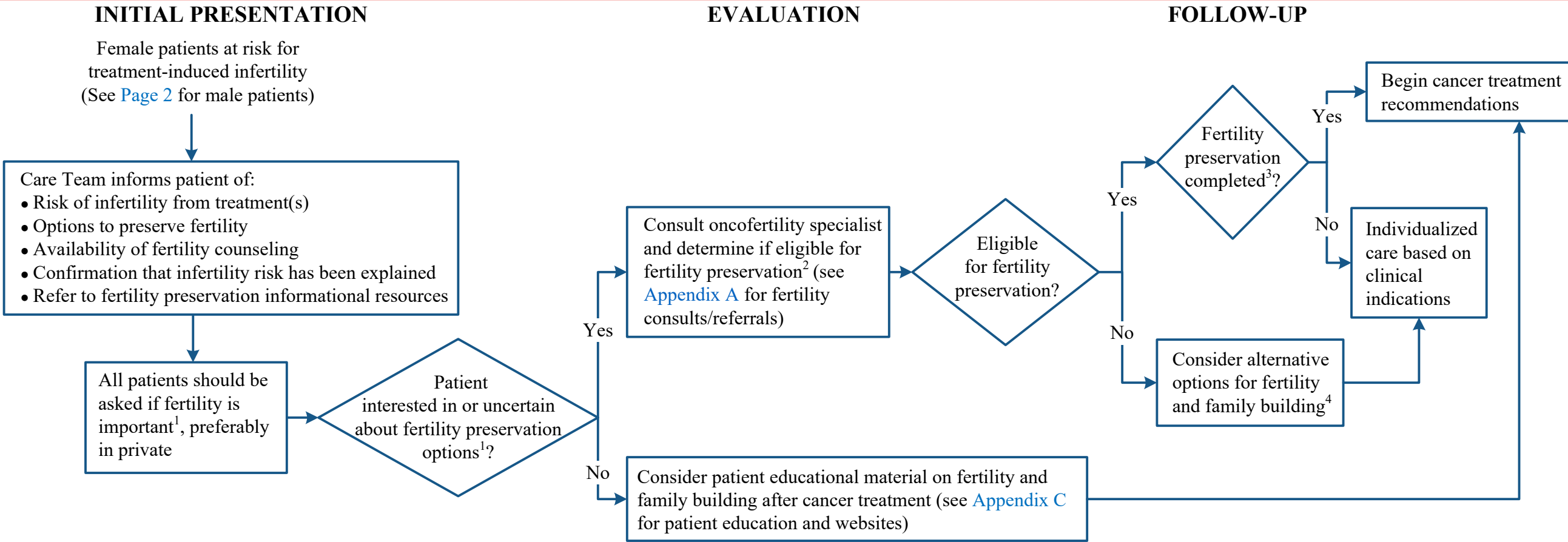


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¹ **Fertility consideration (if clinically appropriate)**

- Fertility decisions should be based on an patient’s goals, values, beliefs, morals, culture, and religious practices
- Assessment and informative discussion of fertility desires should be conducted as part of treatment planning options that may impact fertility options
- Fertility consult criteria:
 - Fertility concerns
 - Fertility risks
- For patients with gynecologic malignancies and pre-malignancies see [Fertility-Sparing Treatment algorithm](#)

² **Assess need for:**

- Referral to psychiatry or reproductive medicine psychologist for decision and emotional support
- Financial counseling regarding fertility preservation by fertility specialist
- For patients ≤ 39 years of age, consider additional referral to the Adolescent and Young Adult program

³ **Fertility preservation options and length of time needed prior to starting cancer treatment that can impact fertility:**

- Cryopreservation of embryos: 2-3 weeks needed
 - Cryopreservation of oocyte: 2-3 weeks needed
 - Cryopreservation of ovarian tissue: variable
- Investigational fertility preservation options**
- Ovarian suppression: up to 10 days needed

