

1 **Conservative management of patients with endometrial intraepithelial**
2 **neoplasia (EIN): factors that could affect response and pregnancy rates.**

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25 Dear Editor,

26 With great deal of interest, we read your article entitled “Outcomes of the conservative
27 management of the patients with endometrial intraepithelial neoplasia/endometrial cancer: Wait
28 or treat! by Işçi Bostanci et al. [1].

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30 This is a retrospective study presenting the conservative management of 38 patients with either
31 endometrial cancer (EC) (6/38) or endometrial intraepithelial neoplasia (EIN) (31/38) with
32 progestins (such as medroxyprogesterone acetate, megestrol acetate, or levonorgestrel-releasing
33 intrauterine device) and follow-up endometrial biopsies every 3-6 months.

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35 We would like to focus on the results of the 32 patients with EIN. The majority of them (28/32 -
36 87.5%) had a response while 8 (25%) had a relapse and 4 (12.5%) had persistent disease. Seven
37 pregnancies were achieved with five live births and all of the pregnancies were seen in the EIN
38 group [1]. One patient with EIN progressed to advanced endometrioid carcinoma [1].

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40 Recently, Cordeiro Mitchell et al published a similar retrospective study which revealed that
41 among 54 patients who were conservatively treated for EC/EIN, nearly 20% developed
42 intrauterine synechiae [2]. We would like to ask the authors if they can provide us the
43 intrauterine synechiae rates in their retrospective study and inform whether there might be a
44 correlation with the lower pregnancy rates in their series.

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46 Another group showed the addition of metformin to progestin therapy could have little impact on
47 response rates and lower live-birth rates [3]. We would like to ask the authors if they have any
48 experience with the combination of metformin and progestin in their cohort.

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50 Finally, Rafone et al. in a systematic review and meta-analysis stated that diabetes mellitus does
51 not affect the responsiveness of such pathology to conservative treatment [4]. As the BMI of the
52 Turkish patients is quite high, we would like to ask the authors to further inform us if they found
53 any correlation with diabetes mellitus either for disease progression or fertility outcome.

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55 Once again, we would like to thank the authors for their excellent work and we would appreciate
56 if they could present any of these requested data if they are available.

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59 **Acknowledgments/Disclaimers/Conflict of interest**

60 Authors disclose no conflict of interest.

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