

Dear Colleagues,

Wishing You a Very Happy New Year...!!!

January is the month of Cervical Cancer Awareness, and this reminds us that malignancies are on the rise along with other noncommunicable diseases. It is imperative that all of us think about prevention of malignancies with special focus on lifestyle modification, environmental factors, endocrine disruptors and utilizing vaccination, especially for cervical cancer which is available and wherever possible should be suggested to both girls and boys from the age of 11–12 years upwards.

When we talk about malignancies, we also have to understand that many of the malignancies are occurring in the younger age-group and with the newer cancer treatment modalities, the survival rates are on the rise and today we understand that one out of every 500 young adults is a cancer survivor and most of them apart from survival, look forward to reproducing in later life. This brings into focus a very important aspect of fertility preservation in all age-groups suffering from either oncological or nononcological diseases affecting fertility in later life.

The debate will go on what percentage of this population will utilize the preserved material and who will pay for the procedure and how long you can preserve and what to do for prepubertal cancers. According to some small studies, less than 5% actually comeback to utilize the preserved gametes, though the reasons for nonutilizations can be many but the actual question asked is should we or should not we provide them the opportunity and option of fertility preservation before they undergo drastic treatments for malignancies, which can have an impact on their reproductive organs and gametes and future fertility.

Another aspect of fertility preservation for nononcological indications, in which, the most debatable one is social freezing, where questions are asked should women be allowed to have a control on their fertility without understanding the repercussions of delayed childbearing on themselves and their children. But, there is no debate about offering fertility preservation for young women with endometriosis or premature ovarian insufficiency which is on the rise and especially in our region more than 5% women have premature ovarian insufficiency and incidence of endometriosis is even higher.

Time has come when we all have to evolve into a mature society which understands that there is an inherent desire for all human beings to reproduce. Also looking at life in the face of death is another optimistic approach very unique to all of us.

I would like all of you to ponder and if you feel strongly about this debate either way, do write to me in the letter to the editor.

Looking forwarding to many more interactions with you in this New Year and any suggestions for fine-tuning our journal are most welcome.



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