Sherman J. Silber, M.D.

Infertility Center of St. Louis
silber@infertile.com

Frozen Ovarian Tissue Transplant Results:

Pregnancy and Live Births

Frozen Ovarian Tissue Transplant Results:

Vitrification Vs. Slow Freeze

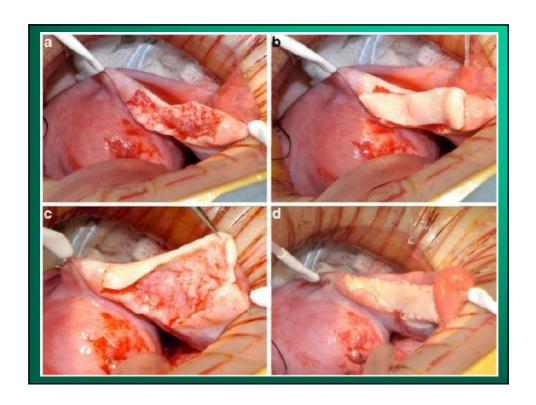
Frozen Ovarian Tissue Transplant Results:

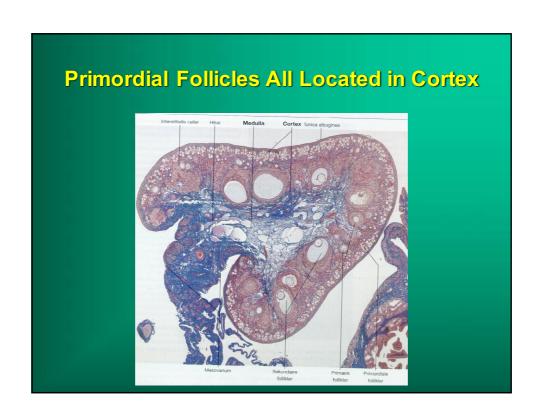
Leukemia

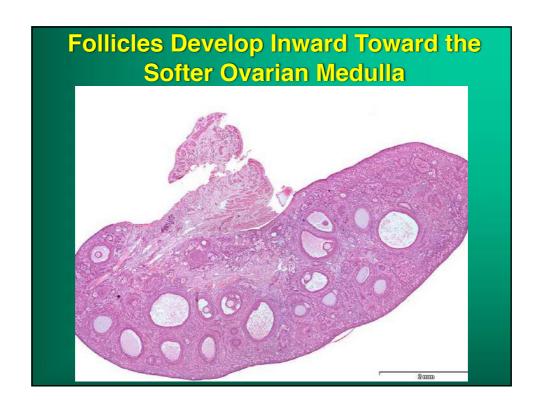
IDENTICAL TWINS DISCORDANT FOR PREMATURE OVARIAN FAILURE

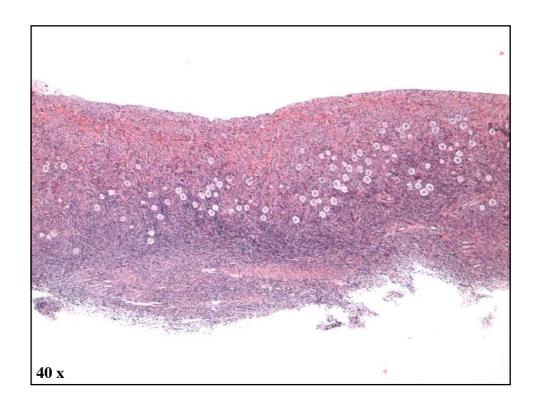
Ovarian Transplantation between Monozygotic Twins Discordant for Premature Ovarian Failure

Sherman J. Silber, M.D., Kathleen M. Lenahan, R.N., David J. Levine, M.D., Jorge A. Pineda, M.D., Kim S. Gorman, B.A., Michael J. Friez, Ph.D., Eric C. Crawford, Ph.D., and Roger G. Gosden, Ph.D., D.Sc.



