



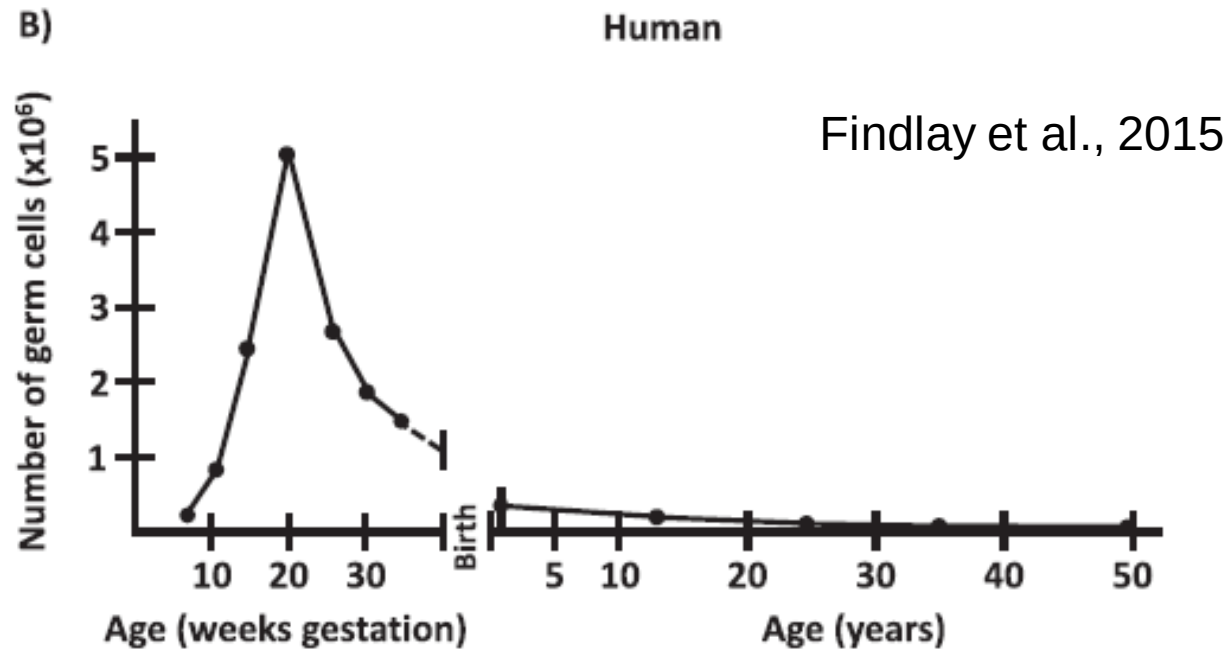
Fertility Preservation in 2021

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Women are born with a finite number of eggs



At birth 1-2 million, at puberty 300,000-500,000
37 yrs old 25, 000, 51 yrs old 1000 oocytes

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Cancer. 2012 March 15; 118(6): 1710–1717. doi:10.1002/cncr.26459.

Pre-treatment fertility counseling and fertility preservation improve quality of life in reproductive age women with cancer

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- Retrospective survey of 1041 women from cancer registry using standardized questionnaire for regret and quality of life.
- Pretreatment infertility counselling by fertility specialist and oncologist significantly lower regret than by oncologist alone (8.4 vs 11.0, $p < 0.0001$).
- Going through with fertility preservation even lower regret scores than counselling with oncologist alone (6.6 vs 11, $p < 0.0001$).



Fertility preservation in women with cancer: a national study about French oncologists awareness, experience, and feelings

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1161 oncologist sent survey
102 responses May 2012- Jan 2013

