

Template Policy

Template Policy:	2013-05: Assisted reproductive technologies (ART) for fertility preservation for patients receiving gonadotoxic treatments
Issue Date:	October 2015 – amended and agreed at CSG following Kent ruling
Review Date:	October 2017

Recommendation:

The Brighton & Hove Health Policy Committee (HPC) has considered up to date information on current guidance and legislation, a review of the literature, an assessment of the baseline position, views and opinions of stakeholders, equality assessment, and the impact of policy changes on patients and the wider population. Taking these into account, the Group recommends that:

- Cryopreservation of sperm, oocytes or embryos will be available for fertility preservation for eligible patients due to receive gonadotoxic treatments
- In order to access cryopreservation of sperm for fertility preservation, men will be required to fulfill relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (BHCCG, 2015)
- In order to access cryopreservation of embryos for fertility preservation, couples will be required to fulfill relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (BHCCG, 2015)
- In order to access cryopreservation of oocytes for fertility preservation, women will be required to fulfill relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (BHCCG, 2015)
- Women undergoing gonadotoxic treatment should have access to a consultation with an NHS fertility specialist before and after undergoing gonadotoxic treatment
- Storage of embryos, oocytes and sperm should be funded for up to ten years after cryopreservation
- NHS funding of cryopreservation of materials will cease where:
 - Fertility is established through tests or conception
 - A live birth has occurred
 - The patient dies and no written consent has been left permitting posthumous use
- In order to access assisted conception treatments using cryopreserved materials, couples will be required to fulfill all eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (BHCCG, 2015)

See overleaf for details of supporting evidence and rationale.

Supporting documents

KMCS Health Policy Support Unit (2013) *Assisted reproductive technologies – Final report*

KMCS Health Policy Support Unit (2013) *Template Criteria for NHS Funded Assisted Reproductive Technologies – Amended by BHCCG 2015*

NICE (2013) *Clinical guideline 156 – Fertility: Assessment and treatment for people with fertility problems*, Online: <http://www.nice.org.uk/cg156>

Key findings and rationale

What treatments can affect fertility?

The treatment of cancer frequently involves the use of radiotherapy and/or chemotherapy. These treatments can impact on fertility, either by direct injury to the ovaries or testes from radiotherapy or via systemically administered chemotherapeutic agents. Some treatments for autoimmune disorders such as systemic lupus erythematosus, multiple sclerosis and Crohn's disease can also have gonadotoxic effects. In some cases the individual's fertility will return after their treatment is completed but in other cases fertility never returns, or is severely impaired.

What does fertility preservation involve?

Assisted reproductive technologies (ART) can offer an opportunity to affected patients to preserve their fertility prior to the start of potentially gonadotoxic treatment. Preservation of fertility normally involves cryopreservation of semen, oocytes or embryos. Following completion of the potentially gonadotoxic treatment, patients can undergo assisted conception treatments such as intrauterine insemination (IUI), in vitro fertilisation (IVF), with or without intracytoplasmic sperm injection (ICSI), or frozen embryo transfer (FET) using their cryopreserved materials.

What national guidance exists on fertility?

In February 2013 NICE issued Clinical Guideline 156 (CG156), *Fertility: assessment and treatment for people with fertility problems*. This replaces Clinical Guideline 11 (CG11), which was issued in February 2004. The aim of updating NICE guidelines was to revise recommendations on selected topics in the light of new evidence and, where appropriate, make new recommendations. In addition, the scope of CG156 was wider in terms of the patient groups considered.

What does NICE currently recommend with regard to NHS provision of ART for fertility preservation?

NICE CG156 recommends offering sperm cryopreservation to men and adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile. For women of reproductive age who are preparing for medical treatment for cancer that is likely to make them infertile, CG156 recommends offering oocyte or embryo cryopreservation as appropriate if:

- they are well enough to undergo ovarian stimulation and egg collection, and
- this will not worsen their condition, and
- enough time is available before the start of their cancer treatment.

Storage of cryopreserved material is recommended for an initial period of 10 years.

What are the eligibility criteria for access to ART for fertility preservation?

In order to access NHS funded treatment patients will be required to fulfill relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (KMCS HPSU, 2013) prior to accessing cryopreservation of genetic materials **and** prior to ACT using cryopreserved materials.

Why are eligibility criteria in place for access to assisted reproductive technologies?

Clinical Commissioning Groups (CCGs) have put in place eligibility criteria for access to assisted reproductive technologies in order to focus resources on groups of patients most likely to have successful outcomes, and prioritise groups of patients who are most likely to have the greatest need.