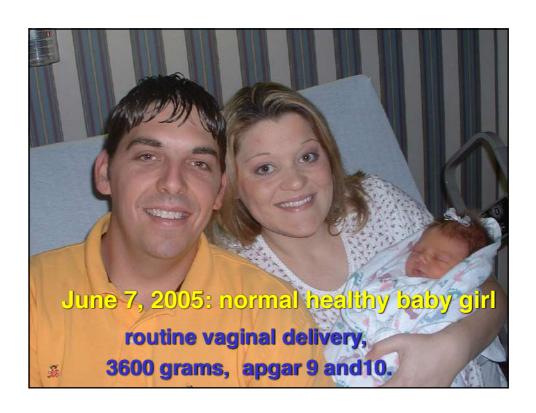




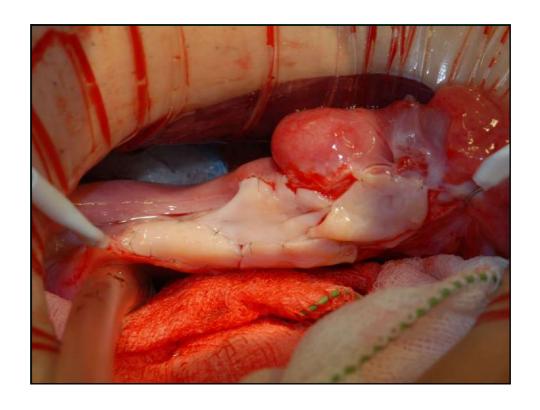




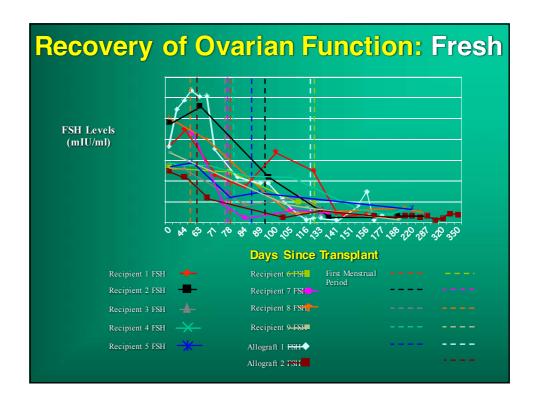




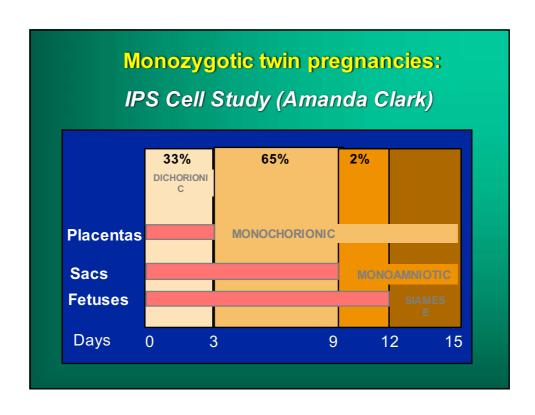


















Frozen Ovaries

- 13 patients over a 10 year period underwent thaw and transplantation of ovarian tissue that had been frozen up to 20 years earlier with detailed follow-up of hormones, menstruation, pregnancies, and birth.
- Three of the thirteen had had leukemia.
 Nine had undergone slow freeze and 4 had undergone vitrification.

Materials and Methods

- 108 females between age 6 and 35 were referred for possible ovary tissue cryopreservation, 92 of whom had the procedure performed, over a 20 year period.
- Before 10 years ago only slow freeze was utilized, and after that only vitrification.
 Nineteen underwent slow freeze, and the rest vitrification.

Materials and Methods

- 13 cases whose tissue was frozen prior to age 35 returned up to 18 years later to have their tissue transplanted back, and have more than 2 years of post-transplant followup.
- 9 were from slow freeze before 10 years earlier, and 4 were from vitrification in the last 10 years. No IVF or ancillary treatment was administered.

Results

- All 13 cases had return of ovarian function 4 to 5 months post frozen transplant with return of FSH to normal with regular menstrual cycling. AMH rose to high levels as the FSH came down to normal.
- Then AMH 4 months later declined to very low levels, but the grafts remained functional for 5 years or longer, and 8 of the 13 are still functioning.

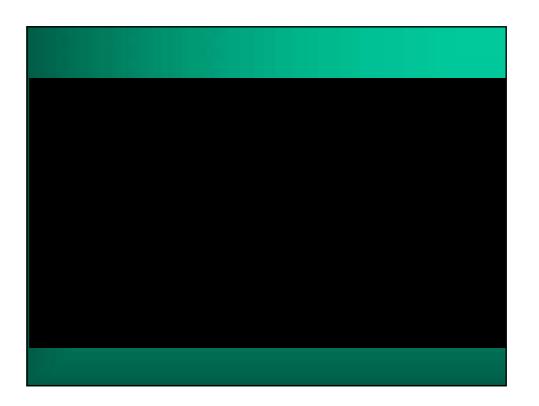
Conclusion

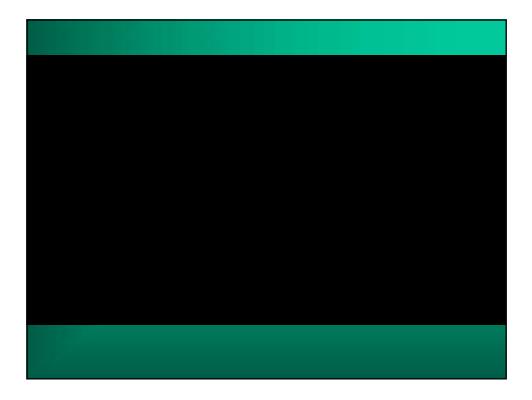
- Ovarian tissue cryopreservation with subsequent transplantation is a robust method of fertility preservation.
- Vitrification is easier, and results in less loss of oocytes (over 50 %).
- But not superior to slow freeze.Why?