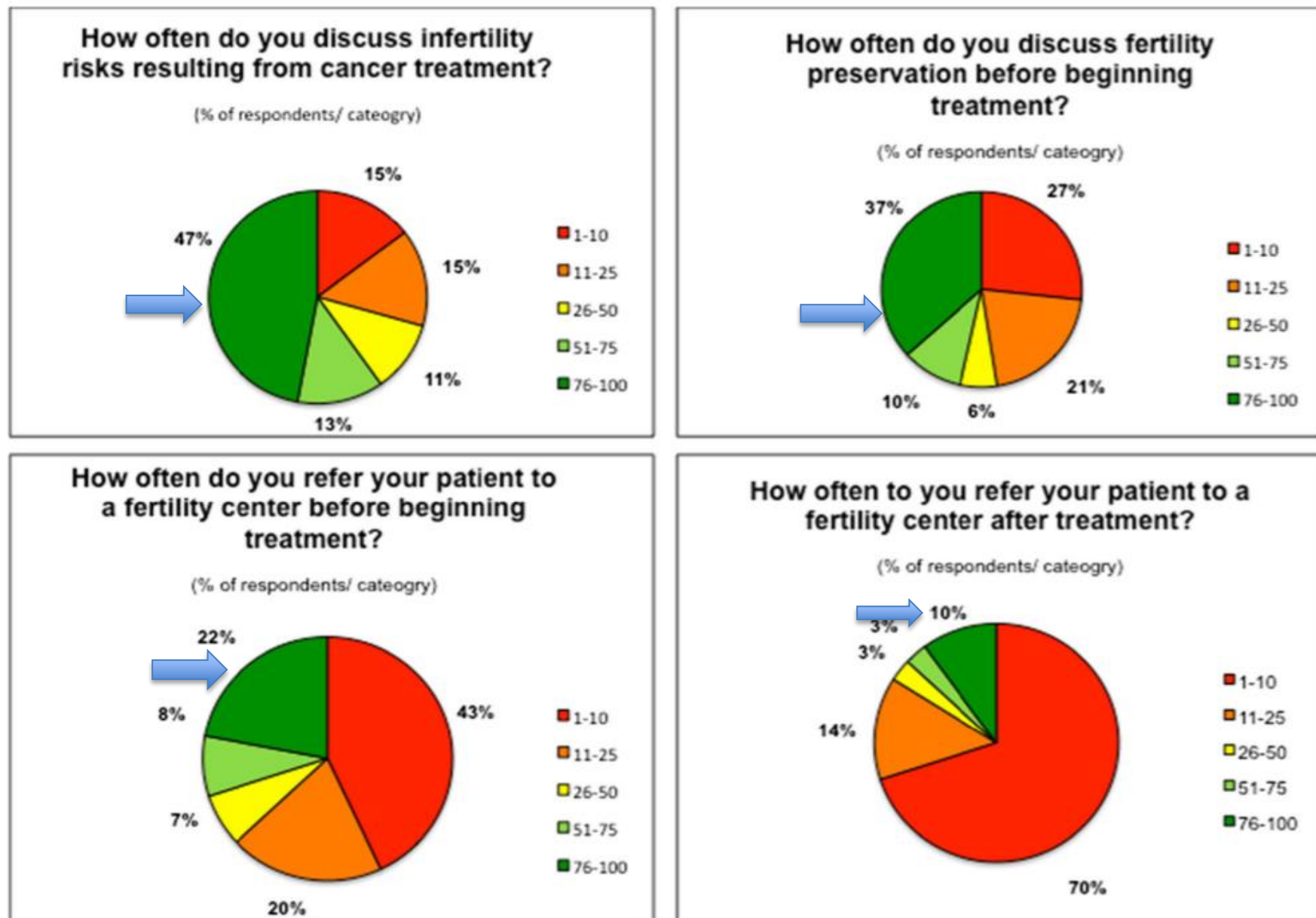


Fig. 1 Percentage of physicians who discuss infertility and refer their patients to fertility centers (from the group discussing rarely if at all (dark red, 1–10% of cases seen) to the group regularly discussing infertility (dark green, 75–100% cases))

