Fertility Preservation Guidance

Virology screening is a prerequisite for cryopreservation of sperm, eggs and embryos (both male and female partner screening is required). Delays may be avoided by making results available with the referral. Results required are:

- HIV
- Hep B (Both Anti-HBc, HBsAg)
- Hep C
- HTLV for high-risk patients (4)

Male Patients

Semen cryopreservation should be offered to all post-pubertal males in whom a future family is a consideration. [1,2,3]

On occasion, potentially fertile men are unable to provide a specimen or the specimen is of inferior quality. Although only very low sperm numbers are required for ICSI (Intracytoplasmic sperm injection)[1]., a testicular biopsy may be required and is now offered in many fertility centres.

Referrals for sperm banking should be made to the relevant centre (Barts/UCLH), with screening results attached.

Virally positive patients can have sperm cryopreserved at Barts or Chelsea and Westminster.

Although sperm banking may be funded by the NHS, funding for the use of stored samples in fertility treatment is subject to the same eligibility criteria as all couples seeking fertility treatment (outlined below).

Female Patients

Young women desiring future fertility should be counselled on available fertility preserving options before starting anti-cancer treatment. Counselling should be implemented soon after diagnosis to allow prompt referral to fertility specialists[1].

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Oocyte or embryo cryopreservation should be offered as appropriate to women of reproductive age (including adolescent girls) who are preparing for medical treatment for cancer that is likely to make them infertile if:

- they are well enough to undergo ovarian stimulation and egg collection and
- this will not worsen their condition and
- enough time is available before the start of their cancer treatment[2]

Frozen embryo banking is a possibility if there is an available partner. The banking of both embryos or eggs requires ovarian stimulation and will take approximately three weeks (usually between two and five weeks), depending on the stage of the patients' menstrual cycle at the time of referral. This should be considered alongside the urgency of treatment.

At the current time ovarian tissue storage is still a research practice and is not widely available (and may not be funded by NHS).

The use of cryopreserved eggs, embryos or sperm is subject to NHS fertility funding criteria. General exclusion criteria may include pre-existing children, smoking, unhealthy BMI, age >40

Prompt referral to UCLH or Barts, is recommended.

References:

1. NICE. (2013, February). *NICE CG156: Fertility: Assessment and treatment for people with fertility problems.*
2. Peccatori, F. A., Azim Jr., H. A., Orecchia, R., Hoekstra, H. J., Pavlidis, N., Kesic, V., et al. (2013). Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology, 24*(Supplement 6), vi160-vi170.
3. Royal College of Physicians, The Royal College of Radiologists, Royal College of Obstetricians and Gynaecologists. (2007) The effects of cancer treatment on reproductive functions: guidance on management. Report of a Working Party. London: RCP
4. Human Fertilisation and Embryology Authority, Code of Practice, 8th Ed.

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