



## Chemotherapy-induced follicle activation and loss in human ovaries. First documentation of the "Burn-Out" effect in clinical cases.

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**ISFP**

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**INTERNATIONAL SOCIETY FOR  
FERTILITY PRESERVATION**  
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### Introduction

- Infertility and premature ovarian failure are considered to be among the most significant long-term adverse effects of exposure to cytotoxic drug treatments in young women.
- The degree of ovarian damage correlates with the chemotherapy agent of choice in a dose dependent manner

## Probability of POI following Bone Marrow Transplantation

	No.	Age	POI
Sanders JE. 1996	73	mean 38	99%
Teinturier C. 1998	21	2 - 17	72%
Thibaud E. 1998	31	3.2- 17	80%
Meirow D. 1999	63	mean 29	79%
Grigg A. 2000	19	mean 30	100%
Jadoul P. 2011	35	mean 9.8	56% (Very low AMH 85%)
Blumenfeld Z. 2012	36	mean 30.5	89%

Ovarian failure risk -very high

Modified from Meirow D. et al. Clin. Obstet. Gynecol. 2010

## Current options for Fertility Preservation

### LIMITATIONS-

- Age.
- Time available before chemotherapy.
- Invasive treatments.

Embryo freezing



Oocyte freezing



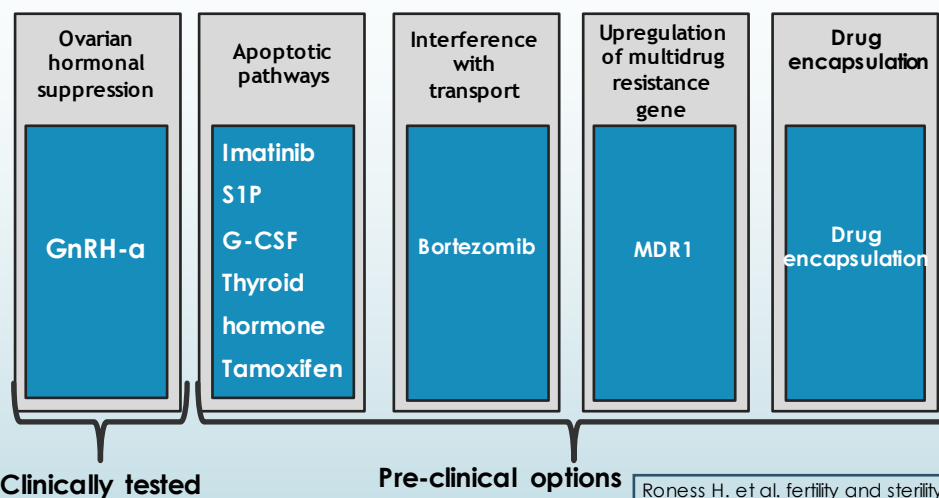
Ovarian tissue



## Why pharmacological prevention?

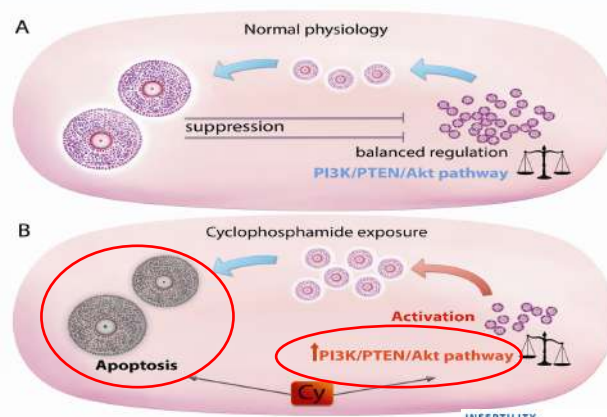
- Suitable for patients of all ages and life stages.
- Cost.
- Can be used when invasive techniques can not be used.
- Can be used in addition to invasive fertility preservation methods- maximizing future fertility.

