

Current status of fertility preservation in clinical setting

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Oncological therapies, both radio and chemotherapy, and specially alkilating agents, are highly gonadotoxic. They will dramatically reduce follicular pool in women and, thus, their fertility potential. Today, there several available alternatives to preserve fertility in those women that requiere it; this will enable in the future achieve a pregnancy in case they are not successful spontaneously. In this presentation we will update the following points:

- Chemotherapy –specially alkilating agents- and radiotherapy affect ovarian reserve, diminishing the chances of spontaneous pregnancy in cancer survivors.
- There is no way to precisely determine which patient will completely recover her gonadal function, who will be severely impaired, and who will lose her ovarian function.
- Spontaneous pregnancy after cancer are considered high risk pregnancies and should be referred to hightly specialized units.
- From all fertility preservation options, egg vitrification offers the most efficient results today; it also minimizes both physical as well as moral compromises by avoiding creating embryos to freeze with her partner or unknown donor, and it offers realistic possibilities to achieve a pregnancy after surviving her disease.
- Up-to-date protocols combining aromatase inhibitors with recFSH and GnRH antagonists yield a reasonable number of oocytes in one cycle with similar serum estradiol levels that those reached in a natural cycle, requiring less than 3 weeks to finalize the egg retrieval, even with random start.
- New perinatal data with newborns will be presented