

Kent and Medway Template Policy

Template Policy:	TP 2014-01: Assisted reproductive technologies (ART) for fertility preservation for patients receiving gonadotoxic treatments
Issue Date:	November 2014
Review Date:	October 2015

This template policy replaces PR 2013-18

Recommendation:

Kent and Medway Clinical Commissioning Groups have considered information on current guidance and legislation, a review of the literature, an assessment of the baseline position, views and opinions of stakeholders, equality assessment, legal advice and the impact of policy changes on patients and the wider population. Taking these into account, it is recommended that:

- Cryopreservation of sperm, embryos or oocytes will be available for fertility preservation for eligible patients due to receive gonadotoxic treatments
- In order to access cryopreservation of sperm for fertility preservation, men will be required to fulfil relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (SE CSU HPSU, 2014).
- In order to access cryopreservation of embryos for fertility preservation, couples will be required to fulfil relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (SE CSU HPSU, 2014).
- In order to access cryopreservation of oocytes for fertility preservation, women will be required to fulfil relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (SE CSU HPSU, 2014).
- Women undergoing gonadotoxic treatment should have access to a consultation with an NHS fertility specialist before and after undergoing gonadotoxic treatment
- Storage of sperm, embryos and oocytes should be funded for up to ten years after cryopreservation
- NHS funding of cryopreservation of materials will cease where:
 - Fertility is established through tests or conception
 - A live birth has occurred
 - The patient dies and no written consent has been left permitting posthumous use
- In order to access assisted conception treatments using cryopreserved materials, couples will be required to fulfil all eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (SE CSU HPSU, 2014)

This policy will be reviewed in light of new evidence or national guidance.

This policy does not set precedent for future funding decisions made by Kent and Medway Clinical Commissioning Groups. Decision-making relating to funding of healthcare interventions is made through locally agreed processes.

Clinical Commissioning Groups in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting documents

KMCS Health Policy Support Unit (2013) *Assisted reproductive technologies – Final report*

NICE (2014) *Quality Standards 73: Fertility Problems*, Online:
<https://www.nice.org.uk/guidance/qs73>

NICE (2013) *Clinical guideline 156 – Fertility: Assessment and treatment for people with fertility problems*, Online: <http://www.nice.org.uk/cg156>

SE CSU Health Policy Support Unit (2014) *Cryopreservation of oocytes for fertility preservation for patients receiving gonadotoxic treatments – A briefing note*

SE CSU Health Policy Support Unit (2014) *Template Criteria for NHS Funded Assisted Reproductive Technologies*

Key findings and rationale

What treatments can affect fertility?

The treatment of cancer frequently involves the use of radiotherapy and/or chemotherapy. These treatments can impact on fertility, either by direct injury to the ovaries or testes from radiotherapy or via systemically administered chemotherapeutic agents. Some treatments for autoimmune disorders such as systemic lupus erythematosus, multiple sclerosis and Crohn's disease can also have gonadotoxic effects. In some cases the individual's fertility will return after their treatment is completed but in other cases fertility never returns, or is severely impaired.

What does fertility preservation involve?

Assisted reproductive technologies (ART) can offer an opportunity to affected patients to preserve their fertility prior to the start of potentially gonadotoxic treatment. Preservation of fertility normally involves cryopreservation of semen, oocytes or embryos. Following completion of the potentially gonadotoxic treatment, patients can undergo assisted conception treatments (ACT) such as intrauterine insemination (IUI), in vitro fertilisation (IVF), with or without intracytoplasmic sperm injection (ICSI), or frozen embryo transfer (FET) using their cryopreserved materials.

What national guidance exists on fertility?

In February 2013 NICE issued Clinical Guideline 156 (CG156), *Fertility: assessment and treatment for people with fertility problems*. This replaces Clinical Guideline 11 (CG11), which was issued in February 2004. The aim of updating NICE guidelines was to revise recommendations on selected topics in the light of new evidence and, where appropriate, make new recommendations. The scope of CG156 was also wider in terms of the patient groups considered. In addition, NICE quality standard 73 (QS73) *Fertility problems*, was published in October 2014. NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.

What does NICE currently recommend with regard to NHS provision of ART for fertility preservation?

NICE CG156 recommends offering sperm cryopreservation to men and adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile. For women of reproductive age who are preparing for medical treatment for cancer that is likely to make them infertile, CG156 recommends offering oocyte or embryo cryopreservation as appropriate if:

- they are well enough to undergo ovarian stimulation and egg collection, and
- this will not worsen their condition, and
- enough time is available before the start of their cancer treatment.

Storage of cryopreserved material is recommended for an initial period of 10 years. The above are 'strong' recommendations. This means that NICE are confident that, for the vast majority of patients, these interventions will do more good than harm, and be cost effective. While no separate recommendations are made for other populations of people receiving gonadotoxic treatments, the NICE Guideline Development Group (GDG) felt that the recommendations made in the guideline should be extrapolated to other groups within the population who may be at risk of losing their fertility due to treatment. NICE QS 73 includes the following quality statement: *People preparing to have treatment for cancer that is likely to result in fertility problems are offered cryopreservation.*

What are the eligibility criteria for access to ART for fertility preservation?

In order to access NHS funded treatment, patients will be required to fulfil relevant eligibility criteria set out in *Template Criteria for NHS Funded Assisted Reproductive Technologies* (SE CSU HPSU, 2014) prior to accessing cryopreservation of genetic materials **and** prior to ACT using their cryopreserved materials.

Why are eligibility criteria in place for access to assisted reproductive technologies?

Clinical Commissioning Groups (CCGs) have put in place eligibility criteria for access to assisted reproductive technologies in order to focus resources on groups of patients most likely to have successful outcomes, and prioritise groups of patients who are most likely to have the greatest need.