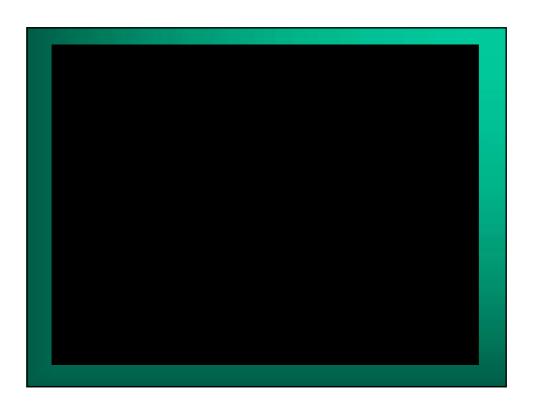
Conclusion

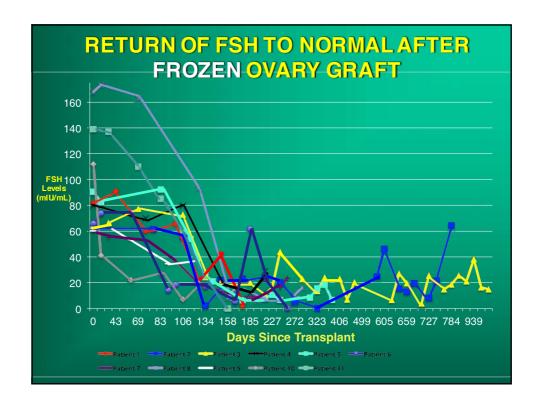
- When you have 200,000 oocytes, losing 100,000 from slow freeze makes no significant biologic difference.
- The lower the ovarian reserve, the lower is the rate of primordial follicle recruitment.
- Transmission of cancer cells has not been a problem, but for leukemia, the tissue must be frozen when the patient is in remission.
- Ovary tissue transplantation, fresh or frozen, should not longer be considered "experimental".

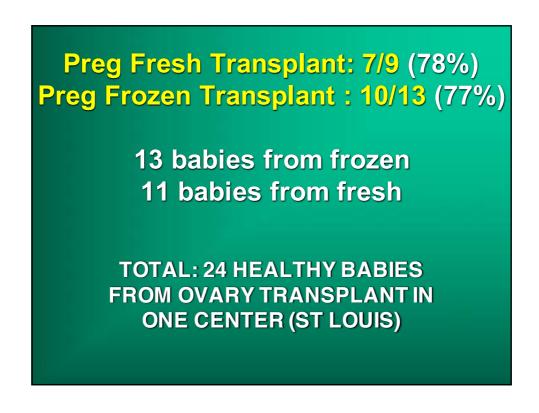












Ovary Tissue	e Freeze Trans	plants						
Date of Transplant	Age At Transplantatio n	Age At Freeze	Diagnosis	Pregnant	Live Birth Or Ongoing	Time Until Pregnancy (Days)	Miscarriages	Duration of Ovarian Function (Days)
3/6/07	26	24	POF	YES	Female	174		675 (Ended)
1/13/09	31	20	Hodgkins	YES	Male	272		885 (Ended)
6/9/09	29	24	POF	YES		276	1	561 (Ended)
6/17/11	33	20	Hodgkins	NO				1155 (Ended)
10/12/12	33	31	MS	YES	Female	481		1846 (Still Functioning)
3/29/13	32	25	POF	YES	Female	243		794 (Ended)
4/5/13	33	30	Brain Cancer	YES	Male	665		1671 (Still Functioning)
4/12/13	25	18	Leukemia	YES	Male	502		1664 (Still
				YES	Female	998		Functioning)
				YES	Ongoing?	1578		
10/1/13	29	28	Synovial Sarcoma	NO				1492 (Still Functioning)
10/7/13	39	24	Leukemia	YES	Ongoing ?	1287		1486 (Still Functioning)
7/21/15	28	25	Leukemia	NO				834 (Still Functioning)
8/5/15	32	21	Hodgkins	YES	Female	343		819 (Still Functioning)
9/18/14	36	20	Hodgkins	YES	Female	473		1140 (Still
				YES	Ongoing (2 Female)	908		Functioning)
Totals	13 Cases	9 Babies (+4 Ongoir		regnant (77%)				Vitrification Slow Freeze

Ovary Tissue	e Freeze Trans	plants						
Date of Transplant	Age At Transplantatio n	Age At Freeze	Diagnosis	Pregnant	Live Birth Or Ongoing	Time Until Pregnancy (Days)	Miscarriages	Duration of Ovarian Function (Days)
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				YES	YES YES	908		Functioning)
Totals	13 Cases	13 Babies	s 10 F	Pregnant (77%)			4 Vitrification 9 Slow Freeze

