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Meta-analyses, individual participant data, and larger studies—the routes to refined effect estimates

We thank the author for his interest in our manuscript and for highlighting the limitations of using aggregate meta-analysis for studies with repeat measures. We also thank the author for focusing on the now well-recognized generic issues regarding the reproducibility of data within meta-analyses and for further emphasizing the previously acknowledged heterogeneity of included studies.¹ We agree that meta-analysis of the data of an individual patient will provide more refined estimates of the effect size. Alternatively, larger prospective multicenter studies using defined surgical techniques, robust and sensitive anti-Müllerian hormone assays, standardized antral follicle count measurements, and predefined periods of follow-up would provide robust and unbiased estimates that relate to contemporary endometriosis care. We would welcome both such additions to the literature. Our conclusion that endometriotic cystectomy is associated with a detrimental impact on the ovarian reserve is consistent with previous large studies and meta-analyses² and also with histologic evidence.³ We would, therefore, continue to support our principal conclusions that endometriotic stripping cystectomy is associated with a significant reduction in the ovarian reserve and that anti-Müllerian hormone is a useful tool for preoperative counseling to ensure that patients are fully aware of the long-term risks, including iatrogenic premature ovarian insufficiency.

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