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LETTER

Response: First birth following spindle cell transfer - Should we stay or should we go?

To the Editor

We appreciate the opportunity to respond to the letter by Norbert Gleicher and colleagues (Gleicher et al., 2017) concerning our report 'Live birth derived from oocyte spindle transfer to prevent mitochondrial disease' (Zhang et al., 2017). Just as with the first birth following IVF, this first birth following mitochondrial replacement therapy (MRT) has provoked medical, ethical and legal debates, most of which are addressed in an editorial by Alikani et al. (Alikani et al., 2017) and in a letter from Boiani and Cohen (2017). Here we add some further points of clarification.

Mitochondrial disease is indeed very devastating and the family in question has suffered very much on this account. The mother has had four miscarriages, and two of her children died at a very early age due to Leigh Syndrome from a mitochondrial DNA (mtDNA) mutation. We counselled her extensively before we made the decision to pursue the procedure, supported by our ethical review committee. The couple was fully aware that mitochondrial replacement therapy (MRT) is a very new and experimental technology, at least as it applies to humans, and they made the decision to proceed on this basis. We applied our best knowledge of nuclear transfer (as was available in 2014) to our internal review board (IRB) protocols and consents. We did not 'rush to use this as treatment' as is quoted in the letter by Gleicher et al. (2017).

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