Human Reproduction Update, Vol.23, No.4 pp. 433–457, 2017

Advanced Access publication on May 16, 2017 doi:10.1093/humupd/dmx009

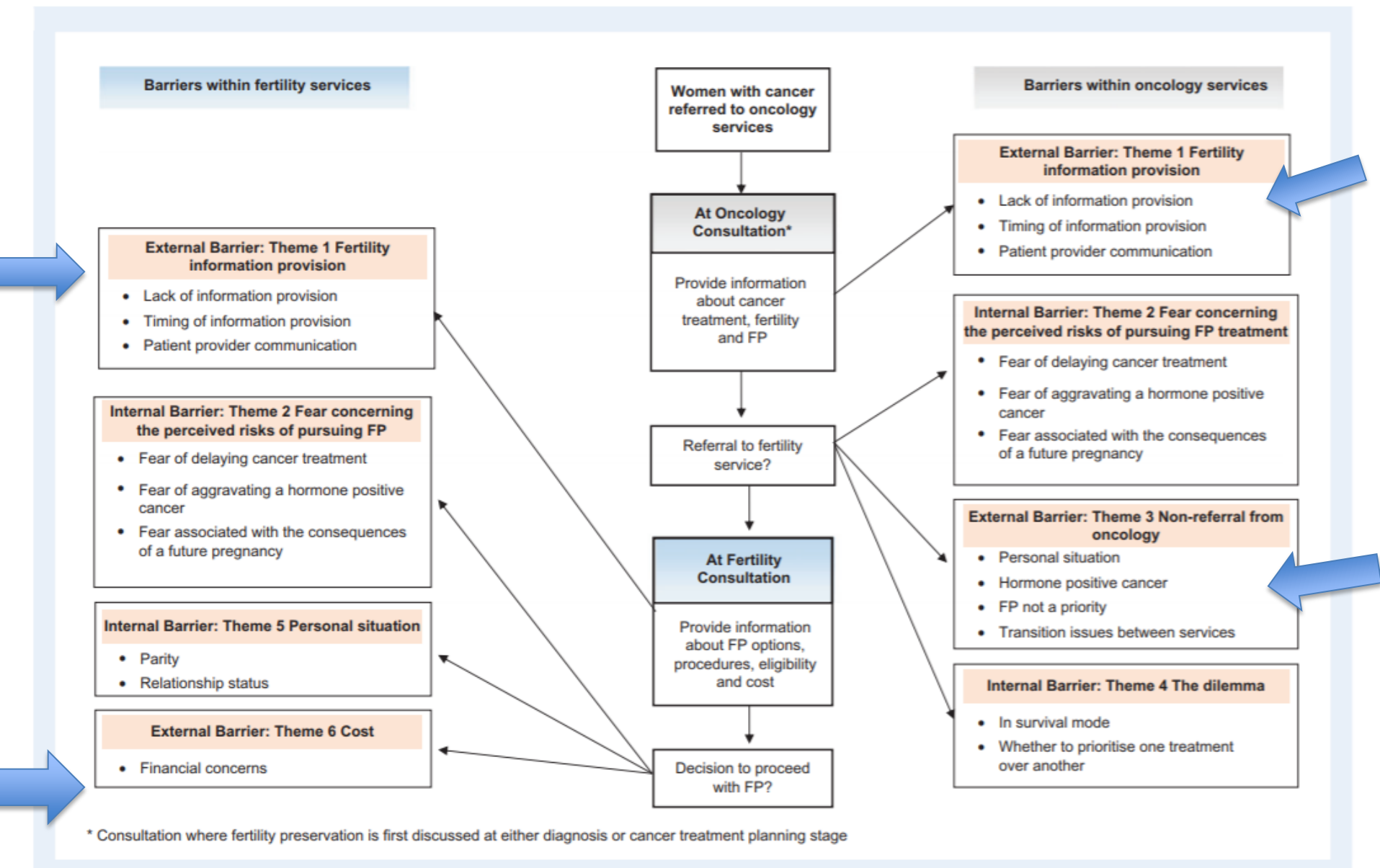
human
reproduction
update

What factors hinder the decision-making process for women with cancer and contemplating fertility preservation treatment?

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ARTICLE

Medical coverage

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Table 4 Medical egg freezing (MEF): women's funding strategies.

