

The slide features a dark grey background with a light blue vertical bar on the left containing the 'REGION H' logo. At the top right is the Rigshospitalet Fertility Clinic logo. In the center, the title 'Storing ovarian tissue for non-malignant conditions' is displayed in large white font. Below it, the author's name 'Kirsten Tryde Macklon, M.D., Ph.D.' is shown in smaller white font. The bottom right corner contains the number '1'.

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**Storing ovarian tissue for
non-malignant conditions**

Kirsten Tryde Macklon, M.D., Ph.D.

Titel/beskrivelse (Sidehoved/fod)

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The slide has a similar layout to the first one, with the 'REGION H' logo on the left and the Rigshospitalet Fertility Clinic logo at the top right. The title 'Disclosure' is centered in large black font. Below it, a bullet point lists 'Advisory Board for TEVA'. The bottom right corner contains the number '2'.

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Disclosure

- Advisory Board for TEVA

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Non-malignant reasons for fertility preservation

- Conditions disposing to POI
- Diseases requiring treatment with chemotherapy or ovarian surgery
- Social freezing

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Conditions disposing to POI

- Genetic
 - Fragile-X, BPES, Turner
- Metabolic
 - Galactosemia
- Autoimmune
 - Autoimmune polyglandular syndrome or autoimmune polyendocrine syndrome

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Diseases requiring treatment with chemotherapy

- Hematological
 - Thalassemia, aplastic anemia and other anemias, MDS,
- Renal
 - Nephrotic syndrome and others
- Autoimmune
 - Lupus
- Neurological
 - Multiple Sclerosis

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How big is the need?



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Chronic diseases and ovarian function post-chemotherapy

- Harward LE, *Lupus*, 2012:
 - 43 women < 35 years with SLE, vasculitis, scleroderma
 - Conclusion: *more women with prior CYC had a higher frequency of amenorrhea, nulliparity and infertility*
- Rüth EM, *J Pediatr*, 2005:
 - 42 patients with SSNS since childhood
 - Conclusion: *patients with ≥ 2 courses of CYC had a significantly higher risk of not having children*

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Permanent amenorrhea in 39 patients treated with i.v. cyclophosphamide for lupus nephritis depending on age and intensity

Age	All, N (%)	7 doses, N (%)	15 doses, N (%)
< 25	2/16 (12)	0/4 (0)	2/12 (17)
26-30	4/15 (27)	1/8 (12)	3/7 (43)
> 31	5/8 (62)	1/4 (25)	4/4 (100)
All ages	11/39 (28)	2/16 (12)	9/23 (39)

50% > 32 years developed amenorrhea at doses of 8g/m²
 90% > 32 years developed amenorrhea at doses of 12g/m²

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Mersereau og Dooley, 2010

Fertility after bone marrow transplantation

- European multicentre study
- 138 girls; 206 boys
- Median age 13 years [4-28]
- Median follow-up time 6 years [3-12]
- Loss of gonadal function ♀: 89%; ♂: 69%
- Risk factors: treated \geq 13 yo (OR 4,7; 95% CI 1,5-14,9) and treated with Busulfan (OR 47,4; 95% CI 5,4-418,1)

Borgmann-Staudt, 2012, *Bone Marrow Transplantation*



JCEM, 2011

Premature Ovarian Failure in Patients with Autoimmune Addison's Disease: Clinical, Genetic, and Immunological Evaluation

G. Reato, L. Morlin, S. Chen, J. Furmaniak, B. Rees Smith, S. Masiero, M. P. Albergoni, S. Cervato, R. Zanchetta, and C. Betterle

Endocrine Unit (G.R., L.M., S.M., S.C., R.Z., C.B.), Department of Medical and Surgical Sciences, University of Padova, I-35128 Padova, Italy; FRS Laboratories RSR Ltd. (S.Ch., J.F., B.R.S.), Cardiff CF14 8DU, United Kingdom; and Blood Transfusion Service (M.P.A.), Azienda Ospedaliera-Universitaria di Padova, 35122 Padova, Italy

