

West Yorkshire Integrated Care Board (WY ICB)					
Policy	Cryopreservation for both men and women where the usual fertility policy does not apply			ICB Ref	Planned care
First Issue Date	To be confirmed	Current version:	1	Last reviewed:	December 2021
Review date	To be confirmed	Contact	West Yorkshire Health and Care Partnership (WY HCP) wyhcp.plannedcare@nhs.net		
Clinical Reviewer	WY HCP	Approved by	WY ICB		
Policy exclusions					
<ul style="list-style-type: none"> • Testicular tissue freezing is considered experimental and will not be funded. • Ovarian tissue storage is considered experimental and will not be funded. 					
Policy inclusion criteria					
<p>One circumstance which is not covered by the fertility policy is the provision of cryopreservation for an individual who is expected to undergo a medically necessary procedure or intervention which may impact on their future fertility, for example but not limited to, chemotherapy and radiotherapy.</p> <p>Patients requesting cryopreservation must satisfy all of the following criteria:</p> <ul style="list-style-type: none"> • Patient is due to commence chemotherapy, radiotherapy or other medical or surgical treatment which the treating clinician believes is likely to affect their future fertility. • The impact of the treatment on the patient's fertility has been discussed between the patient and the treating clinician as soon as clinically possible, including any impact of the process of gamete harvesting on the patient's health. • The patient is able to make an informed choice to undertake gamete harvesting and cryopreservation of semen, oocytes or embryos for an initial period of 10 years. • The patient is aware that funding for gamete harvesting and cryopreservation of material does not guarantee future funding of assisted conception or fertility treatment. If the patient requests an estimate of the current costs of privately 					

funded fertility treatment then details of how to find a clinic should be given, along with information on the current local commissioning position for NHS fertility treatment, recognising this may be subject to change.

- **In line with the NICE guidelines, the usual local eligibility criteria for fertility treatment will NOT apply at the time of gamete harvesting and cryopreservation.**

Approval of cryopreservation does NOT guarantee future funding of assisted conception or fertility treatment at which time the local eligibility criteria for fertility treatment will apply.

Age

- There are no specific age limits to this policy for males or females. The decision to attempt to preserve fertility is a clinical decision.

Duration of Storage

- People who preserve their fertility should be offered follow up after an appropriate interval following treatment for their medical condition, this would generally be around one year following conclusion of treatment. A discussion with a clinician should take place at this follow up regarding the need to continue storage based on whether their fertility has been affected, or could reasonably be expected to be affected in the future. NHS funded storage should only be continued if fertility has been affected by the medical treatment or if the medical treatment is likely to cause future fertility problems.
- The legal duration of storage is governed by statutory HFEA legislation and regulations; the ICB will routinely fund storage of gametes or embryos for an initial 10 year period. If storage is desired for longer than ten years then an application should be made as an exceptional request to the Individual Funding Request panel, and each case will be considered on its own merit and in line with the HFEA legislation. (Note that statutory storage periods for gametes and embryos permit patients to store for a maximum of 10 years, and regulations for extending storage periods up to a maximum of 55 years).

Cryopreservation in Males

- The ICS will align to clinical evidence and clinical guidance at the time as to the number of semen samples to be collected over the recommended period of time and stored before treatment for cancer. The ICS will commission the number of samples of semen that is considered sufficient to provide future fertility.

Cryopreservation in Females

(Enhancement for people in Bradford District and Craven as current policy in that area is for Males only)

- The ICS will align to clinical evidence and clinical guidance at the time as to the number of recommended cycles of egg retrieval, with or without fertilisation. If insufficient eggs are retrieved following this first cycle of egg retrieval, then one further cycle can be offered.

Summary of evidence / Rationale	
Reference	<ol style="list-style-type: none"> 1. NICE (CG156 Fertility Problems: assessment and management) (2013) https://www.nice.org.uk/guidance/cg156/chapter/Recommendations#people-with-cancer-who-wish-to-preserve-fertility 2. Quality statement 9: Cryopreservation before cancer treatment Fertility problems Quality standards NICE 3. Royal Colleges of Physicians, Radiologists and Obstetricians and Gynaecologists: The Effects of Cancer Treatment on Reproductive Functions (2007) https://www.rcr.ac.uk/sites/default/files/publication/Cancer_fertility_effects_Jan08.pdf 4. HFEA legislation and regulations: https://www.hfea.gov.uk/ 5. The HTA guidelines: https://www.hta.gov.uk/