Country	Funding strategy	No. of women utilizing (%) ^a
USA	IVF clinic compassionate care discount	15 (45)
	Pharmacy medication discount/donation	14 (42)
	Personal salary or savings	11 (33)
	Parents paid	8 (24)
	Partial insurance coverage	8 (24)
	Family/community fundraiser	5 (15)
	Full insurance coverage	4 (12)
	Cancer charity contribution	4 (12)
	Monthly payment plan	4 (12)
	Medications donated by other patients	3 (9)
	Bank loan	2 (6)
	Family loan	2 (6)
	Friend loan	1 (3)
	Family donation	1 (3)
	Medicaid coverage	1 (3)
	Military coverage for impaired veteran	1 (3)
	Professional courtesy for medical student	1 (3)
	Credit card payment	1 (3)
	Clinical trial participation	1 (3)
Israel	Free	10 (83)
	Paid for specialist visit, but MEF free	2 (17)

IVF, in-vitro fertilization.

^a Many American women used multiple strategies, so percentage total > 100.

Insurance

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ASCO guidelines 2018

- Address infertility as early as possible BEFORE treatment starts
- Should refer who express an interest in fertility preservation or ambivalent to reproductive specialists
- Discussion early reduces distress and improves quality of life

Current Fertility Preservation Techniques

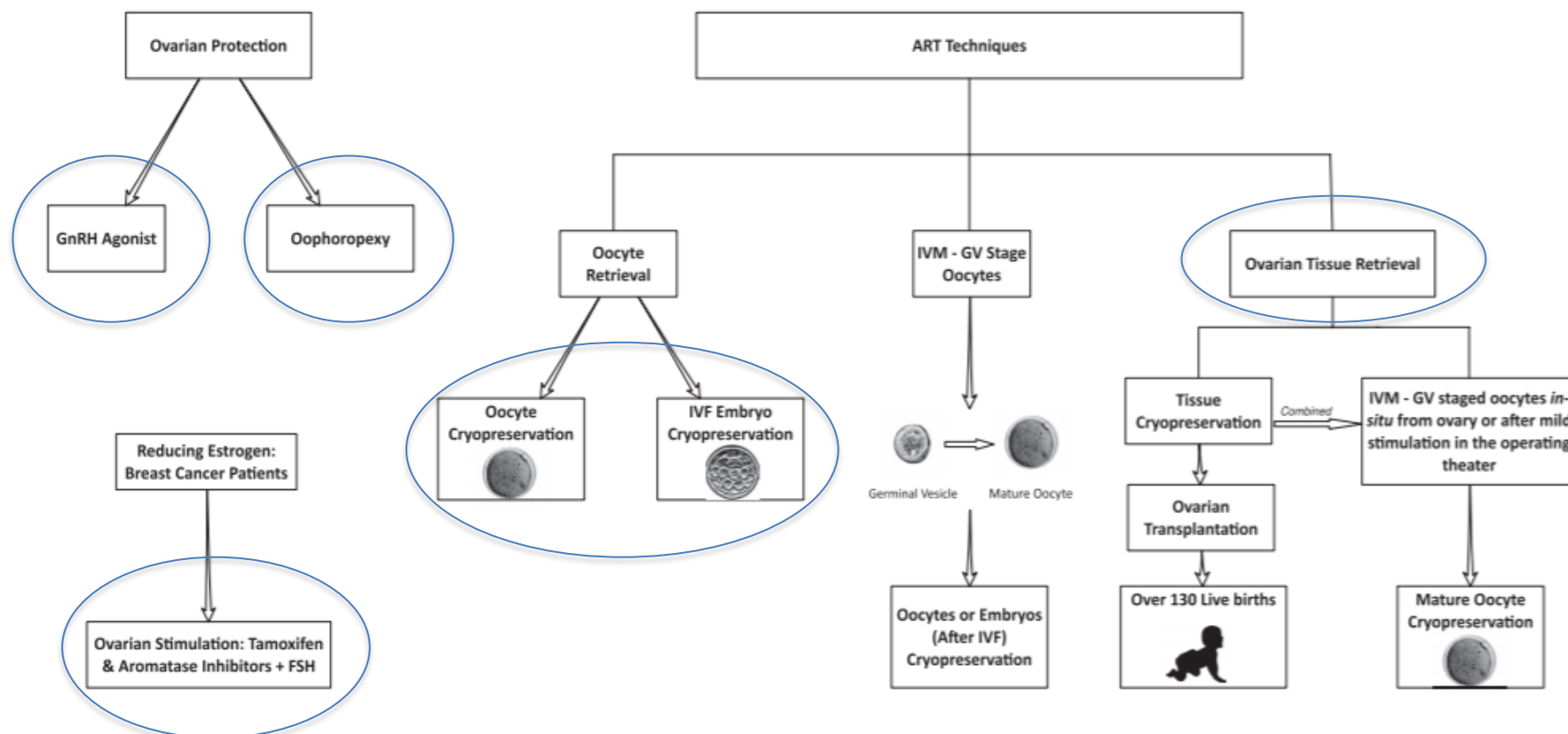


Figure 1 Current fertility preservation techniques. FSH, follicle-stimulating hormone; GnRH, gonadotrophin-releasing hormone; GV, germinal vesicle; IVF, *in vitro* fertilization; IVM, *in vitro* maturation.

ASCO Updated recommendation

- Ovarian suppression should not be used in place of proven fertility preservation methods
- Ovarian tissue cryopreservation and transplantation:
 - only method available for children.
 - Need more data on safety for patients with leukemia
 - Non-experimental outside USA. Experimental in USA.



American Society of Reproductive Medicine (2019)

- ‘Ovarian tissue banking is an acceptable fertility-preservation technique and is no longer considered experimental.’



