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

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

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

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

- **Low Pregnancy Probability**
  - Prior history of infertility
  - Previously failed fertility treatment
  - Age over 42 years
  - Abnormal testing

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

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

MDACC Patient Education (available through Patient Education Online)

- Fertility Preservation Options for Men and Women
- Fertility Options for Women During Cancer Treatment
- Pathfinder-Fertility and Cancer: Provides a list of pamphlets, books and websites that are available to patients.
Fertility Sparing Treatment (for Gynecologic Malignancies and Pre-malignancies)

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

Fertility and Sterility, 99(1):0015-0282.
Fertility and Sterility, 99(6), 1469-1475.
PMID: 23635347
American Journal of Obstetrics and Gynecology, 205(2), 103-110.
Obstetrical & Gynecological Survey, 63(11), 725-732.
Fertility Sparing Treatment
(for Gynecologic Malignancies and Pre-malignancies)

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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 Fleckenstein*
Deborah A Holman, RN, MSN, WHNP-BC (Gynecologic Oncology & Reproductive Medicine)
Jeffrey A. Lockett, BSN, RN*
Pamela Soliman, MD (Gynecologic Oncology & Reproductive Medicine)
Terri Lynn Woodard, MD (Gynecologic Oncology & Reproductive Medicine)*

*Core Development Team
*Clinical Effectiveness Development Team