Vitrified Slow Freeze	Duration of Ovarian Function (Days)	Date of Transplant	Date of First Menstruation post OT	Diagnosis	Miscarriage	Baby Born	Ongoing	Girl	Во
Slow freeze	675 (Ended)	3/6/07	9/19/08	POF		1		1	
Slow freeze	885 (Ended)	1/13/09	6/7/09	Hodgkins		1			1
Slow freeze	561 (Ended)	6/9/09	11/28/09	POF	1	0			
Slow freeze	1155 (Ended)	6/17/11	11/5/11	Hodgkins		0			
Vitrified	1846 (Still Functioning)	10/12/12	3/2/13	MS		1		1	
Slow freeze	794 (Ended)	3/29/13	4/5/13	POF		1		1	
Vitrified	1671 (Still Functioning)	4/5/13	12/27/13	Brain Cancer		1			1
Slow freeze	1664 (Still Functioning)	4/12/13	1/1/14	Leukemia		2	1	1	1
Vitrified	1492 (Still Functioning)	10/1/13	12/19/13	Synovial Sarcoma		0			
Slow Freeze	1486 (Still Functioning)	10/7/13	3/6/14	Leukemia		0	1		
Vitrified	834 (Still Functioning)	7/21/15	11/15/15	Leukemia		0			
Slow freeze	819 (Still Functioning)	8/5/15	10/28/15	Hodgkins		1		1	
Slow freeze	1140 (Still Functioning)	9/18/14	2/2/15	Hodgkins		1	2	1	

Name	Date of	Age At	Age At	Diagnosis	Pregnant	Live Birth	Time Until	Miscarriages	Duration
	Tr ansplant	Transplant ati o n	Freeze			Or Ongoing	Pregnancy (Days)		of Ovarian Function (Days)
Yarber	3/6/07	26	24	POF	YES	Female	174		675 (Ended)
Tucker	1/13/09	31	20	Hodgkins	YES	Male	272		885 (Ended)
Yarber	6/9/09	29	24	POF	YES		276	1	561 (Ended)
Tucker	6/17/11	33	20	Hodgkins	NO				1155 (Ended)
Remington -Hobbs	10/12/12	33	31	MS	YES	Female	481		1846 (Still Functioning)
Madsen	3/29/13	32	25	POF	YES	Female	243		794 (Ended)
Farrow	4/5/13	33	30	Brain Cancer	YES	Male	665		1671 (Still Functioning)
Schaikewitz	4/12/13	25	18	Leukemia	YES	Male	502		1664 (Still
					YES	Female	998		Functioning)
					YES	Ongoing ?	1578		
Sahr/Philli ps	10/1/13	29	28	Synovial Sarcoma	NO				1492 (Still Functioning)
Shipp/Obr ien	10/7/13	39	24	Leukemia	YES	Ongoing ?	1287		1486 (Still Functioning)
Dailey	7/21/15	28	25	Leukemia	NO				834 (Still Functioning)
Bernstein	8/5/15	32	21	Hodgkins	YES	Female	343		819 (Still Functioning)
Tucker	9/18/14	36	20	Hodgkins	YES	Female	473		1140 (Still Functioning)
					YES	Ongoing (2 Female)	908		Functioning)

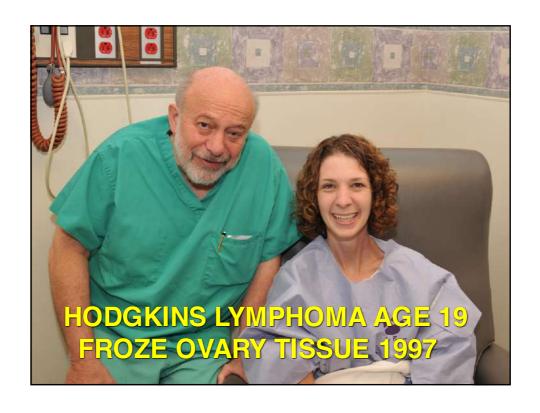
675 (Ended) 885 (Ended) 1 561 (Ended)
1 561 (Ended)
. (=:::::)
1155 (Ended)
794 (Ended)
1664 (Still
Functioning)
819 (Still Functioning)
1140 (Still
Functioning)
1486 (Still Functioning)

Name	Date of Transplant	Age At Transplant ation	Age At Freeze	Diagnosis	Pregnant	Live Birth Or Ongoing	Time Until Pregnancy (Days)	Miscarriages	Duration of Ovarian Function (Days)
Remington -Hobbs	10/12/12	33	31	MS	YES	Female	481		1846 (Still Functioning)
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					ents Pregna		0 Miscariiage		