## Protecting agents - Overview





## The "Burn-Out" mechanism



**Cyclophosphamide Triggers Follicle Activation and "Burnout"; AS101 Prevents Follicle Loss and Preserves Fertility**

Lital Kalich-Philosoph,<sup>1,2\*</sup> Hadassa Roness,<sup>1\*</sup> Alon Carmely,<sup>1,2</sup> Michal Fishel-Bartal,<sup>1,2</sup> Hagai Ligumsky,<sup>3,4</sup> Shoshana Paglin,<sup>1</sup> Ido Wolf,<sup>3,4</sup> Hannah Kanety,<sup>7</sup> Benjamin Sredni,<sup>2,4</sup> Dror Meirou,<sup>1,2,4†</sup>

PLoS One. 2015 Dec 14;10(12):e0144245. doi: 10.1371/journal.pone.0144245. eCollection 2015.

### Cisplatin Induces Overactivation of the Dormant Primordial Follicle through PTEN/AKT/FOXO3a Pathway which Leads to Loss of Ovarian Reserve in Mice.

Chang EM<sup>1</sup>, Lim E<sup>2</sup>, Yoon S<sup>1,2</sup>, Jeong K<sup>3</sup>, Bae S<sup>2</sup>, Lee DR<sup>1,2</sup>, Yoon TK<sup>1</sup>, Choi Y<sup>2</sup>, Lee WS<sup>1</sup>.

Int J Mol Sci. 2016 May 30;17(6). pii: E836. doi: 10.3390/ijms17060836.

### Follicle Loss and Apoptosis in Cyclophosphamide-Treated Mice: What's the Matter?

Chen XY<sup>1,2,3</sup>, Xia HX<sup>4</sup>, Guan HY<sup>5,6,7</sup>, Li B<sup>8</sup>, Zhang W<sup>9</sup>.

Reprod Biomed Online. 2017 Jan;34(1):104-114. doi: 10.1016/j.rbmo.2016.10.005. Epub 2016 Oct 17.

### Short-term exposure of human ovarian follicles to cyclophosphamide metabolites seems to promote follicular activation in vitro.

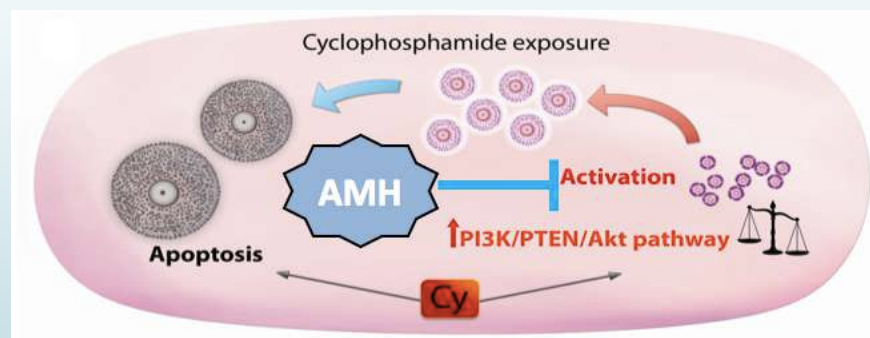
Lande Y<sup>1</sup>, Fisch B<sup>1</sup>, Tsur A<sup>2</sup>, Farhi J<sup>3</sup>, Prag-Rosenberg R<sup>1</sup>, Ben-Haroush A<sup>1</sup>, Kessler-Icekson G<sup>4</sup>, Zahalka MA<sup>4</sup>, Ludeman SM<sup>5</sup>, Abir R<sup>6</sup>.

