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MEDIA RELEASE

NEW SERVICE FOR EQUITY IN PRESERVATION OF FERTILITY FOR YOUNG CANCER PATIENTS

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A RECENTLY developed national transport and cryopreservation service will improve equity of access to fertility care for young cancer patients across Australia, according to the authors of a Perspective published online today by the *Medical Journal of Australia*.

Loss of fertility is a well-recognised complication of cancer treatment and is ranked as one of the top survivorship concerns. Fertility preserving options are now recognised as a mandatory part of cancer management, however, barriers still remain.

Dr Genia Rozen, a gynaecologist and fertility specialist at Royal Women's Hospital and Melbourne IVF, and Associate Professor Kate Stern, Head of Reproductive Services at the Women's, wrote that those barriers include:

- lack of education of health care providers about both the long term fertility consequences of cancer treatment and the clinical value of available options;
- a lack of clarity about whose role it is to educate patients about these options;
- significant logistic, geographic and economic barriers for patients, especially outside the major centres, such that only 4–50% of young people take up fertility preservation in a timely fashion.

Cryopreservation of eggs, sperm, and embryos is a routine part of assisted fertility preservation, however "very few centres nationally and internationally have established tissue cryopreservation laboratories with validated, published protocols and clinical success after thawing", Stern and Rozen wrote.

"Due to distance challenges within Australia and lack of resources to meet the needs of these patients, particularly those who reside in rural and remote areas, ovarian and testicular tissue cryopreservation is not accessible to over 70% of people who would benefit from this opportunity."

The Fertility Preservation Service at the Women's in Melbourne has developed the National Ovarian and Testicular Transport and Cryopreservation Service, allowing collaboration between local units and specialised centres, with professional and patient education as part of the program.

"The establishment of a centralised national tissue retrieval and transport program allows gonadal tissue harvesting to take place in a local centre with subsequent transportation to the central laboratory for processing, cryopreservation and storage," Stern and Rozen wrote.

"Communication with the National Ovarian and Testicular Transport and Cryopreservation Service team occurs via a paging service which is checked daily by a dedicated nurse, with treating clinician and, when appropriate, patient follow-up by teleconference.

"Subsequently, ovarian tissue grafting may be performed at the Royal Women's Hospital or the tissue can be transported back to the local centres.

"The service also provides follow-up and psychological support for patients, and educational resources to assist with all aspects of fertility preservation, both for patients and health practitioners."

Stern and Rozen concluded that:

“Fertility preservation is a mandatory part of cancer care; the National Ovarian and Testicular Transport and Cryopreservation Service program will improve equity of access to fertility preservation for young women and men around Australia.”

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