ORIGINAL ARTICLE: FERTILITY PRESERVATION

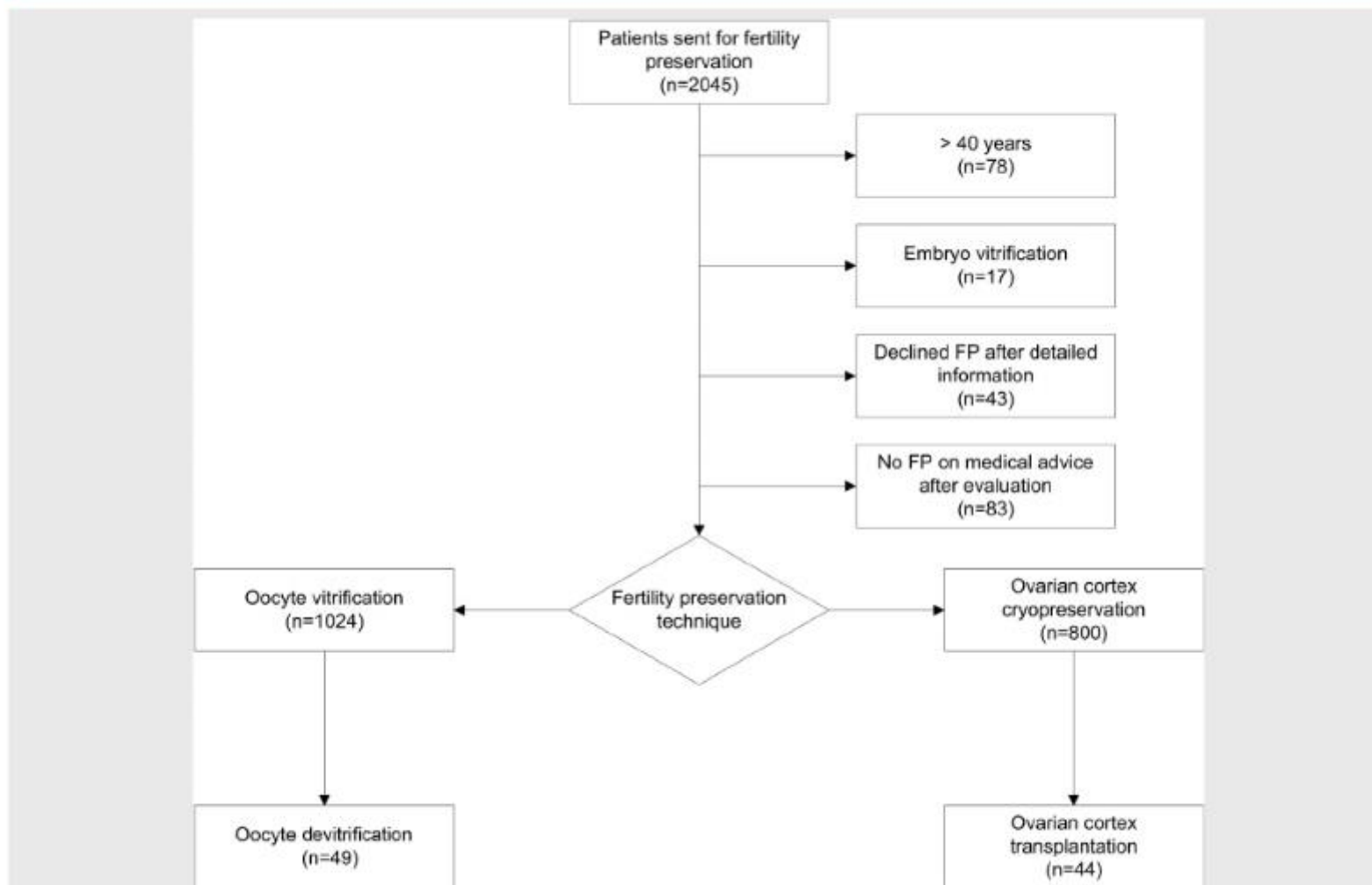


Oocyte vitrification versus ovarian cortex transplantation in fertility preservation for adult women undergoing gonadotoxic treatments: a prospective cohort study

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Sonia Herraiz, Ph.D.,^{b,g} Vicente Mirabet, Ph.D.,^h Ignacio Iniesta, B.Sc.,^b Ana Cobo, Ph.D.,ⁱ José Remohí, M.D.,^{c,i}
and Antonio Pellicer, M.D.^{b,c,j}



FIGURE 1



Patients flowchart.

Díaz-García. Fertility after oocyte vitrification and ovarian transplantation. *Fertil Steril* 2017.