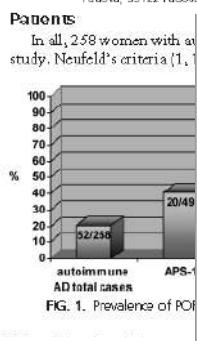


TABLE 1. Mean age at onset of AD and POF in the different patient groups

	Patients with AD and POF	
	Mean age of onset of AD (yr)	Mean age of onset of POF (yr)
Total cases of AD and POF (n = 52)	26.7 (range 3-62)	28.5 (range 16-40)
APS-1 and POF (n = 20)	17 (range 3-39)	24.1 (range 14-39)
APS-2 and POF (n = 26)	35.5 (range 17-62)	32.3 (range 18-40)
APS-4 and POF (n = 6)	23.2 (range 10-42)	25.8 (range 17-37)

25/12/2017

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ORIGINAL ARTICLE
Endocrine Care

Fertility Preservation in Girls with Turner Syndrome: Prognostic Signs of the Presence of Ovarian Follicles

Borgström Birgit, Hreinsson Julius, Rasmussen Carsten, Sheikh Maryam, Fried Gabriel,
Keros Victoria, Fridström Margareta,* Hovatta Olli*

Karolinska Institutet, Departments of Pediatrics (B.B.) and Clinical Science, Intervention, and Technology (E.C., S.M., F.G., K.V., F.M., H.O.), Karolinska University Hospital Huddinge, SE-141 86 Stockholm, Sweden; and Department of Women's and Children's Health (I.H.), Uppsala University Hospital, SE-751 85 Uppsala, Sweden

47/57 girls aged 8-19 years had OTC
15/57 (26%) showed follicles in the ovarian tissue upon histology
Those aged 12-16 years had the highest proportion of follicles in the ovary

The authors concluded: "*Signs of spontaneous puberty, mosaicism, and normal hormone concentrations were positive and statistically significant but not exclusive prognostic factors as regards finding follicles*"



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Do we offer OTC to our patients with non-malignant diseases?



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Yes!

- Demeestere, *Hum Reprod Update*, 2009
 - Autoimmune diseases, haematological disorders
- Dolmans, *JARG*, 2013
 - Benign ovarian cysts, endometriosis, POI, Turner, galactosaemia, SLE, systemic diseases, benign haematology
- Von Wolff, *RBMonline*, 2015
 - Autoimmune diseases, benign ovarian cysts, sclerosis, aplastic anaemia,
- Oktay, *J Ped Adolescent Gynecol*, 2016
 - Turner
- Borgström, *JCEM*, 2009
 - Turner

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Patients with non-malignant diagnoses in our cohort, N= 109

Thalassaemia	7	Galactosaemia	5
Aplastic anaemia	15	Aggressive fibromatosis	2
Other anaemias	11	PNH	6
MDS	13	Dermatomyositis	2
Turner	10	Glomerulonephritis	4
BPES	1	Granulomatosis	4
XY girl	2	Sclerosis	4
POI	6	Scleroderma	3
BRCA-1 pos	2	Minimal change disease	1
Benign ovarian cysts	5	Bechet's disease	1
Endometriosis	1	Osteopetrosis	1
SLE	11	Hemophagocytic lymphohistiocytosis	3
Vasculitis	3	APS	3

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Our results

Human Reproduction, Vol 30, No. 12 pp. 2835–2845, 2015
Advanced Access publication on October 6, 2015 doi:10.1093/humrep/dez230

human reproduction ORIGINAL ARTICLE *Infertility*

Outcomes of transplantations of cryopreserved ovarian tissue to 41 women in Denmark

A.K. Jensen^{1,*}, S.G. Kristensen¹, K.T. Macklon², J.V. Jeppesen¹, J. Fedder³, E. Ernst⁴, and C.Y. Andersen¹

¹ Department of Reproductive Medicine, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark; ² Department of Gynecology and Obstetrics, Division of Reproductive Endocrinology, Weill Medical College of Cornell University, New York, NY, USA; ³ Department of Reproductive Medicine, Odense University Hospital, Odense, Denmark; ⁴ Department of Reproductive Medicine, Aarhus University Hospital, Aarhus, Denmark

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Autotransplantation to 41 women

2840 Jensen et al.

Table I Diagnosis and age of 41 women undergoing transplantation with frozen/thawed ovarian tissue in Denmark.