⁴ **Other options for fertility and parenthood**

- Donor eggs and embryos
- Adoption
- Gestational surrogacy
- Spontaneous conception
- Assisted reproduction

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INITIAL PRESENTATION

Male patients at risk for treatment-induced infertility
(See [Page 1](#) for female patients)

Care Team informs patient of:

- Risk of infertility from treatment(s)
- Options to preserve fertility
- Availability of fertility counseling
- Confirmation that infertility risk has been explained
- Refer to fertility preservation informational resources
- Facilitate referral for fertility counseling (if interested)
- Facilitate referral to ethics if needed

All patients should be asked if fertility is important¹, preferably in private

Patient interested in or uncertain about fertility preservation options¹?

EVALUATION

Patient ≤ 39 years of age?

Yes

Consider referral to AYA Program (see [Appendix A](#) for fertility consults/referrals and [Appendix B](#) for sperm banking)

No

Consult oncofertility specialist and determine if eligible for fertility preservation² (see [Appendix A](#) for fertility consults/referrals and [Appendix B](#) for sperm banking)

Eligible for fertility preservation?

Yes

Fertility preservation completed³?

Yes

Begin cancer treatment recommendations

No

Individualized care based on clinical indications

No

Consider alternative options for fertility and family building⁴

Consider patient educational material on fertility and family building after cancer treatment (see [Appendix C](#) for patient education and websites)

¹ Fertility consideration (if clinically appropriate)

- Fertility decisions should be based on an patient's goals, values, beliefs, morals, culture, and religious practices
- Assessment and informative discussion of fertility desires should be conducted as part of treatment planning options that may impact fertility options
- Fertility consult criteria:
 - Fertility concerns
 - Fertility risks

² Assess need for:

- Referral to psychiatry or reproductive medicine psychologist for decision and emotional support
- Financial counseling regarding fertility preservation by fertility specialist

³ Fertility preservation options and length of time needed prior to starting cancer treatment that can impact fertility:

- Cryopreservation of sperm: 1-3 days needed
- Investigational fertility preservation options
- Cryopreservation of testicular tissue: variable

⁴ Other options for fertility and parenthood

- Donor sperm and embryos
- Adoption
- Spontaneous conception
- Assisted reproduction

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APPENDIX A: Fertility Consults & Referrals

Oncofertility Program at MD Anderson

Established in 2012, the MD Anderson Oncofertility Service offers comprehensive fertility counseling and services to MD Anderson patients before and after treatment. Housed in the Department of Gynecologic Oncology and Reproductive Medicine, it is staffed by two board-certified Reproductive Endocrinology and Infertility specialists and an Advanced Practice Provider with expertise in oncofertility. The service offers:

- Comprehensive, patient-centered fertility counseling before and after cancer treatment
- Assessment of fertility status
- Discussion of options for parenthood after cancer
- Streamlined access to fertility preservation methods including ovarian and testicular tissue freezing, egg freezing, sperm banking, and embryo freezing through our partnership with Baylor College of Medicine
- Streamlined access to post-treatment fertility options including ovulation induction, intrauterine insemination, in vitro fertilization (IVF) and third-party reproduction (donor eggs, donor sperm, donor embryos, and gestational carriers)
- Discussion of preimplantation genetic testing, including PGT-A and PGT-M for patients who carry inherited mutations that can cause cancer
- Ovarian suppression with medicines such as GnRH analogs
- Collaborative care with the oncologist

To order consult or referral

- **Ambulatory referral:** Place order for Ambulatory Referral to Gynecologic Oncology and choose Oncofertility button. For other gynecological concerns, consider referral to “General Gynecology”
- **Inpatient consult:** Place order for Consult to Fertility Specialist and e-mail: fertility@mdanderson.org
- **For any urgent consults and referrals:** e-mail: fertility@mdanderson.org

