

Cryopreservation of Gametes Prior to Treatment for Malignancy Commissioning Policy

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CRYOPRESERVATION OF GAMETES PRIOR TO CHEMOTHERAPY OR TREATMENT FOR MALIGNANCY COMMISSIONING POLICY

1. Introduction

- 1.1 Patients undergoing treatments such as chemotherapy or radical surgery for treatment of malignancy may be made sterile by such treatments. Where there is a significant likelihood of making a patient permanently infertile as an effect of treatment for malignancy, cryopreservation may be an option. Cryopreservation of gametes allows for the decision to be deferred until the patient is in a position to make a decision concerning their future family planning.
- 1.2 Dudley Clinical Commissioning Group (CCG) will fund cryopreservation of gametes (including sperm, egg, oocytes and embryos) where following a diagnosis of malignancy, the patient will be treated with chemotherapy agents or undergo a surgical procedure which will render the patient infertile. Following the completion of treatment, gametes may be used to assist conception.

2. Eligibility Criteria

Patients must fulfil the following criteria:

1. The patient's age* must **not** preclude use of the stored sperm, oocytes or embryos in line with the Treatment of Infertility Commissioning Policy once the patient has completed treatment (*up to 39 years of age for females and up to 55 years for males).
2. Patients wishing to use stored gametes for NHS funded Infertility Treatment will be subject to current criteria outlined in Dudley CCG Treatment of Infertility Commissioning Policy. Patients meeting the criteria will have one NHS funded attempt for equality purposes. Use of gametes for privately funded Infertility Treatment will not be subject to the policy.
3. Patients (and partners) have no pre-existing biological children in line with the Treatment of Infertility Commissioning Policy.
4. Patients must be registered with a Dudley GP.

3. Funding Period

- 3.1 If the criterion is met, NHS funding will be available for an **initial period of 12 months** storage from the date of completion of treatment.
- 3.2 Applications may be submitted to the CCG to extend funding for a further period of **up to 5 years** providing:-
 1. The patient is within the age range specified in the current Treatment of Infertility Commissioning Policy
 2. The patient still meets the criteria
 3. Patient consent is obtained
- 3.3 At this time a clinical review will be undertaken depending on individual clinical circumstances to identify any clinical reason that the gametes have not been used within

this time frame. There must be confirmed infertility resulting from the treatment where this is possible e.g. analysis of sperm samples.

- 3.4 Prior to the end of any NHS funded storage period, patient consent will be required for continuation of storage.
- 3.5 Further funding would only be considered on a clinically exceptional basis and would be via the Individual Funding Request (IFR) Route
- 3.6 **Under 18s** – Funding for gamete storage will be approved until the patient's **19th birthday** (up to the age of legal adulthood) plus an initial period of **12 months**.
- 3.7 An application may then be made to extend funding for a further period of 5 years. If further funding is required, application would need to be made via the IFR Route.
- 3.8 Patients may choose to self-fund storage once NHS funding ceases within the terms of the Human Fertility and Embryology Act 1990.
 - Funding for storage will cease if the patient reaches the upper age limit (39 years for women and 55 years for men).
 - Funding for storage will cease once the patient has had one NHS funded cycle of infertility treatment (even if the treatment is unsuccessful). Patient will be given the option of continuing funding in line with the fertility provider's policy.
 - Funding for storage will cease following the death of the patient. Family will be given the option of continuing funding in line with the fertility provider's policy.
 - Funding for storage will cease at patient's request.

4. Guidance

Human Embryo and Fertility Act 1990

Cryopreservation of gametes or embryo's must meet the current legislative standards.

The provider of the service must ensure the patient receives appropriate counselling and provides full consent. The patient and their partner must be made aware of the legal position on embryo ownership should one partner remove consent to their on-going storage or use.

Patients must also be aware of legal issues on posthumous use of gametes and embryo's should they wish a partner to be able to use these should their treatment not be successful.

Patients will need to provide annual consent for continued storage. The patient will be responsible for ensuring the storage provider has up to date contact details. Failure to provide on-going consent may result in the destruction of stored materials.

The provider must ensure appropriate consent to storage is in place and that the patient understands the need for on-going consent.