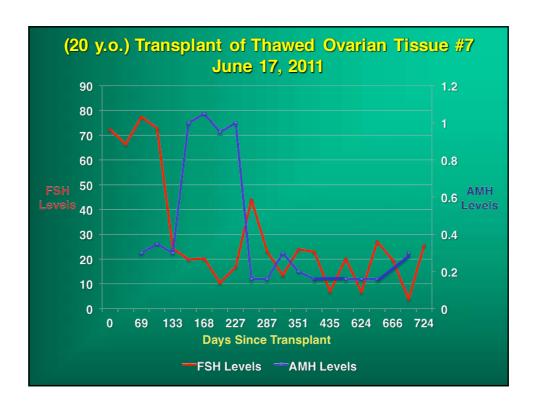
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Dailey	7/21/15	28	25	Leukemia	NO				834 (Still Functioning)
Totals	31		Babies 2 Ongoing		nancies me Pregna		Miscarriage	Average	e Age (30 yrs old)

Name	Date of Transplant	Age At Transplant ati on	Age At Freeze	Diagnosis	Pregnant	Live Birth Or Ongoing	Time Until Pregnancy (Days)	Miscarriages	Duration of Ovarian Functio (Days)
Amthor	2/1/17	35	24	Non- Hodgkins	NO				273 (Still Functioning) No Period
Prosser	6/1/17	36	33	Large B- Cell Lymphom a	NO				153 (Still Functioning) Period 8/23/1 (203 days)
Copeland	10/2/17	25	24	Hodgkins Lymphom a	NO				30 (Still Functioning)
Totals	20	Cases 0	Babies	0 Preg	nancies	0	Mscarriage		

Ovary Tissue Fro	
Slow Freeze	Vitrified
9 Cases	4 Cases
7 Babies (+4 Ongoing)	2 Babies
11 Pregnancies	2 Pregnancies
1 Miscarriage	0 Miscarriage

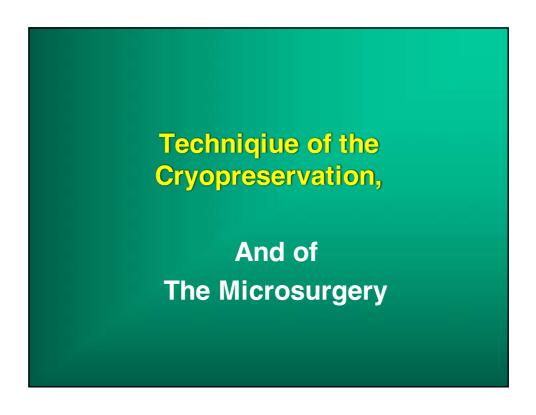






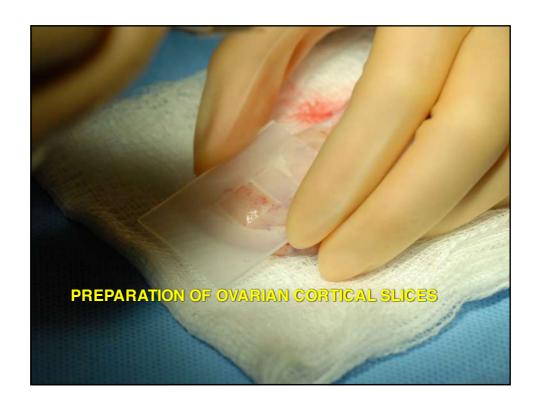




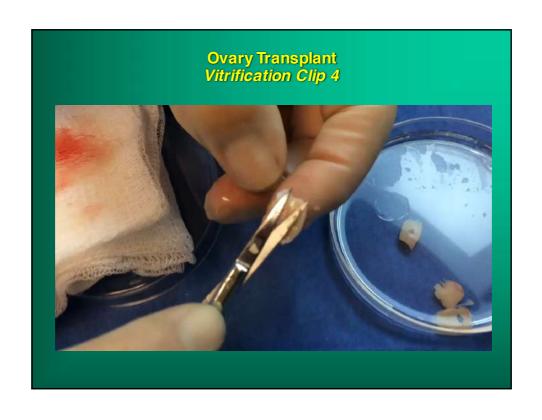


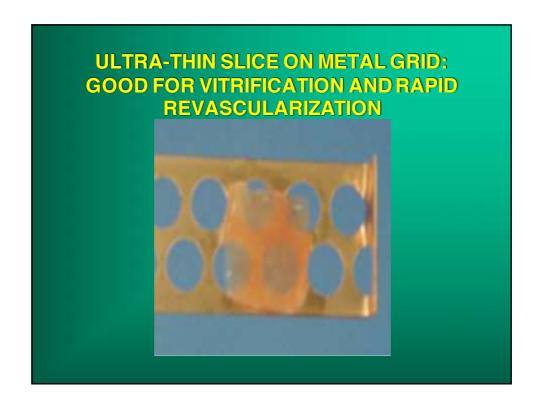


	Cooling 196°C	Warming 37℃	
25%	M	M	
30%	M	M	
35%	I-T	M-I	
40%	I	I	
45%	П Т	T	
50%	т	T	
55%	T	т	