Adolescent and Young Adults (AYA) at MD Anderson

The MD Anderson AYA program serves patients whether in active treatment or post-therapy survivorship. The AYA team includes both pediatric and adult oncologists, two Advanced Practice Providers with expertise in survivorship and late effects, a psychologist with training in vocational counseling, and a dedicated social work counselor. Through our comprehensive services, the program can help AYAs with coping, relationships, school, career goals, long-term health, quality of life issues, and fertility concerns. In regard to fertility, the service offers:

- AYA patient navigator to assist in coordination of inpatient sperm banking
- Fertility risk counseling
- Education regarding fertility preservation options
- Referral to male and female reproductive specialists including the MD Anderson Oncofertility Service for fertility preservation and family building options
- Assistance identifying financial and support resources

To order consult or referral

- **Ambulatory referral:** place order for Ambulatory referral to AYA and select Fertility counseling as reason for referral
- **Inpatient consult:** Page Janae Harris, BSN, RN, CPHON at 713-606-1423 or e-mail: aya@mdanderson.org
- **For general questions:** Call the Child and Adolescent Center Clinic at 713-792-6610 or e-mail: aya@mdanderson.org

Ethics Consult at MD Anderson

- **Inpatients consult:** place consult request using the Inpatient Consult to Clinical Ethics order
- **Patients in clinic:** request a consult using the Clinical Ethics Request order. If an urgent consultation is needed, page the on-call ethicist at 713-404-2863.

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APPENDIX B: Sperm Banking

Baylor Special Procedures Lab	Fairfax Cryobank
<ul style="list-style-type: none">• Contact information: Scott Department of Urology Baylor College of Medicine, Special Procedures Laboratory Baylor St. Luke’s Medical Center 7200 Cambridge, Suite 10C Houston, TX 77030 Phone: 713-798-4027 Fax: 713-798-6679• Lab hours: Monday through Friday 9 AM to 4 PM• Cost: out-of-pocket \$550. It covers preparation and one year of banking. Additional payment cost if infectious disease testing is not covered by patient’s insurance. Costs are subject to change. For more information about procedures and costs, patient may ask at time of making appointment or schedule a personal consultation with a fertility specialist by calling 713-798-4001.• Special Procedures Lab<ul style="list-style-type: none">◦ Treating team can directly refer to Baylor Special Procedures Lab◦ Patients need to have a cryopreservation referral form completed by their physician. To request a referral, call 713-798-4027.◦ The form should be completed and faxed to Baylor requesting cryopreservation: fax number: 713-798-6679◦ Appointment is required. Call facility and state “urgent” if sperm banking needs to be done on the same day◦ Baylor will draw their own FDA required infectious disease testing at patient appointment and bill the insurance for ID testing.• Sperm banking from inpatient consult<ul style="list-style-type: none">◦ Must notify lab that sample will be arriving shortly. The lab requires special equipment set up for sperm banking.◦ Blood and testing to be drawn by inpatient staff and urine sample provided by patient for transport to lab◦ Baylor lab will coordinate payment with patient over the phone	<ul style="list-style-type: none">• Contact information: 1213 Hermann Dr., Suite 580 Houston, TX 77004 Phone: 713-936-9600, ext 2 or ext 203 Fax: 713-583-8583• Lab hours: Monday through Friday 9 AM to 5 PM. Accept samples until 1 PM.• Cost: out-of-pocket \$350. It covers banking, initial processing of sample and one year of banking. Cost are subject to change, contact lab to confirm. Grants for sperm banking are available for AYA patients.• Special Procedures Lab<ul style="list-style-type: none">◦ Require HIV, Hepatitis B & C.◦ Facility can draw required infectious disease testing or accept outside lab results.