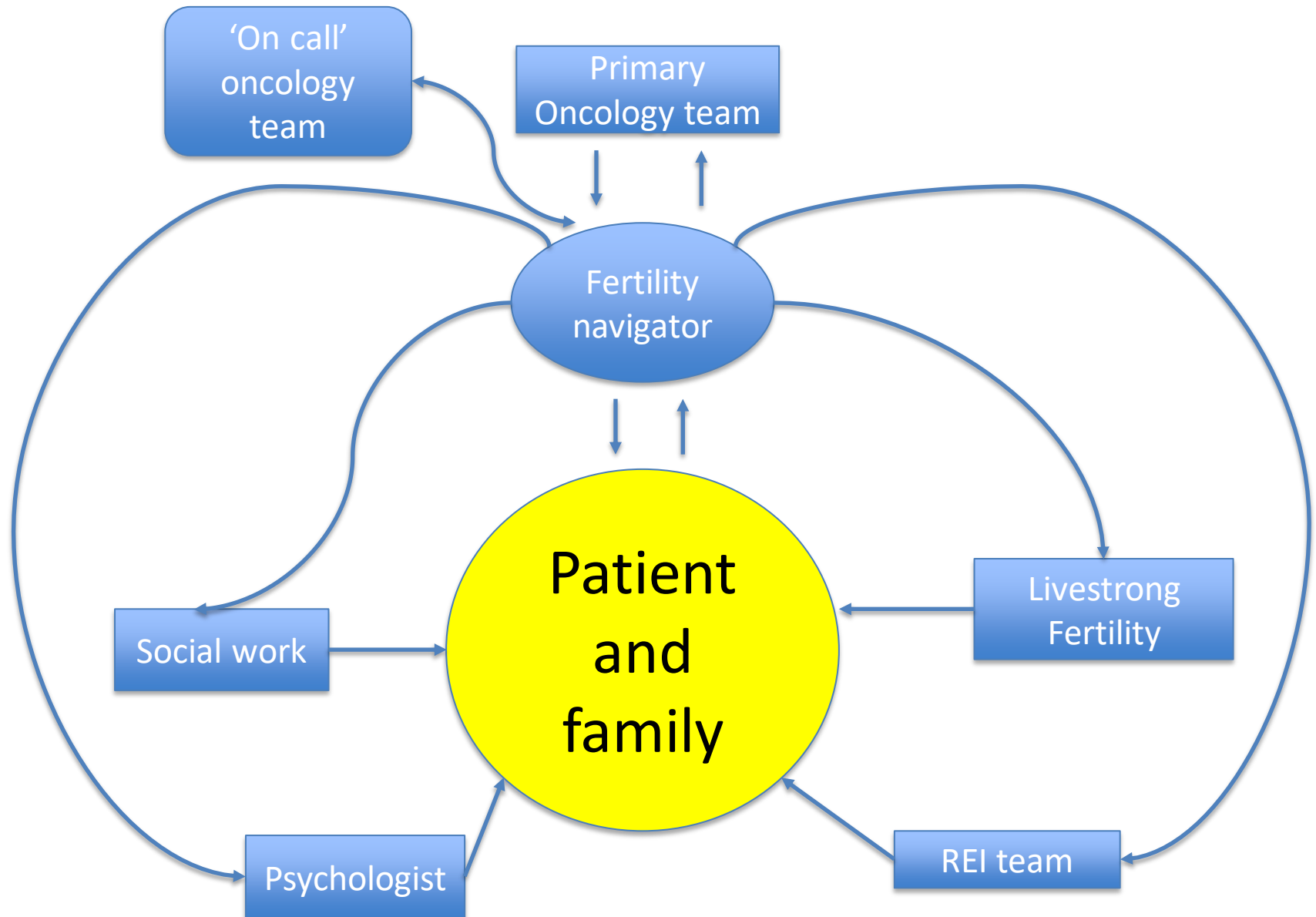
TABLE 2

Fertility results after use of vitrified oocytes or cryopreserved ovarian tissue.

Variable	Breast			Hodgkin lymphoma			Non-Hodgkin lymphoma			Other conditions			All		
	OV (n = 38)	OCT (n = 31)	P	OV (n = 2)	OCT (n = 9)	P	OV (n = 3)	OCT (n = 0)	P	OV (n = 6) ^a	OCT (n = 4) ^b	P	OV (n = 49)	OCT (n = 44)	P
Status of patient at reimplantation			NS			NS		–	–			NS			.04
Amenorrhea >1 y	5 (13.2)	11 (35.5)		1 (50.0)	7 (77.8)		1 (33.3)			2 (33.3)	2 (50.0)		9 (18.4)	20 (45.4)	
POI without amenorrhea	30 (78.9)	19 (61.3)		0 (0)	2 (22.2)		2 (66.7)			2 (33.3)	0 (0)		34 (69.4)	21 (47.8)	
Regular menstruations	3 (7.9)	1 (3.2)		1 (50.0)	0 (0)		0 (0)			2 (33.3)	2 (50.0)		6 (12.3)	3 (6.8)	