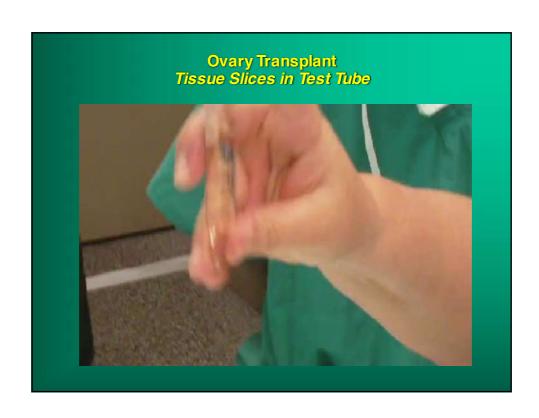


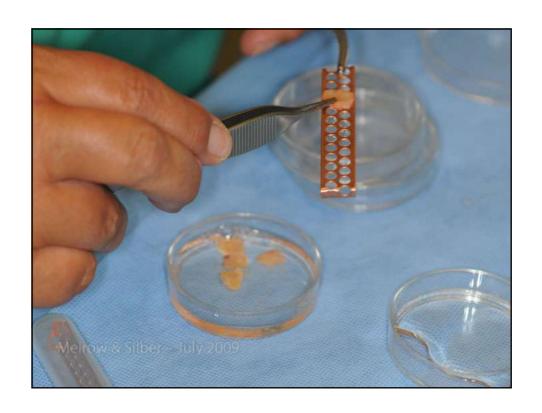


Vitrification of Ovarian Tissue

- ES Solution is the same as for Embryo or Oocyte vitirfication, 15 % cryoprotectant (7.5 % DMSO and 7.5 % EG with 20 % Protein in Hepes.
- VS Solution however is 40 % cryoprotectant (20 % DMSO and 20 % EG, instead of 15 % DMSO and 15 % EG).
- Leave tissue slices in ES Solution for 25 minutes.
- Then place in VS solution until the thin tissue slices fall to the bottom of the centrifuge tube (usually < 15 minutes).



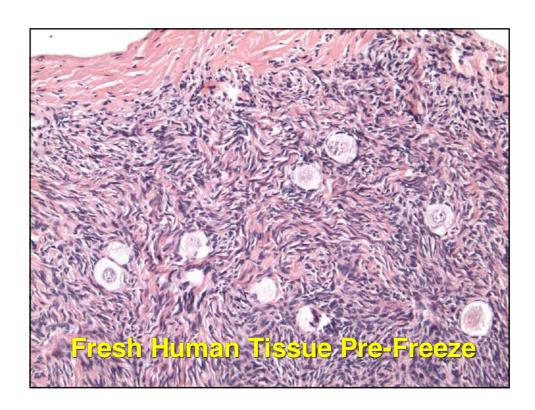


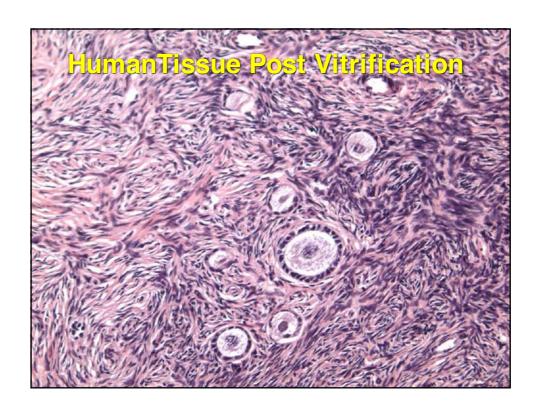




Vitrification Procedure (Thaw)

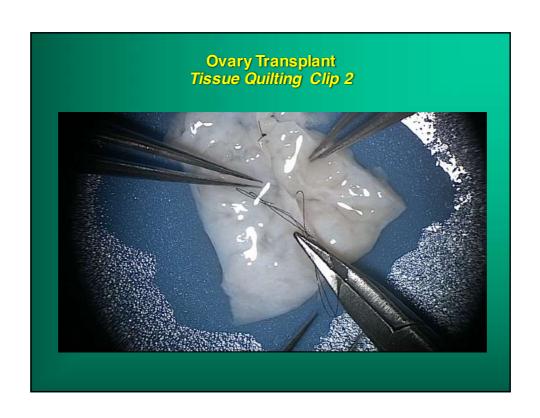
- For thaw, metal strip is immersed directly into 40 ml of 1.0 molar sucrose at 37 degrees C for at least 1 minute.
- Then transferred into 0.5 molar sucrose for 5 minutes at room temp.
- Then washed twice. No ice crystal formation observed.