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APPENDIX C: Patient Education and Websites

MDACC Patient Education (available through Patient Education Online)

- Fertility Preservation Options for Men and Women
- Fertility Options for Men Diagnosed with Cancer: Sperm Banking
- Fertility Options for Women Diagnosed with Cancer
- Emotional and Psychological Aspects of Fertility Preservation
- Pregnancy Test
- Fertility and Cancer Recommended Resources (The Learning Center): Provides a list of pamphlets, books and websites that are available to patients

Websites

www.ReproductiveFacts.org: The patient education website of the American Society for Reproductive Medicine. Under the publications tab, it includes printable informational booklets and fact sheets about a variety of issues including “Age and Fertility,” “Assisted Reproductive Technologies,” “Cancer and Fertility Preservation,” “Adoption,” and “Third Party Reproduction.”

www.livestrong.org: The national LIVESTRONG initiative dedicated to providing reproductive information, support and hope to cancer patients and survivors whose medical treatments present the risk of infertility. In addition to providing patient education and support, it also offers financial assistance for fertility and family building services.

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SUGGESTED READINGS

- Aleem, I. S., Jalal, H., Aleem, I. S., Sheikh, A. A., & Bhandari, M. (2009). Clinical decision analysis: Incorporating the evidence with patient preferences. *Patient Preference and Adherence*, 3(21). doi:10.2147/ppa.s4549
- American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology. (2013). Mature oocyte cryopreservation: A guideline. *Fertility and Sterility*, 99(1), 37-43. doi:10.1016/j.fertnstert.2012.09.028.
- Anderson, R. A., & Wallace, W. H. B. (2013). Antimüllerian hormone, the assessment of the ovarian reserve, and the reproductive outcome of the young patient with cancer. *Fertility and Sterility*, 99(6), 1469-1475. doi:10.1016/j.fertnstert.2013.03.014
- Bedoschi, G., & Oktay, K. (2013). Current approach to fertility preservation by embryo cryopreservation. *Fertility and Sterility*, 99(6), 1496-1502. doi:10.1016/j.fertnstert.2013.03.020
- Cakmak, H., & Rosen, M. P. (2013). Ovarian stimulation in cancer patients. *Fertility and Sterility*, 99(6), 1476-1484. doi:10.1016/j.fertnstert.2013.07.1992
- Campo-Engelstein, L. (2010). Consistency in insurance coverage for iatrogenic conditions resulting from cancer treatment including fertility preservation. *Journal of Clinical Oncology*, 28(8), 1284-1286. doi:10.1200/JCO.2009.25.6883
- Chung, K., Donnez, J., Ginsburg, E., & Meirow, D. (2013). Emergency IVF versus ovarian tissue cryopreservation: Decision making in fertility preservation for female cancer patients. *Fertility and Sterility*, 99(6), 1534-1542. doi:10.1016/j.fertnstert.2012.11.057
- Cobo, A., Garcia-Velasco, J. A., Domingo, J., Remohí, J., & Pellicer, A. (2013). Is vitrification of oocytes useful for fertility preservation for age-related fertility decline and in cancer patients? *Fertility and Sterility*, 99(6), 1485-1495. doi:10.1016/j.fertnstert.2013.02.050
- Dolmans, M. M., von Wolff, M., Poirot, C., Diaz-Garcia, C., Cacciottola, L., Boissel, N., ... Andersen, C. Y. (2021). Transplantation of cryopreserved ovarian tissue in a series of 285 women: A review of five leading European centers. *Fertility and sterility*, 115(5), 1102-1115. doi:10.1016/j.fertnstert.2021.03.008
- Donnez, J. (2013). Introduction: Fertility preservation, from cancer to benign disease to social reasons: The challenge of the present decade. *Fertility and Sterility*, 99(6), 1467-1468. doi:10.1016/j.fertnstert.2013.03.040:iod
- Ethics Committee of the American Society for Reproductive Medicine. (2024). Planned oocyte cryopreservation to preserve future reproductive potential: An ethics committee opinion. *Fertility and Sterility*, 121(4), 604-612. doi:10.1016/j.fertnstert.2023.12.030
- Georgescu, E. S., Goldberg, J. M., du Plessis, S. S., & Agarwal, A. (2008). Present and future fertility preservation strategies for female cancer patients. *Obstetrical & Gynecological Survey*, 63(11), 725-732. doi:10.1097/OGX.0b013e318186aaea
- Holoch, P., & Wald, M. (2011). Current options for preservation of fertility in the male. *Fertility and Sterility*, 96(2), 286-290. doi:10.1016/j.fertnstert.2011.06.028