Diagnosis	No. of women Individual transplantation	Tissue transported once prior to freezing	Age (years) (mean±range)			
			Cryopreservation	1st transplant	2nd transplant	3rd transplant
Breast cancer	12/3	9	33.9 (26.0–38.7)	34.5 (28.7–42.2)	38.0 (36.7–39.4)	
Mb. Hodgkin	5/4	4	29.4 (25.6–34.1)	32.0 (28.0–37.3)	32.3 (33.4–36.7)	
Non-Hodgkin	5/3/1	1	31.1 (25.9–35.1)	33.8 (29.6–37.3)	37.6 (35.4–38.1)	38.8
Cervical cancer	3/1	3	25.8 (21.2–30.7)	29.1 (24.3–32.2)		
Epithelial ovarian	2	—	29.3 (26.2–32.3)	33.1 (31.3–35.0)		
Evergreen	2	2	18.3 (9.5–27.1)	21.3 (13.8–28.8)		
Anovulatory (ectopic) transplant	2	—	22.2 (19.0–25.4)	25.1 (21.7–28.5)		
Sarcoma	2	2	35.7 (33.5–37.8)	37.8 (35.9–39.4)		
Hematological outcome	1	1	33.3	38.5		
Ovarian cancer	1	1	23.5	31.9		
Cervix cancer	1	1	26.1	28.8		
Anal cancer	1	1	37.0	38.1		
Carries other*	4	4	26.4 (23.1–30.0)	31.0 (27.9–33.0)		
Total	53 (4/1/1/1)	29	29.8 (25.5–38.7)	32.9 (28.8–42.2)	35.4 (32.9–39.4)	39.8

*Mastocytoma, Small-Vessel Vasculitis, Morbus Behcet, Cholesteatoma, Wegener's Granulomatosis.

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Results of autotransplantation to 41 women

Table II The current reproductive outcome of women having frozen/thawed ovarian tissue transplanted in Denmark (January 2015; data represent women who had a pregnancy-wish at transplantation).

Diagnosis	Number of Women	Number of Transplantations	Number of pregnancies					Children
			NC	IVF	Pos hCG	Clinical		
Breast cancer	11	13	6	2	9	9	3	
Ms. Hodgkin	4	8	—	4	4	3	2	
Non-Hodgkin	5	9	1	4	5	2	1	
Aplastic anaemia*	2	2	1	—	1	1	1	
Ewing sarcoma	1	1	2	1	3	3	3	
Endometrial nocturnal haemoglobinuria	2	2	1	—	1	1	1	
Ovarian cancer	1	1	—	2	2	2	2	
Colon cancer	1	1	—	1	1	1	1	
Anal cancer	1	1	—	—	—	—	—	
Various others*	4	4	2	—	2	2	1	
Total	22	42	12	15	28	24	12 (+1 ongoing)	

NC: natural conceived; IVF: in vitro fertilization
 *Ongoing pregnancies
 **Second trimester miscarriage caused by PPROM.
 *Acromegaly, Small-Vessel Vasculitis, Marfan's Disease, Choriocarcinoma, Wegener's Granulomatosis.

