

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC17 **Policy for the preservation of fertility**

**Recommendation made
by the Priorities Committee: January 2015**

Date of issue: November 2015 / Updated October 2018
This policy will be reviewed in two years of issue.

Adverse effects associated with a number of medical treatments can impact on fertility, either by direct injury or via systemically administered agents. In some cases the individual's fertility will return after the treatment is completed but in other cases fertility never returns, or is severely impaired. Technological advances mean that cryopreservation of semen and oocytes (gametes) and embryos can offer opportunities to preserve fertility before starting treatment.

This policy relates to the preservation of gametes and embryos, in post-pubertal patients, in advance of treatment or intervention that carries a high risk of infertility. This includes patients in advance of treatments for cancer, patients with gender dysphoria diagnosis and patients with genetic conditions affecting fertility.

Requests for preservation of gametes and embryos for reasons other than treatment potentially causing infertility, as detailed above, would be considered a treatment request for social reasons and are not normally funded.

This policy was developed following a review of available national guidance^{1,2,3} and takes account of the Equality Act 2010, including age discrimination legislation. The policy includes criteria which are outside of the recommendations laid out within the associated NICE Clinical Guidelines. CCG Governing Bodies considered these recommendations in the context of their budget allocation for assisted reproduction services and the associated opportunity costs. In line with the recommendation by the NICE Fertility Guideline, access to cryopreservation and storage associated with treatment induced infertility has been considered separately to assisted reproduction services and the general fertility pathway.

Approval of cryopreservation does not guarantee future funding of assisted conception or fertility treatment. Local fertility policies and criteria for eligibility in place in the commissioning area in which the patient is living at the time of application will apply.

- **Surrogacy is not funded by the Clinical Commissioning Groups.**
- **Cryopreservation of ovarian and testicular tissue are considered experimental treatments and are not normally funded by the Clinical Commissioning Groups.**

¹ 1 NICE CG156 (2013) Fertility problems: assessment and treatment (last updated 2017)

² Fertility preservation for medical reasons in girls and women: British fertility society policy and practice guideline (2018)

³ Royal College of Psychiatrists (2013) Good practice guidelines for the assessment and treatment of adults with gender dysphoria

Eligibility Criteria

Patients must satisfy all of the following criteria:

- Patient is due to commence treatment or intervention and the treatment carries a high risk of infertility.
- The impact of the treatment on the patient's fertility has been discussed between the patient and the treating clinician.
- For non-treatment related genetic conditions, when there is multidisciplinary team support for cryopreservation.
- The patient is able to make an informed choice and consent to undertake gamete harvesting and cryopreservation.
- The patient is aware that funding for gamete harvesting and cryopreservation of material does not guarantee future funding of assisted conception or fertility treatment.
- The patient has no living children. This includes a child adopted by the patient. Continued storage will not be funded if the patient subsequently adopts a child or achieves a pregnancy leading to a live birth.
- The patient is a post pubertal, pre-menopausal female under the age of 35 years or a post-pubertal male.
- Patients should be screened for HIV, Hepatitis B & C and any other relevant infectious diseases prior to referral for cryopreservation.

Cryopreservation Services Funded

- Oocyte, embryo and sperm cryopreservation will be funded for eligible patients.
- Embryo storage using donor sperm is not routinely commissioned.
- Cryopreservation of oocytes should be carried out using the vitrification method of freezing.
- Cryopreservation of sperm should be carried out using the freezing in liquid nitrogen vapour technique.
- Male patients must have a sperm test one year after treatment finishes, if sperm analysis is within the normal range continued storage will not be funded.
- Sperm will be stored for an initial period of 5 years, automatic renewal for a further 5 years is authorised providing the patient continues to meet all eligibility criteria.
- Oocytes and embryos will be stored for an initial period of 5 years, automatic renewal for a further 5 years or up until the patients 42nd birthday, whichever is soonest, is authorised for patients who continue to meet all other eligibility criteria.
- Storage of sperm beyond 10 years is not normally funded.
- Patients who have undergone NHS funded cryopreservation but no longer meet eligibility criteria may choose to self-fund continued cryopreservation of stored material.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>