TRIPTORELIN TO PREVENT CHEMOTHERAPY-INDUCED OVARIAN FAILURE IN LYMPHOMA PATIENTS: A PROSPECTIVE RANDOMIZED STUDY

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Background: GnRH agonist administered during chemotherapy is currently proposed as an option to prevent premature ovarian failure, although the efficacy of this treatment is highly debated. We report the results of a multicentric randomized trial assessing the efficiency of GnRH agonist to preserve ovarian function in patients with lymphoma.

Methods: Patients aged 18 to 38 years (median 25.6) with Hodgkin and non-Hodgkin lymphoma exposed to alkylating agents were randomly allocated to receive triptorelin with norethisterone (GnRHa group) or norethisterone alone (control group) concomitantly to chemotherapy. The primary outcome was the premature ovarian failure rate defined by FSH $> 40$ IU/L after chemotherapy.

Results:. We recently published results after 1 year of follow-up of 84 out of 129 randomized patients and report now results after 2 years of follow-up. Mean FSH values were higher in the control than in the GnRHa group during chemotherapy and after 3 months of follow-up ($p=0.03$). This difference was no longer observed after 6 months of follow-up ($p=0.147$). After two years, no significant difference was observed in the rate of premature ovarian failure (14.3 and 21.2\% in GnRHa and control groups, respectively, $p=0.533$). However, the number of patients who totally restored their ovarian function (FSH $\leq 10$ IU/L) was slightly higher in the GnRHa group ($p=0.049$) confirming results of AMH.

Conclusion: We confirm that Triptorelin is not associated with a decreased risk of early premature ovarian failure after chemotherapy in this population but has a positive effect on the ovarian reserve in patients who recovered ovarian function.