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Read/Unread	Subject	From	Date	Action
Read	Manuscript for Final Proof Uploaded: jhrs_112_21	editor@jhrsonline.org	Monday, March 14, 2022	View Details
Read	Manuscript for Final Proof Uploaded: jhrs_112_21	editor@jhrsonline.org	Tuesday, March 1, 2022	View Details
Read	Manuscript for Final Proof : jhrs_112_21	editor@jhrsonline.org	Tuesday, February 22, 2022	View Details
Read	Manuscript Accepted for Publication: jhrs_112_21	editor@jhrsonline.org	Monday, February 7, 2022	View Details
Read	Manuscript Revision Completed Acknowledgement letter: jhrs_112_21	editor@jhrsonline.org	Wednesday, February 2, 2022	View Details
Read	jhrs Manuscript for revision: jhrs_112_21 Completion date is nearing	editor@jhrsonline.org	Monday, January 31, 2022	View Details
Read	Manuscript for revision: jhrs_112_21	editor@jhrsonline.org	Thursday, January 27, 2022	View Details

Items ner nage: 10

## Reply to the reviewers' comments

Reviewer Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
1	There is no new information from this manuscript. But it affirms that oocytes should be mature before cryopreservation	Dear reviewer  We appreciate the time and effort that you have dedicated to providing your valuable feedback on our manuscript.  In this revised manuscript, we provide a clear view regarding the potential use of	All changes have been highlighted using underline mode
		immature oocytes for fertility preservation ultimately for patients with hormonesensitive cancer types. We also cover this manuscript with information regarding the outcomes of immature oocytes from stimulated fresh IVF cycles to provide a whole perspective regarding the clinical utilization of immature oocytes.	
		We hope that you find this revised manuscript suitable for publication.	
2	Dear Author's  • Firstly I congratulate the team for the interest and the work that has been carried out in drafting the manuscript.  • The article seems neat though few grammatical mistakes are seen and a few minor modifications/changes need to be done for the overall betterment of the article and for increasing	Dear reviewer  We are grateful to receive your insightful comments. We found that your comments and suggestions are useful immensely.  The English of the revised manuscript has been carefully corrected by a professional native English proofreader.	All changes have been highlighted using underline mode
	the quality of the manuscript.  1) Introduction- Line 42- it's written as a mature stage- the stage of the oocyte can be specified.	Done	Page 2, line 42
	2) Introduction- Line 60- It's written as several investigations- Quote the studies.	Done	Page 3, line 62

	3) Introduction- Line 73- Quote the studies.	Done	Page 3, line 72
	4) 3.2 Section- Since it's a review article, the clinical indications can be a little more descriptive and narrative and specific like the type of cancer's for whom immature oocyte vitrification is needed.	Thank you for pointing this out. The suggestion has been executed.	Page 4-6, lines 86-148
	<ul><li>5) It would be appropriate to interchange sections</li><li>3.1 and 3.2.</li><li>Clinical indications should come first followed by the Competency of IVM.</li></ul>	Done	Page 7-8, lines 152- 178
	6) Line number 168- Quote a study for the standard procedure of IVM.	Done	Page 11, line 211
	7) Line number- 186- Mentioning the mode of fertilization would be appropriate	Done	Page 12, lines 226-227
	8) Line number- 194 IVM-IV?	Done	Page 12, line 234
	9) Line number- 222- Quote the study.	Done	
3	I would like to congratulate the authors for their efforts behind submitting this review.  Here are my comments:  1. Can the authors explain as to how this review over arches recent and exhaustive reviews already published in this domain?	Dear Author  We thank you immensely for providing us with your useful comments and suggestions. This review has been modified following your comments and suggestions.  We have been able to revise and improve the quality of this review. After revision, This paper has its own unique by focusing and providing a clear view regarding the potential use of immature oocytes for fertility preservation ultimately for patients with hormone-sensitive cancer types. We also describe the outcomes of immature oocytes derived from stimulated fresh IVF cycles to provide a whole perspective regarding the clinical utilization of immature oocytes.	All changes have been highlighted using underline mode

2. Although the paper's title reads "fertility preservation", many papers included in the reference have used discarded GVs from patients post stimulation and in patients with PCOS. They are a very specific group. Generalizing those results to patients undergoing IVM for fertility preservation is questionable. Although I acknowledge that papers in this domain are sparse and relegated to limited sample size, this limitation has to come across in the manuscript. Example: Cao et al.: PCOS patients; Fasano et al.: Used GVs and Mis discarded after a full stimulation.	Thank you for pointing this out, we have addressed this issue by adding fertility preservation-related papers in the revised version.	Page 4-6, lines 86-148
3. The studies included do not have uniform endpoints. This, as a limitation has to be reinforced and brought out better.	While we appreciate the reviewer'3 comment, please note that table 1 is the summary of studies that investigate the ideal time to perform vitrification on the immature oocytes (before or after IVM). This issue can not be summarized from fertility preservation-related studies. Therefore, most studies come from GVs or MI discarded after a stimulated cycle.  It is obvious that the referred studies in table 1 do not have a uniform endpoint, but all of the assessed variables are closely associated with the important outcomes of immature oocytes that we need to know to comprehensively understand the effect of vitrification on immature oocytes.	
4. Many statements in the manuscript lack citation to relevant papers and passed on as hard facts. Example: Lines 41, 45, 46, 47, 48, 54, 65, 73, 163 and so on.	References have been added accordingly	All changes have been highlighted using underline mode
5. Table 1 citing the different studies on oocyte cryopreservation has 3-4 author references whose entries are missing in the reference list at the end (Cao et al., Fasano et al., Yazdapan et al., are	We are sorry for this error. References have been corrected, this error happened when we separate the table from the main text	-

missing). This is a major oversee. So, all subsequent entries in the list beyond these studies have to be reassigned.	previously.	
6. Paragraph with lines 168-179 is redundant. No references and sounds like a chapter.	Done	-
7. Conclusion: Needs to be reworked. The para starts as "A consensus is reached". Is it really reached?	We have rewritten the conclusion.	Page 14, lines 265-272
8. Although the overall language of the paper reads well, many constructed statements do not reflect publication quality and require improvement. Please carefully proof-read to avoid grammatical errors and ensure punctuation	We have used a professional native English proofreader to carefully check the revised version. We hope the manuscript is now clearer and easy to read.	All changes have been highlighted using underline mode

## Reply for the editor

Dear Editor	
Journal of human reproductive and sciences	
We thank you immensely for giving us the chance to revising our manuscript. Our reply point-to-point according to reviewer comments or suggestion has been explained within the revised version. All changes have been highlighted using the underline mode.	
Thank you	
Apart from the reviewers comments, kindly clarify and edit accordingly:	The study title has been revised. Thank you.
Is it a systematic review or narrative review? It appears a bit of both. Suggest mentioning number of articles identified after screening. It does not confirm to systematic review criteria in the	