### AMH/MIS as a contraceptive that protects the ovarian reserve during chemotherapy

Motohiro Kano<sup>a,b</sup>, Amanda E. Sosulski<sup>a,b</sup>, LiHua Zhang<sup>a,b</sup>, Hatice D. Saatcioglu<sup>a,b</sup>, Dan Wang<sup>c</sup>, Nicholas Nagykerly<sup>a,b</sup>, Mary E. Sabatini<sup>d</sup>, Guangping Gao<sup>c</sup>, Patricia K. Donahoe<sup>a,b,1</sup>, and David Pépin<sup>a,b,1</sup>

## Potential pharmacological agent: Anti Mullerian Hormone (AMH)

- Cy causes loss of AMH
- Replacement of negative regulation via AMH reduces follicle activation and loss - protecting the ovarian reserve



## Study aim-

To study whether the 'Burn-out' mechanism of chemotherapy-induced dormant follicle activation also applies in human ovaries in clinical cases ***in-vivo***.

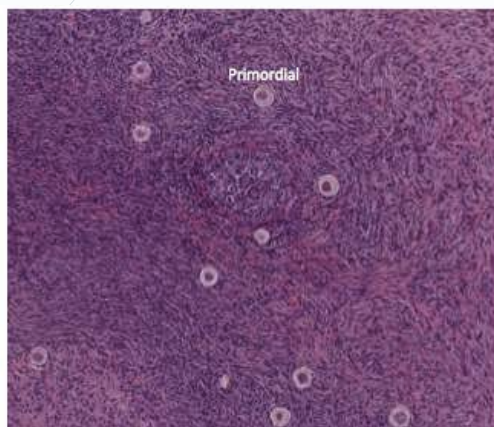
## Material and methods

- ▶ **Study group-** women who stored ovarian tissue in order to preserve fertility following chemotherapy protocols containing alkylating agents up to 6 months prior to tissue harvesting.
- ▶ **Control group-** women with a known malignancy that stored ovarian tissue in order to preserve fertility and were not previously exposed to chemotherapy and were matched by age in a 1 case to 2 controls fashion.

- ▶ Histopathological processing on fresh tissue- fixation in buffered formaldehyde, paraffin-embedding, serial sectioning (3.5- $\mu$ m thick sections) and H&E staining.
- ▶ The slides were scanned by automated microscope to create digital images.
- ▶ Histologic evaluation by a certified pathologist using a light microscope and independently by two additional researches using the digital images.
- ▶ All ovaries were evaluated in at least 3 sections, 5 sections apart one from the other.

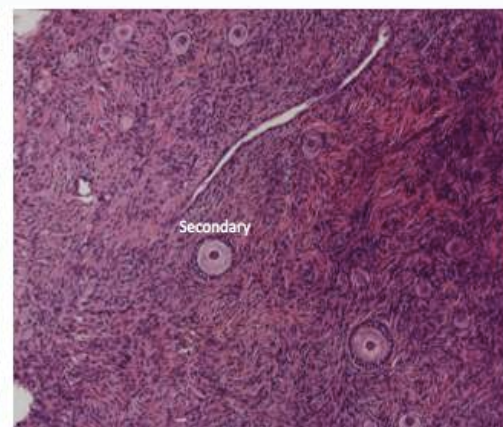
## Control

A 20 YO woman without chemotherapy treatment



## Study

A 30 YO woman 3 month after CHOP regiment



## Statistical Analysis

- ▶ Intra Class Correlation (ICC) was calculated in order to assess inter-observer reliability among the 3 different observers.
- ▶ Linear mixed models were used to assess the effect of chemotherapy in primordial, growing (primary plus secondary) and proportion of growing [growing / (primordial + growing)] follicles.