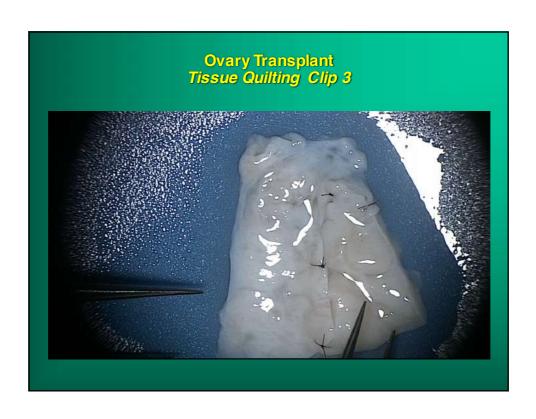




Post-thaw Survival of Oocytes: Vitrification vs Slow Freeze (%) of oocytes **Ovarian** Number Surviving tissues Collected **Vitrified** 1000 (89.1%) 1122 8 329 (91.9%) Fresh 2 358 Slow-342 (41.7%) 6 821 **Freeze**









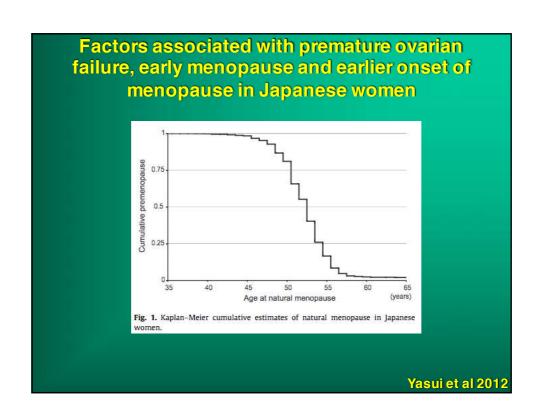
Why do the ovarian transplants maintain endocrine function for such extented periods of time? The recruitment rate of primordial follicles becomes reduced in parallel to a reduced ovarian reserve. By replacing one single piece of cortex at a time recruitment rate will constantly be very low and utilisation of follicles may be augmented

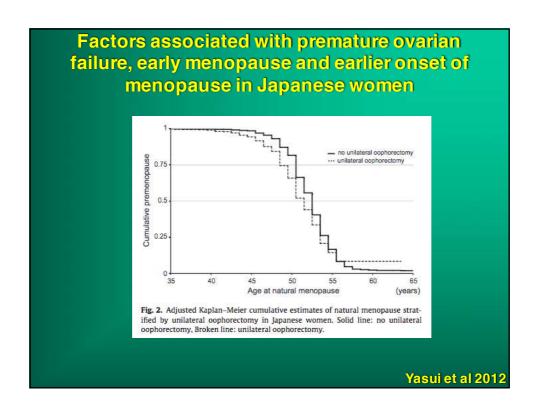
It is likely that one ovary or part of an ovary will have the capacity to provide menstrual cycles for a considerable period of time.

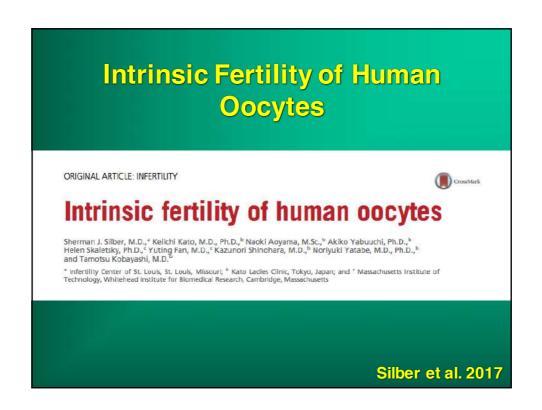
compared to nature.

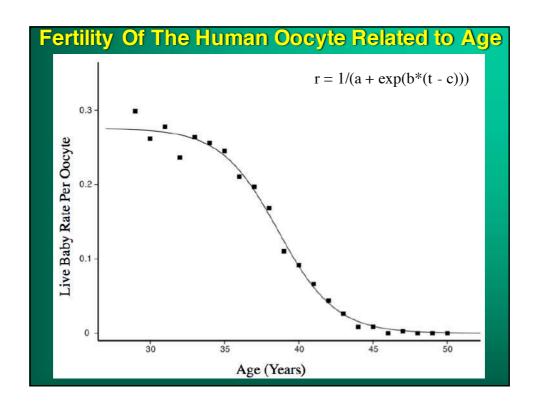
Wallace H et al. Plos One, 2010;5:e8772

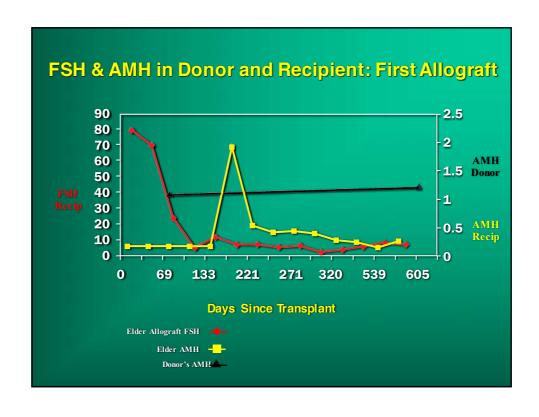
Age (years)