Age at retrieval, y	35.5 (3.1)	35.8 (3.3)	NS	32.5 (4.9)	27.1 (3.7)	NS	34.5 (2.1)	–	–	34.2 (3.7)	29.5 (0.2)	NS	35.2 (3.1)	34.3 (7.2)	NS
Age at reimplantation, y	40.0 (3.3)	41.0 (2.4)	NS	33.5 (3.5)	33.8 (3.1)	NS	39.0 (1.0)	–	–	37.0 (4.2)	32.9 (1.7)	NS	39.0 (3.8)	38.9 (4.1)	NS
AMH before reimplantation, pM	0 [0–1.33]	0 [0–0]	NS	2.1 [0–4.2]	0 [0–1.00]	NS	0 [0–0]	–	–	0 [0–1.26]	0.37 [0–1.47]	NS	0 [0–1.29]	0 [0–0.30]	NS
No. of pregnant patients	13 (34.2)	5 (16.1)	NS	1 (50.0)	5 (55.5)	NS	2 (66.7)	0	NS	4 (66.7)	2 (50.0)	NS	20 (40.8)	12 (27.3)	NS
No. of patients with live births	11 (28.9)	2 (6.4)	NS	1 (50.0)	4 (44.4)	NS	2 (66.7)	0	NS	2 (33.3)	2 (50.0)	NS	16 (32.6)	8 (18.2)	NS

Only option for prepubertal girls.

Ovarian tissue freezing – restoration of menstrual cycles and spontaneous conception





Thankyou

- Questions?