



NEW GUIDELINES FOR FERTILITY PRESERVATION IN CANCER

EMBARGOED UNTIL 12:01am Monday 31 October 2022

FERTILITY preservation care for people with cancer is “often underimplemented” with barriers needing to be overcome, according to authors from the Clinical Oncology Society of Australia Fertility Preservation Taskforce, writing in the *Medical Journal of Australia*.

“These strategies include oocyte and embryo cryopreservation, ovarian tissue cryopreservation and subsequent autografting for females, and sperm cryopreservation and testicular biopsy for males,” wrote the authors, led by Dr Violet Kieu from the University of Melbourne and the Royal Women’s Hospital.

“Fertility preservation treatment is often urgent to prevent a delay in commencing cancer treatments. Currently, fertility preservation care is often underimplemented.

“The barriers to overcome include limited models of care and uneven access due to cost, low health literacy, and patient education.

“As the use of fertility preservation increases, further reporting on outcomes data is required. In order to improve the quality of care, data collection by national and international registries is vital to identify the short and long-term outcomes of fertility preservation interventions.”

The COSA taskforce has developed the 2022 *Guidelines for fertility preservation for people with cancer* with updates in management including:

- oocyte and embryo cryopreservation;
- ovarian tissue cryopreservation and transplantation;
- testicular sperm extraction; and
- testicular tissue cryopreservation in pre-pubertal boys.

“The guidelines highlight the importance of education for multidisciplinary team members, as well as pathways for referral of oncology patients to fertility specialists to discuss oncofertility options,” wrote Kieu and colleagues.

“Furthermore, improving patient communication on fertility risk and cancer is vital for quality in oncofertility care.

“New Australian resources, such as the online patient education video series *Fertility after Cancer*, have been developed to introduce fertility preservation options to patients and their families in an age-appropriate manner.

“There is scope for further research on referral and utilisation rates of fertility preservation services in Australia, as well as return-to-use of stored cryopreserved material and pregnancy outcome data,” they concluded.



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The Medical Journal of Australia

Media Release

“Current gaps in knowledge include the impact of non-cytotoxic oncological therapies and immunotherapy on fertility and the role of laboratory techniques, such as in vitro oocyte growth and maturation, in oncofertility.”

The 2022 guidelines can be found online at <https://www.cancer.org.au/clinical-guidelines/cancer-fertility-preservation>

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CONTACTS:

Rosannah Girdlestone
COSA Communications Manager
Ph: 0439 428 004
Email: Rosannah.Girdlestone@cancer.org.au