Fertility Preservation Pathway

For those with a high suspicion of cancer, assigned female at birth, aged under 40 years, and being cared for in an adult setting

When there is high suspicion of cancer, the Fertility Preservation Pathway should be immediately initiated. Delaying the pathway until a confirmed cancer diagnosis can result in delaying treatment or minimal time for fertility preservation options to be explored. Initiate the **Pre-treatment Fertility Preservation Checklist**.

Assess fertility risk - All patients who will potentially undergo cancer treatment should have their fertility risk assessed

Therapies that are **HIGH** risk to fertility

- **Radiation**: ovaries; pelvis; cranial (hypothalamus); cranio-spinal irradiation with ovaries in field; total body irradiation (TBI)
- **Chemotherapy**:
  - Alkylating agents (CED, Cumulative Equivalent Dose): >30 years ≥6-8g/m2; 30-40 years ≥5g/m2
  - Heavy metals (Cisplatin): AYA >500mg/m2; Adult >400mg/m2
- **Immunotherapy / targeted therapy** with **HIGH** risk fertility warning
- **Pelvic/gynaecologic surgery**

Therapies that are **NON-HIGH** risk to fertility

- **Chemotherapy:** Agents **NOT** meeting criteria for high risk to fertility
- **Immunotherapy / targeted therapy** with potential fertility risk warning

Ensure a timely discussion with patient and whānau regarding potential treatment options and their impact on fertility

- Identify and include key clinical support people, i.e. AYA Keyworker/Nurse Specialist
- Provide age-appropriate written information on cancer and fertility
- Document all discussions
- Offer/provide access to cultural and psychological counselling throughout the cancer journey

Recommend fertility preservation options where potential treatment is HIGH risk to fertility

- Fertility sparing/conserving surgery or ovarian transposition (publicly funded)
- Embryo or egg cryopreservation (publicly funded for patients without existing biological children who meet the fertility funding eligibility criteria)
- Ovarian tissue cryopreservation (not publicly funded)
- GnRH analogues may be offered where recommended (publicly funded)

Note: The process of ovarian stimulation/egg retrieval requires 10 to 14 days prior to commencement of chemotherapy or pelvic radiation – facilitate process early.

Refer to Fertility Services

All **HIGH** risk patients, including those who are uncertain or have time-pressure, should be referred for a publicly funded fertility consultation to explore options and support decision-making.

- Compete referral form to local fertility preservation provider
- Ensure that the clinic is informed about the urgency of the timing
- Document a summary of the consultation and outcome in patient's clinical record

Long-term follow up

12 months post-treatment, both **HIGH** risk and **NON-HIGH** risk individuals should be offered a fertility assessment. Please refer to the National Fertility Preservation for People with Cancer Guideline for guidance.

Please visit the AYA Cancer Network Aotearoa's fertility resource page on their website for the pre-treatment fertility preservation checklist, latest fertility preservation guidance, patient resources, and local fertility provider contact details, including referral forms.

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