

Preserving fertility in girls and young women with cancer 'haphazard', say experts

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Preserving fertility in girls and young women with cancer is "haphazard" across the UK, argue experts in an editorial published by *The BMJ* today.

Professor Richard Anderson and consultant gynaecologist Melanie Davies explain that advances in the <u>treatment</u> of cancer in children and <u>young adults</u> have meant that more survivors are living with the long term consequences of treatment, and loss of fertility is a big concern.

Although <u>fertility preservation</u> has been available to men for many years, women require more complex and invasive procedures, such as freezing of oocytes (eggs), embryos, or, more experimentally, ovarian tissue, they add.

But despite guidelines from the National Institute for Health and Care Excellence (NICE), "there are substantial obstacles in terms of access and funding," they say.

For example, patients may not know that fertility preservation is possible because awareness among oncologists is variable and referral pathways are often lacking.

In some areas, NHS funding is taken from infertility services, while in others funding is requested from commissioners on a case-by-case basis, they add.

Patients' eligibility for fertility preservation may also be subject to



access criteria for <u>infertility treatment</u>, they write. For example, exclusion of women who already have children, have a high body mass index, or who smoke.

"Fertility preservation is an emerging medical specialty that straddles oncology and infertility care but requires specialist services in its own right," they explain. "Better routine data collection is essential, along with good trials, to determine the efficacy of treatment and give girls and women a fully informed choice."

They argue that there is "an urgent need to improve information for patients, education for oncologists, and equity of funding, to overcome the barriers to more widespread use of fertility preservation in the UK."

More information: The BMJ,

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