## Results

**STUDY GROUP-** 20 women

Average age 27.9

**Study group diagnosis-**

- ▶ 14 - Non-Hodgkin's lymphoma
- ▶ 4 - Hodgkin's lymphoma
- ▶ 2 - Breast carcinoma

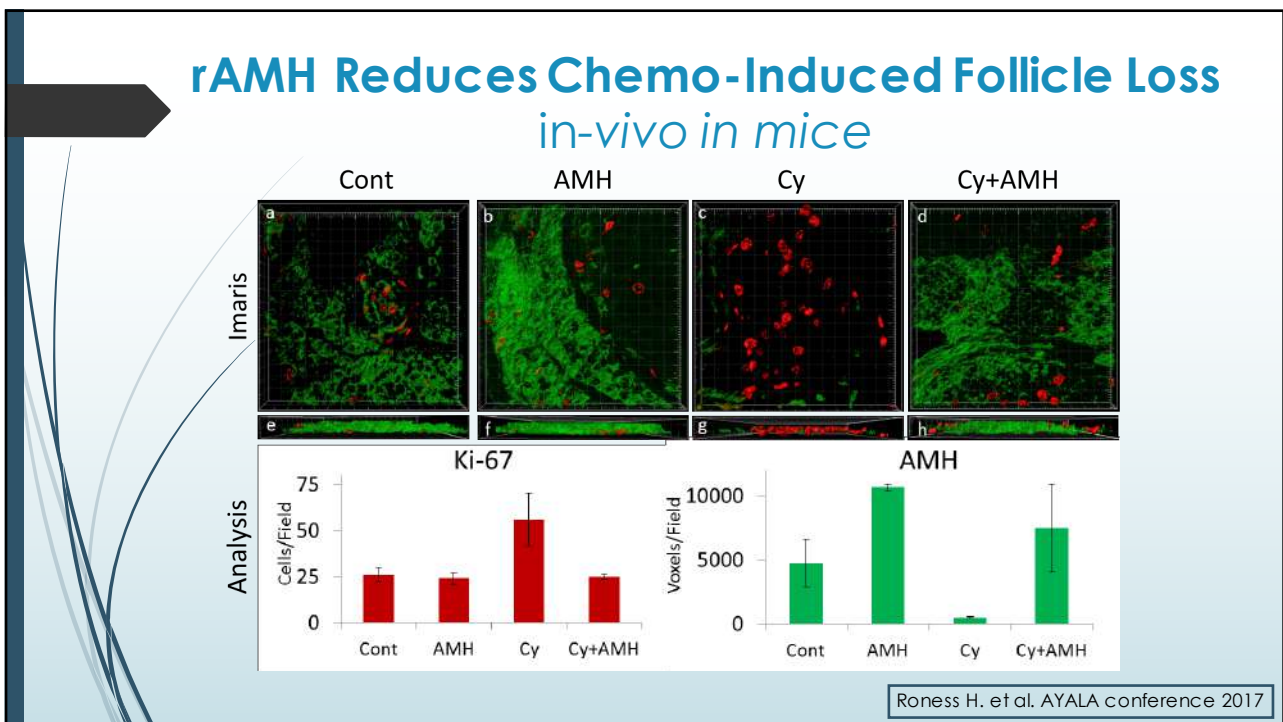
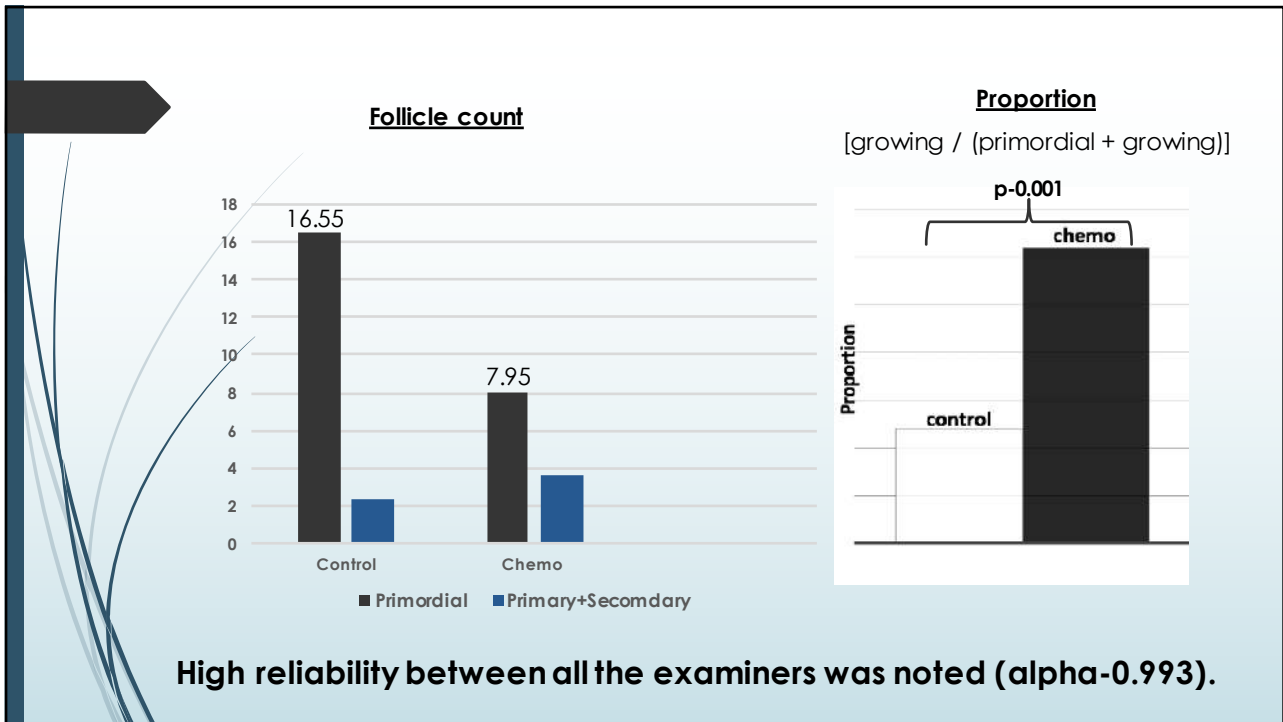
**CONTROL GROUP-** 40 women