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SUGGESTED READINGS - continued

- Kidger, J., Murdoch, J., Donovan, J. L., & Blazeby, J. M. (2009). Clinical decision-making in a multidisciplinary gynaecological cancer team: A qualitative study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 116(4), 511-517. doi:10.1111/j.1471-0528.2008.02066.x
- Marhhom, E., & Cohen, I. (2007). Fertility preservation options for women with malignancies. *Obstetrical & Gynecological Survey*, 62(1), 58-72. doi:10.1097/01.ogx.0000251029.93792.5d
- Nahata, L., Halpern, J. A., Bendle, K., Frias, O., Orwig, K., Reinecke, J., ... Levine, J. (2024). The case for pre-treatment sperm banking as standard of care for all post-pubertal males with cancer. *Journal of Adolescent and Young Adult Oncology*. doi:10.1089/jayao.2024.0100
- National Comprehensive Cancer Network. (2024). *Clinical Practice Guidelines for Adolescents and Young Adults (AYA) Oncology* (NCCN Guideline Version 1.2025). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/aya.pdf
- Oktay, K., Harvey, B. E., Partridge, A. H., Quinn, G. P., Reinecke, J., Taylor, H. S., ... Loren, A. W (2018) Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update. *Journal of Clinical Oncology*, 36(19), 1994-2001. doi:10.1200/JCO.2018.78.1914
- Practice Committee of the American Society for Reproductive Medicine. (2019). Fertility preservation in patients undergoing gonadotoxic therapy or gonadectomy: A committee opinion. *Fertility and Sterility*, 112(6), 1022-1033. doi:10.1016/j.fertnstert.2019.09.013
- Reynolds, A. C., & McKenzie, L. J. (2023). Cancer treatment-related ovarian dysfunction in women of childbearing potential: Management and fertility preservation options. *Journal of Clinical Oncology*, 41(12), 2281-2292. doi:10.1200/JCO.22.01885
- Sainio, C., Eriksson, E., & Lauri, S. (2001). Patient participation in decision making about care: The cancer patient's point of view. *Cancer Nursing*, 24(3), 172-179. Retrieved from: https://journals.lww.com/cancernursingonline/fulltext/2001/06000/Patient_Participation_in_Decision_Making_About.00002.aspx
- Sauerbrun-Cutler, M. T., Rollo, A., Gadson, A., & Eaton, J. L. (2024). The status of fertility preservation (FP) insurance mandates and their impact on utilization and access to care. *Journal of Clinical Medicine*, 13(4), 1072. doi:10.3390/jcm13041072
- Smitz, J., Dolmans, M. M., Donnez, J., Fortune, J. E., Hovatta, O., Jewgenow, K., ... Telfer, E. E. (2010). Current achievements and future research directions in ovarian tissue culture, in vitro follicle development and transplantation: Implications for fertility preservation. *Human Reproduction Update*, 16(4), 395-414. doi:10.1093/humupd/dmp056
- Tempest, H. G., Ko, E., Chan, P., Robaire, B., Rademaker, A., & Martin, R. H. (2007). Sperm aneuploidy frequencies analysed before and after chemotherapy in testicular cancer and Hodgkin's lymphoma patients. *Human Reproduction*, 23(2), 251-258. doi:10.1093/humrep/dem389
- West, E. R., Zelinski, M. B., Kondapalli, L. A., Gracia, C., Chang, J., Coutifaris, C., ... Woodruff, T. K. (2009). Preserving female fertility following cancer treatment: Current options and future possibilities. *Pediatric Blood & Cancer*, 53(2), 289-295. doi:10.1002/pbc.21999

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