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Results worldwide

J Assist Reprod Genet (2017) 34:325–336
 DOI 10.1007/s10815-016-0645-9

CrossMark

FERTILITY PRESERVATION

86 successful births and 9 ongoing pregnancies worldwide in women transplanted with frozen-thawed ovarian tissue: focus on birth and perinatal outcome in 40 of these children

Annette Kløver Jensen¹ · Kirsten Tryde Macklon² · Jens Feldt² · Erik Ernst⁴ ·
 Peter Kumanan⁴ · Claus Yding Andersen¹

We searched the literature and in 40 of these deliveries information on the perinatal outcome was provided

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Live births published in peer-reviewed papers from women with non-oncological conditions

Child	Diagnosis	group	Birth weight, g	GA
1	Sickle cell anaemia	Roux	3700	38
2	Thalassaemia	Revel	3026	term
3	PID	Donnez	2370	38
4	POI	Kawamura	3254	37
5	Thalassaemia	Revelli	3970	39
6	Dermoid cysts	Callejo	3500	38
7	Microscopic polyangitis	Donnez	2030	37
8 + 9	PNH	Macklon	3351/4230	40/40
10	POI	Suzuki	2970	38
11	Sickle cell anaemia	Tanbo	3140	NS
12	Aplastic anaemia	Jensen	3195	37

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Recommendations

Human Reproduction, Vol.32, No.9 pp. 1892–1911, 2017
Advanced Access publication on July 21, 2017 doi:10.1093/humrep/dew216

human reproduction **ESHRE PAGES**

Update on fertility preservation from the Barcelona International Society for Fertility Preservation–ESHRE–ASRM 2015 expert meeting: indications, results and future perspectives^{†‡}

Francisca Martínez^{*}, on behalf of the International Society for Fertility Preservation–ESHRE–ASRM Expert Working Group[†]

Hospital Universitario Deutsches Gran Vía Carlos III 1-7 25, 08028 Barcelona, Spain

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FP options should also be discussed with adult and younger women and men affected by several non-oncological medical conditions

Table 1 Non-oncological conditions requiring fertility preservation.

Indication	Disease
Autoimmune diseases (Demez and Delinares, 2013; Bedawy and Betros, 2014)	Systemic lupus erythematosus (SLE) Behcet's disease Churg-Strauss syndrome (eosinophilic granulomatosis) Granulomatosis with polyangiitis (formerly Wegener's granulomatosis) Inflammatory bowel diseases Rheumatoid arthritis Pemphigus vulgaris
Hematopoietic stem cell transplantation (Demez and Delinares, 2013; Joshi et al., 2014)	Autoimmune diseases (unresponsive to immunosuppressive therapy) Haematological diseases (e.g. leukaemia, thalassemia major, aplastic anaemia) Altered hypothalamic-pituitary-gonadal axis (Demez and Kim, 2011; Howard et al., 2013)
Medical conditions causing POI (ESHRE POI Guideline Development Group, 2015)	Ovarian aplasia Benign ovarian tumours Mosaic Turner's syndrome Frágile X Mental Retardation 1 (Gacksteter et al., 2015) Cleidostenosis (Hiroseki-Helzel et al., 2011) Beta-thalassana (Reussau et al., 2013) Endometriosis (Kongigkere et al., 2015) Klinefelter's syndrome (Bedawy and Betros, 2014)
Male genetic disorders	
Testicular damage (Stahl et al., 2010)	
Gender reassignment procedures (Damey, 2008)	
Severe body trauma requiring surgical intervention	
POI: premature ovarian insufficiency.	

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Novel indications for OTC

- Female-to-male transsexuals
 - Ott, *Arch Gynecol Obstet*, 2010
- Social freezing or banking for anticipated gamete exhaustion
 - Stoop, *Lancet*, 2014; Andersen and Kristensen, *RBMonline*, 2015

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Conclusion

OTC should be considered in cases of:

1. Genetic conditions
2. HSCT for hematological or autoimmune diseases unresponsive to standard treatment
3. Systemic diseases requiring treatment with cyclophosphamide
4. Ovarian surgery for benign cysts or endometriosis
5. Other diseases/disorders with a risk of POI

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Thank you for your attention!



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