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

INITIAL EVALUATION

Gynecologic Oncology Provider to order:
- Anti-Mullerian Hormone (AMH)
- Transvaginal ultrasound with Antral Follicle Count (AFC), and
- Refer 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
- Age under 35

Low Pregnancy Probability
- Prior history of infertility
- Previously failed fertility treatment
- Age over 42
- 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.
Fertility Sparing Treatment
(for Gynecologic Malignancies and Pre-malignancies)

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

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>
</tr>
<tr>
<td>Fertility Options for Women During Cancer Treatment</td>
</tr>
<tr>
<td>Pathfinder--Fertility and Cancer: Provides a list of pamphlets, books and websites that are available to patients.</td>
</tr>
</tbody>
</table>
**SUGGESTED READINGS**


National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines for Adolescent and Young Adult (AYA) Oncology. [http://www.nccn.org/patients/guidelines/aya/index.html](http://www.nccn.org/patients/guidelines/aya/index.html)


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

This practice consensus algorithm 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. It was developed using a multidisciplinary approach that included input from the following medical, radiation and surgical oncologists.

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DEVELOPMENT CREDITS

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

Approved by the Executive Committee of the Medical Staff on 10/25/2016