

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 $\geq 6-8\text{g/m}^2$; 30-40 years $\geq 5\text{g/m}^2$
 - Heavy metals (Cisplatin): AYA $>500\text{mg/m}^2$; Adult $>400\text{mg/m}^2$
- **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, e.g. AYA Keyworker/Nurse Specialist
- Provide age-appropriate written information on cancer and fertility (refer to QR code)
- 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-pressures, should be referred for a publicly funded fertility consultation to explore options and support decision-making.

- Complete 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 Fertility Preservation for People with Cancer in Aotearoa 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.

Pre-treatment Fertility Preservation Checklist

Attach Patient Label Here

This pre-treatment checklist can be used for those who have a high suspicion of cancer, assigned female at birth, aged under 40 years, and being cared for in an adult setting. Once completed, it should then be uploaded to form part of the patient's clinical record.

The patient has a high suspicion of cancer. The Fertility Preservation Pathway has been activated (see overleaf or use the QR code below).	☐			
I have assessed the risk that the proposed treatments will have on their fertility.	☐			
I have informed the patient and whānau about the potential fertility risks of the proposed cancer treatment. This includes consideration of fertility risks from possible disease recurrence or treatments which may be considered in the future.	☐			
I have documented the fertility risks discussion in the patient's clinical record.	☐			
The patient has been provided with the orange AYA Cancer Network Aotearoa 'Cancer and Fertility' information booklet.	☐			
The patient has been offered a referral for an appointment with a fertility provider to discuss their fertility preservation options.	☐			
The outcomes of any decisions have been documented in the patient's clinical record.	☐			
Fertility preservation undertaken (circle) <table><tr><td> • Egg freezing • Embryo freezing • Ovarian tissue freezing </td><td> • GnRH analogue • Fertility sparing surgery / Ovarian Transposition </td><td> • Other (specify) _____ • None </td></tr></table>	• Egg freezing • Embryo freezing • Ovarian tissue freezing	• GnRH analogue • Fertility sparing surgery / Ovarian Transposition	• Other (specify) _____ • None	☐
• Egg freezing • Embryo freezing • Ovarian tissue freezing	• GnRH analogue • Fertility sparing surgery / Ovarian Transposition	• Other (specify) _____ • None		
The patient has been informed of the outcome of their fertility preservation and has a copy of both the consent form and the outcome information.	☐			
The patient has received education regarding the need for contraception and any required ovarian suppression drugs during treatment.	☐			
The patient has been offered the opportunity to talk with a counsellor and/or cultural advisor.	☐			

Please scan the QR code which will take you to the AYA Cancer Network Aotearoa's fertility resource page on their website for the latest fertility preservation guidance, patient resources, and local fertility provider contact details, including referral forms.



Clinician _____

Role _____

Signature _____

Date _____