GUIDELINES FOR REFERRAL TO RFC FOR FERTILITY PRESERVATION:
For patients undergoing medical or surgical treatment that is likely to result in impairment of fertility

AVAILABLE OPTIONS = SPERM, EGG or EMBRYO FREEZING

See referral pathway and contact details on RFC Website **www.rfc.hscni.net**
and on Belfast trust intranet

RECOMMENDATIONS FOR REFERRAL

MALES	FEMALES
Refer BEFORE commencing chemo/radiotherapy *Refer* Boys who have entered puberty who are sufficiently mature to produce a semen sample by masturbation *Refer* Men <55 years who wish to preserve their fertility The boy/man must be physically well enough to attend RFC and to produce a semen sample by masturbation If the boy/man can't travel to the RFC to produce a sample, it may be possible to make alternative arrangements if discussed with RFC laboratory or medical staff. All boys/men attending for sperm storage must have been tested and **screened negative** for Hepatitis B surface antigen (HbsAg), Hepatitis B core antigen antibody (anti HBc), Hepatitis C & HIV **before acceptance of referral ***	**EMBRYO FREEZING** **Women <40years** in a stable relationship can potentially undergo embryo freezing. **EGG FREEZING** Girls who have entered puberty and developed secondary sexual characteristics may be suitable for egg harvesting even if they haven't started menstruating. **Single women < 36 years** may benefit from egg freezing assuming they have normal ovarian reserve. **Single women >36 <40 years** can be assessed on an individual basis for egg freezing but suitability will depend on their ovarian reserve and appropriate counselling. **Egg freezing is not likely to be of benefit to women >40years.** Women should be referred for egg/embryo freezing **before chemotherapy** although egg/embryo freezing may be successful in young women who have previously had 'low risk' chemo but subsequently require high dose chemo for relapse. The patient must be medically stable and well enough to undergo transvaginal egg collection (risks of bleeding, infection, ovarian hyperstimulation). There must be time to defer cancer treatment for the 2-3 weeks required for ovarian stimulation and egg collection. There should be a good prognosis for long term survival Viral Screening ***(as for males) should be carried out before referral

Women in their mid to late 30s should consider if/when they are likely to use stored eggs/embryos particularly if they have an ER positive breast cancer requiring tamoxifen therapy for 10years.

Although fertility preservation is NHS funded, the standard eligibility criteria will be applied for future use of eggs/sperm/ embryos in assisted conception.

References:

Fertility Preservation for medical reasons in girls and women: British Fertility Society Policy and Practice Guideline. E Yasmin et al Human Fertility 2018 *Published on line 3rd January 2018*

London Cancer Alliance. Guidance and Recommendations for Referral to Fertility Services. September 2014.

NICE 2013 Fertility Assessment and Treatment for People with Fertility Problems.