Average age 28.5

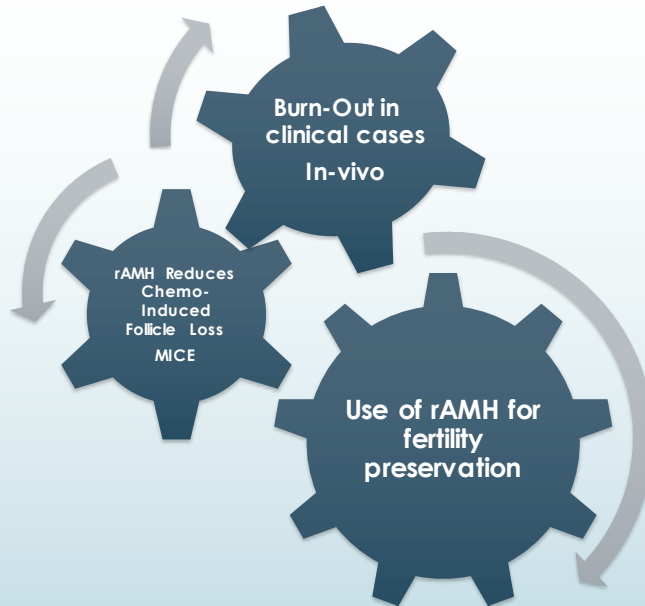
**Control group diagnosis-**

- ▶ 12 - Breast carcinoma
- ▶ 10 - Hodgkin's lymphoma
- ▶ 6 - Non-Hodgkin's lymphoma
- ▶ 4 - Ewing sarcoma
- ▶ 4 - Cervical malignancy
- ▶ 2 - Colon carcinoma
- ▶ 2 - Acute myeloid leukemia.





## CAN WE STOP THE CLOCK?



## THANK YOU FOR YOUR ATTENTION



Dror Meirou, MD



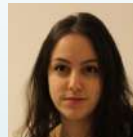
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