Fertility Sparing Treatment
(for Gynecologic Malignancies and Pre-malignancies)

**INITIAL PRESENTATION**

Potential candidate expresses interest in fertility sparing therapy
- Reproductive age (postmenarchal to 45 years)
- Gynecologic malignancy or pre-malignancy
- Considered for fertility reasons

Potential candidate

Gynecologic oncology provider to order:
- Ovarian reserve testing
  - Ultrasound Anti-Mullerian hormone (AMH)
  - Transvaginal ultrasound with antral follicle count (AFC)
- Referral to oncofertility specialist for consultation

**EVALUATION**

Oncofertility specialist should consider the following when interpreting tests:
- Medical and fertility history
- Age
- Suppression medications
- Pertinent genetic history/testing

Collaboration between gynecologic oncologist and oncofertility specialist for treatment planning/disposition

Results discussed with patient for treatment planning decisions based on the following probabilities:
- **High Pregnancy Probability**
  - Ultrasound shows at least 10 follicles between both ovaries
  - AMH greater than or equal to 2 ng/mL
  - Age under 35 years
- **Lower Pregnancy Probability**
  - Prior history of infertility
  - Previously failed fertility treatment
  - Age over 42 years
  - Abnormal ovarian reserve testing

Patient to decide preferred treatment plan option:
- Conservative treatment
- Traditional/definitive care

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1 Endometrial hyperplasia, early endometrial cancer, early cervical cancer, early ovarian cancer, borderline tumors, etc.
2 Hormonal contraception, chronic corticosteroid use
### APPENDIX A: Patient Education and Websites

<table>
<thead>
<tr>
<th>MDACC Patient Education (available through Patient Education Online)</th>
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<tbody>
<tr>
<td>• Fertility Preservation Options for Men and Women</td>
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<tr>
<td>• Fertility Options for Women Diagnosed with Cancer</td>
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<tr>
<td>• Emotional and Psychological Aspects of Fertility Preservation</td>
</tr>
<tr>
<td>• Oocyte Cryopreservation</td>
</tr>
<tr>
<td>• Ovarian Reserve Testing</td>
</tr>
<tr>
<td>• Fertility and Cancer Recommended Resources (The Learning Center): Provides a list of pamphlets, books and websites that are available to patients</td>
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</tbody>
</table>
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Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care.

SUGGESTED READINGS


Continued on next page
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SUGGESTED READINGS-continued


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DEVELOPMENT CREDITS

This practice consensus statement is based on majority expert opinion of the Fertility Sparing Treatment for Gynecologic Malignancies and Pre-malignancies Workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Olga N. Fleckenstein*
Deborah A. Holman, RN, MSN, WHNP-BC (Gynecologic Oncology & Reproductive Medicine)
Laurie McKenzie, MD (Gynecologic Oncology & Reproductive Medicine)
Alejandro Rauh-Hain, MD (Gynecologic Oncology & Reproductive Medicine)
Pamela Soliman, MD (Gynecologic Oncology & Reproductive Medicine)
Terri Lynn Woodard, MD (Gynecologic Oncology & Reproductive Medicine)†
Milena Zhang, PharmD*

† Core Development Team
* Clinical Effectiveness Development Team