



Editorial

Outstanding research paper awards of the 2016 *Taiwanese Journal of Obstetrics and Gynecology*



In this August issue of the journal, we are glad to introduce the winners of the 2016 *Taiwanese Journal of Obstetrics and Gynecology* (TJOG) Outstanding Research Paper Award. The awards were selected from among research papers published in the 2016 print issues of the TJOG. The 2016 TJOG Outstanding Research Paper Golden Award winner is Dr. Hwang, for his excellent research paper entitled "Dose-finding study of Leuplin depot for prevention of premature luteinizing hormone surge during controlled ovarian stimulation: a pilot study in intrauterine insemination treatment" [1]. The 2016 TJOG Outstanding Research Paper Silver Award winner is Dr. Sun, for his research paper entitled "Changes in mitochondrial DNA copy number and extracellular matrix (ECM) proteins in the uterosacral ligaments of premenopausal women with pelvic organ prolapse" [2]. Both winners received their honors at the Annual Meeting of the Taiwan Association of Obstetrics and Gynecology on March 18 and 19, 2016, held in Taipei, Taiwan.

The golden award-winning research article was published in the April 2016 issue. The authors pioneered to investigate the minimal dosage of gonadotropin-releasing hormone agonist (GnRH agonist) needed for prevention of premature luteinizing hormone (LH) surge in controlled ovarian stimulation (COS) [1]. The authors used a sequential reduction method to investigate the minimal dosage of GnRH agonist and found that the use of 1/4 dose of GnRH agonist in COS could achieve this goal, since this dosage could totally avoid the premature LH surge and also significantly decreased the amount of human menopausal gonadotropin and shortened the days for COS [1]. By contrast, although the use of the 1/5 dose GnRH agonist was acceptable, the risk of premature LH surge was 6%. Taken together, the authors recommended that most cost-effective treatment protocol for COS was the use of 1/4 standard dose of GnRH agonist [1].

The silver award-winning research article by Dr. Mou-Jong Sun was published in the February 2016 issue [2]. The research addressed one of the most important issues about aging women population-pelvic organ prolapse. As shown above, pelvic organ prolapse is often found in aging women; however, it sometimes occurs in premenopausal women and they are young. Pelvic organ prolapse not only affects their working ability but also compromises the quality of life, including sexual activity [3,4]. Therefore, it is welcome that authors are interested in the study for young women with pelvic organ prolapse. In the current study [2], authors confirmed the well-known factors for pelvic organ prolapse. Some were significant, including higher body mass index, and extremely high body mass index ($p < 0.05$); and some did not reach the

statistical significance, such as higher parity ($p = 0.06$) [2]. In addition to the well-known above-mentioned factors, authors also found that the hereditary factors and/or compensation systems of the human bodies contributed to the pathophysiology of pelvic organ prolapse [2]. When trauma occurs, in spite of which reasons are, tissue-remodeling systems (repair process) will be activated. These involve many, including energy, and enrollment of cells, tissues, and cytokines and growth factors. Authors found that these younger women with pelvic organ prolapse had an unusual higher copy number of mitochondrial DNA and higher expression of collagen type III alpha 1 in their utero-sacral ligaments than those without pelvic organ prolapse did (3259 vs. 2429, and 2.69 vs. 1.13, respectively) [2]. In theory, the recruitment of the above-mentioned procedure is needed and may be beneficial in the recovery. However, the results are not. All suggest that not only under-(inadequate) but also over-activation (too much) of defense systems or tissue-repairing systems of human bodies are not beneficial in body health. In fact, there are many pathophysiological diseases, including cardiovascular diseases, found as the results of over-activation [5,6]. That is to say, unsuccessful compensation may make diseases worse. The above-mentioned phenomenon and/or observation sometimes resulted in confusion of our understanding, especially when we performed some studies about the molecules and physiological changes. For example, our previous studies had shown that the expression of $\alpha 2,3$ -sialyltransferase might be down-regulated in the development of squamous cell carcinoma of the cervix [7]; however, when these patients had a disseminated disease, for example, presence of pelvic lymph node metastases, the expression of $\alpha 2,3$ -sialyltransferase might be up-regulated [8]. By different-type of cancers, for example, epithelial ovarian cancer and breast cancer, the expression of $\alpha 2,3$ -sialyltransferase is always higher, and the higher expression of $\alpha 2,3$ -sialyltransferase is and the more severe diseases are [9–11]. All pointed that it is not easy to use one of "cutting" point to evaluate the entire disease status.

We are also happy to introduce another winner of the best paper award of Professor Lee Tzu-Yao's Foundation for Reproductive Medicine, and this honor is also given to Dr. Huai-Ling Wang, and the title of this winner is "A patient friendly corifollitropin alfa protocol without routine pituitary suppression in normal responders", which investigated that combining an adequate hormone monitoring system with individualized and timely GnRH antagonist regimen in the corifollitropin alfa cycle could also prevent the premature LH surge [12]. This article also echoed Dr. Hwang's report

[1], the cost-effective and much more friendly regimen of assisted reproductive technology could be attempted if some modifications could be applied in the current infertility treatment, in spite of the well-known “standard protocol” was available in the literature [13]. Sometimes, the recommendation based on Western countries might not be fitting to the population in our country. As shown by Dr. Wang [12], the routine GnRH antagonist administration is not required in the corifollitropin- α cycles using a flexible and hormone-dependent antagonist regimen.

Finally, as an Editor-in-Chief and a Deputy Editor, we are pleased to congratulate all of our award-winning doctors on their winning of the *Outstanding Research Article Award* in *TJOG* and *Lee Tzu-Yao's Foundation for Reproductive Medicine*. We believe that the authors' or readers' continuing interest and contribution will further increase the impact of the *TJOG* on women's health [14,15].

Conflicts of interest

Both authors declare no conflict of interest.

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