transplantation in childhood: high-dose busulfan is a major cause of ovarian failure. *Bone Marrow Transplant* 1998;**22**:989–994.

Jacques Donnez[1,*], Jean Squifflet[1], Céline Pirard[1], Dominique Demylle[1], Anne-Céline Cheron[2], Pascale Jadoul[1] and Marie-Madeleine Dolmans[1]
[1]*Department of Gynaecology, Cliniques Universitaires St-Luc, Université Catholique de Louvain, Avenue Hippocrate 10, B-1200 Brussels, Belgium*
[2]*Department of Obstetrics, Cliniques Universitaires St-Luc, Université Catholique de Louvain, Avenue Hippocrate 10, B-1200 Brussels, Belgium*

*Correspondence address. Tel: +32-2-764-95-01; Fax: +32-2-764-95-07; Email: jacques.donnez@uclouvain.be

doi:10.1093/humrep/des165
Advanced Access publication on May 25, 2012

Allografting ovarian cortex between genetically non-identical sisters: authors' correction (Englert *et al.*)

Sir,

In May 2011, we were informed by the Vice-rector of the Catholic University of Louvain that an internal procedure against our colleague Professor Jacques Donnez had driven the University to conclude that an article ('Livebirth after allografting of ovarian cortex between genetically non-identical sisters' by Donnez *et al.*, 2011), for which I and two members of my research staff are co-authors, was considered to raise significant problems because 'it contains statements that are not supported by documented evidence'. We understand that the letter containing this statement has subsequently been withdrawn by Université Catholique de Louvain (UCL), considering that Professor Jacques Donnez acted 'in good faith' and that 'there is no proven intention of scientific fraud'.

Since then, many actions appear to have taken place inside the Catholic University of Louvain, as well as between Jacques Donnez and the journal. In order to clarify the situation, Jacques Donnez proposed a letter with additional information regarding the refutable facts related to the published case. This letter is published in the present issue of *Human Reproduction*.

As external co-authors of the paper, we would like to stress the fact:

(i) that we could not verify or even imagine that aspects of the case were omitted by our distinguished colleague and that, in any case, our participation to the case was to perform IVF for tubal infertility in a laboratory specific for high viral risk as a standard procedure in that case;
(ii) that we did not take part in the internal inquiry performed by the UCL authorities and are not able to build a personal opinion on the facts themselves.

The letter proposed by Jacques Donnez was unable to convince us that the situation was entirely clarified. Therefore, we maintain our request from May 2011 to be withdrawn as co-authors of the paper.

Reference

Donnez J, Squifflet J, Pirard C, Demylle D, Delbaere A, Armenio L, Englert Y, Cheron AC, Jadoul P, Dolmans MM. Livebirth after allografting of ovarian cortex between genetically non-identical sisters. *Hum Reprod* 2011;**26**:1384–1388.

Yvon Englert*, Anne Delbaere and Laetitia Armenio
Fertility Clinic, Department OB/Gyn, Université Libre de Bruxelles (ULB), Eramse Hospital, Brussels B-1070, Belgium

*Correspondence address. E-mail: yvon.englert@erasme.ulb.ac.be

doi:10.1093/humrep/des166
Advanced Access publication on May 25, 2012

Intermediate and normal sized CGG repeat on the *FMR1* gene does not negatively affect donor ovarian response

Sir,

We applaud Lledo *et al.* (2012) in their recent attempt to further elucidate the effects of the *FMR1* gene on ovarian function. Unfortunately, we cannot agree with the authors' conclusion that the *FMR1* screening should not be considered for predicting responses to ovarian stimulation. Nothing in their data, indeed, supports such a conclusion.

To assess whether CGG_n on the *FMR1* gene was predictive of ovarian response to stimulation, the authors chose young oocyte donors. While in detail referring to our work (Gleicher *et al.*, 2009a,b,c,d), they, unfortunately, overlooked our most relevant publication on the subject, in which we, indeed, had performed 2 years earlier almost exactly the same study they now reported (Gleicher *et al.*, 2010a).

Had they been aware of our study, they would have noted that young egg donors do not demonstrate evidence for differences in the functional ovarian reserve (FOR), as assessed by anti-Müllerian hormone (AMH), based on CGG_n, now referred to as ovarian *FMR1* genotypes and sub-genotypes (Gleicher *et al.*, 2010a, Figure 2A, 2010b). We, thus, fully agree with the findings of Lledo *et al.*, or, even more accurately, their findings fully concur with our previously reported findings. As our earlier study, however, also demonstrated, infertile patients do behave differently, and do demonstrate CGG_n-associated FOR (Gleicher *et al.*, 2010a, Figure 2B).

In contrast to the statement by Lledo *et al.* that oocyte donors represent the best possible study population to assess whether CGG_n is indeed predictive of ovarian response to stimulation and therefore FOR oocyte donors are probably unsuited for such a study.

Our 2010a paper commented on this by noting that young, carefully selected oocyte donors, even with abnormal ovarian *FMR1* genotypes and sub-genotypes, usually still have enough FOR to present with what are considered normal AMH levels and, therefore, by implication, likely normal oocyte yields. Infertile women, especially as