Fertility Preservation Pathway

For those with a high suspicion of cancer, assigned male 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 preservations 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:** testes; pelvis; cranial (hypothalamus); total body irradiation (TBI)
- **Chemotherapy:**
  Alkylating agents: CED:
  AYA ≥4g/m2; Adult ≥7.5g/m2
  Heavy metals (Cisplatin):
  AYA >500mg/m2; Adult >400mg/m2
- **Immunotherapy/targeted therapy** with **HIGH** risk fertility warning

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
- **Pelvic surgery**

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/or psychological counselling throughout their cancer journey

Recommend fertility preservation options for ALL RISK groups

- Sperm cryopreservation should be offered to males before undergoing radiation, chemotherapy, or surgery that poses ANY risk to fertility (publicly funded for patients without existing biological children who meet the fertility funding eligibility criteria, including storage of sperm for up to 10 years)

Consider additional fertility preservation options where treatment is HIGH RISK to fertility

- Fertility conserving surgery should be considered if reproductive organs are at risk
- Epididymal/testicular aspiration or biopsy should be offered to males at high-risk of infertility who are unable to ejaculate

Note: If possible, the patient should start the specimen collection process early and complete multiple specimens over several days to ensure sufficient storage.

Refer for sperm cryopreservation (banking)

- Complete the referral form for sperm banking and send to the laboratory at the fertility preservation provider
- Ensure that the laboratory is informed about the urgency of the timing
- Document a summary of the outcome in patient's clinical record
- If a patient is unable to ejaculate or has low sperm quality or count, they should be referred for a fertility consultation.

Long-term Follow Up

12 months post-treatment, both **HIGH** risk and **NON-HIGH** risk individuals should be offered a sperm analysis. 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 latest pre-treatment fertility preservation checklist, latest fertility preservation guidance, patient resources, and local fertility provider contact details, including referral forms.

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Pre-treatment Fertility Preservation Checklist

Attach Patient Label Here

This pre-treatment checklist should be used for those who have a high suspicion of cancer, assigned male at birth, aged under 40 years of age, 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 Perservation Pathway has been activated (see overleaf or use the QR code below).	☐
I have assessed the risk 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 blue AYA Cancer Network Aotearoa 'Cancer and Fertility' information booklet.	☐
The patient has been offered a referral for sperm banking. • The process of collection has been outlined including options for collecting samples in the hospital, at home (if within an hour of the clinic), or at the fertility provider • The patient has been given the opportunity to provide multiple specimens a few days apart, if able and time allows • If unable to provide a sample and significant risk to fertility, the patient has been offered epididymal / testicular aspiration or testicular biopsy	☐
The outcome of any discussions have been documented in the patient's clinical record	☐
Fertility preservation undertaken (circle): • Sperm • Testicular aspiration /biopsy • None If none, or the patient has low sperm quality or low sperm count, the patient has been offered an appointment with a fertility provider.	☐
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 during treatment and has been informed of the importance of always considering themselves fertile.	☐
The patient has been given 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.

AYA CANCER NETWORK AOTEAROA
ADVANCING CANCER CARE FOR 15-24 YEAR OLDS

Clinician _____

Role _____

Signature _____

Date _____