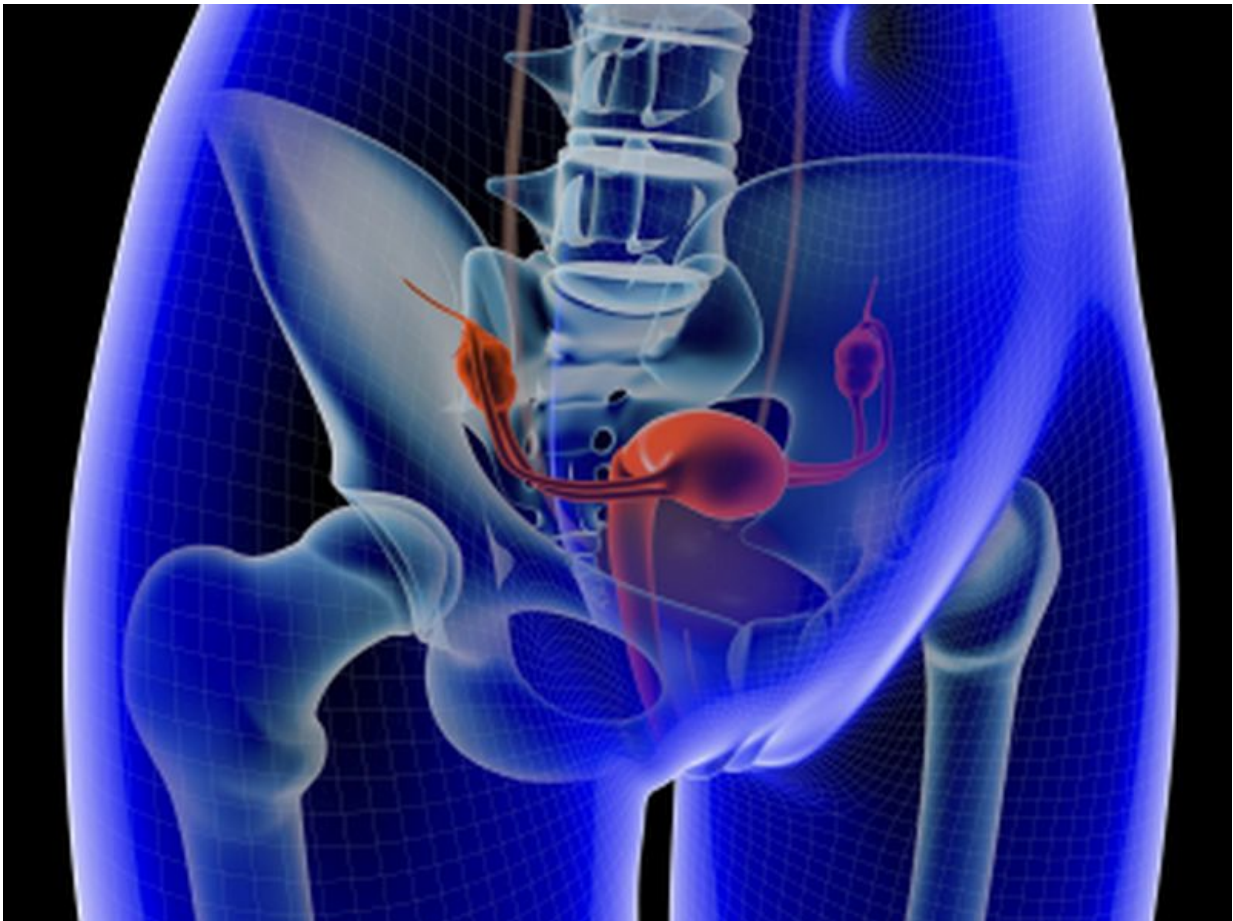


Triptorelin doesn't prevent chemo-induced ovarian failure

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(HealthDay)—Triptorelin plus norethisterone (GnRHa) does not prevent

chemotherapy-induced premature ovarian failure (POF) in young patients with lymphoma, according to a study published online May 23 in the *Journal of Clinical Oncology*.

Isabelle Demeestere, M.D., Ph.D., from the Université Libre de Bruxelles in Belgium, and colleagues reported the final analysis of a cohort of 129 patients with lymphoma who were randomized to receive GnRHa or norethisterone alone (control) during chemotherapy. After two, three, four, and five to seven years of follow-up, ovarian function and fertility were reported. Overall, 67 patients (26.21 ± 0.64 years of age) had available data after a median follow-up of 5.33 and 5.58 years in the GnRHa and control groups, respectively.

The researchers found that the risk of POF was significantly increased according to age ($P = 0.047$), the conditioning regimen for [hematopoietic stem cell](#) transplant ($P = 0.002$), and the cumulative dose of cyclophosphamide $>5 \text{ g/m}^2$ ($P = 0.019$); the risk was not increased with co-administration of GnRHa during chemotherapy (odds ratio, 0.702; $P = 0.651$). Both groups had similar ovarian reserve, evaluated using anti-Müllerian hormone and follicle-stimulating hormone levels. In the GnRHa and control groups, 53 and 43 percent, respectively, achieved pregnancy ($P = 0.467$).

"These results reopen the debate about the drug's benefit in that it should not be recommended as standard for fertility preservation in patients with [lymphoma](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry; triptorelin was provided by the Ipsen Pharmaceutical Group.

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