donors, and reg-

are lacking.2 In the United States, these women

data on the potential long-term medical risks

are undergoing ovarian stimulation. Population

studies have suggested that there is an increased

risk of various malignant conditions

among women who undergo ovarian stimulation.

because of infertility or because they are con-

cerned about their future fertility.2 For another

group of young women — those who undergo

ovarian stimulation to donate or sell their ova

— data on the potential long-term medical risks

are lacking.2 In the United States, these women

are predominantly anonymous donors, and reg-

istries that would enable studies of the potential

long-term risks of this procedure are not main-

tained. All women who undergo ovarian stimula-

tion, especially more than once, should be told

that their long-term health risks are unknown.

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ported.


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Epidemiol 2009;169:365-75.

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sician mother’s call for follow-up and research on the long-term

risks of ovarian stimulation. Fertil Steril 2008;90(5):2016.e1-

2016.e5.

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THE AUTHOR REPLIES: As clearly pointed out by

Hickey et al., age-related infertility is a great con-

cern to many women. I agree that the recommenda-

tion that “elective cryopreservation of oocytes

should be discussed with all women who are in

their early 30s” might have been better phrased

to make clear that the effects of aging on repro-

duction should be discussed with all women

when they are in their early 20s and 30s and that

the option of oocyte cryopreservation can be of-

fered to women who are considering delaying

childbearing until later in their reproductive years.

The comment by Hickey et al. regarding the ex-

pense of oocyte cryopreservation does not take into

account the costs in the longer term; oocyte

cryopreservation at 35 years of age has been shown
to result in a 48% greater probability of

having a live birth than the probability associat-
ed with waiting until 40 years of age to attempt

to conceive, as well as with a 27% lower cost per

live birth.1

Although Schneider states as a fact that there is

an increased risk of various malignant condi-
tions among women who undergo ovarian stim-

ulation and specifically refers to an unfortunate

case of fatal colon cancer in a woman who previ-

ously donated oocytes, such findings cannot

prove cause and effect. Women with infertility

have a higher baseline risk of specific cancers

even without exposure to ovarian stimulation.2

A recent meta-analysis of data from 182,972

women who were exposed to ovarian stimula-
tion showed “no convincing evidence of an in-

crease in the risk of invasive ovarian tumors

with fertility drug treatment.”3 Further evidence

from a study that linked data from an assisted

reproductive technology database to state cancer

registries also showed that women treated with

assisted reproductive technology had an overall

lower incidence of all cancers than women who

were never treated with assisted reproductive

technology (standardized incidence ratio, 0.78;

95% confidence interval, 0.73 to 0.83).4 These

observations may provide reassurance to women

who desire to preserve their future fertility about

the long-term safety of undergoing one or two

cycles of treatment.

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Since publication of his article, the author reports no further

potential conflict of interest.


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