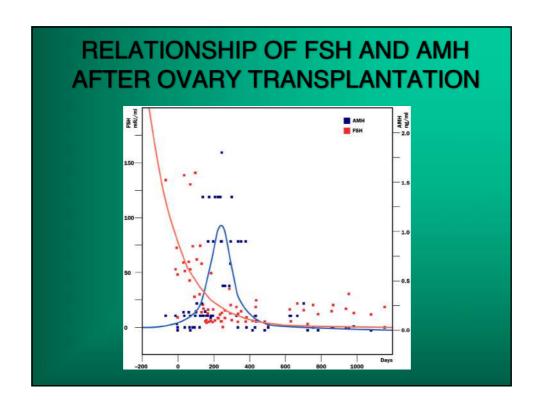


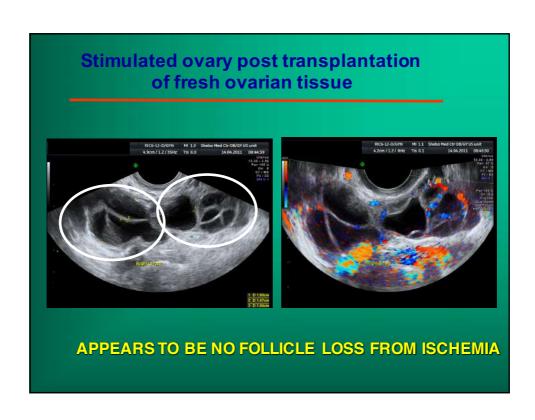


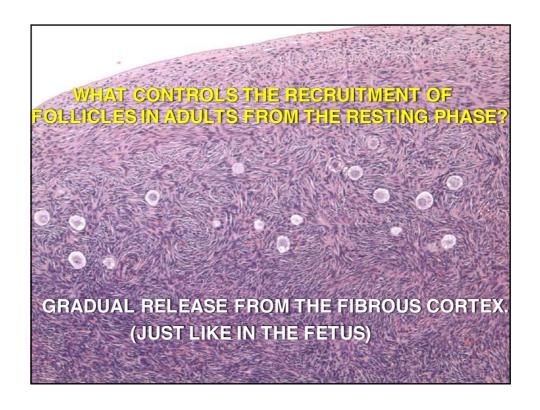


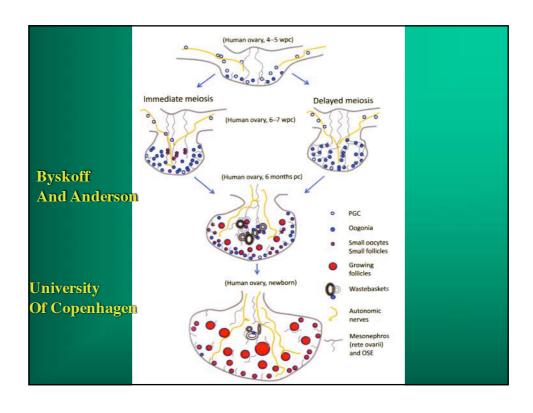


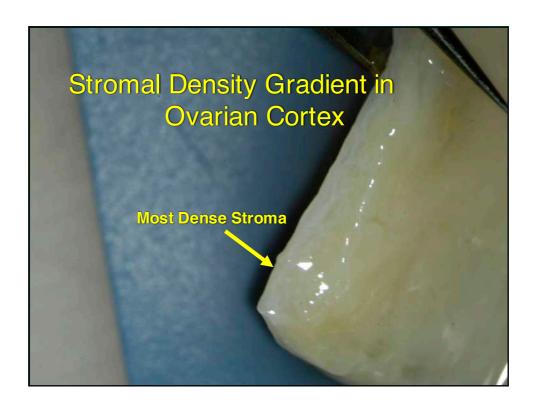




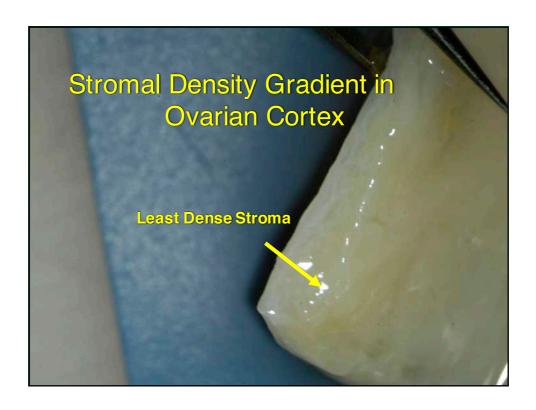






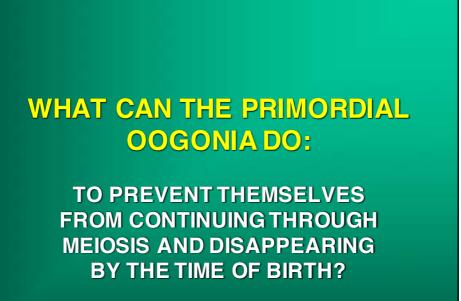


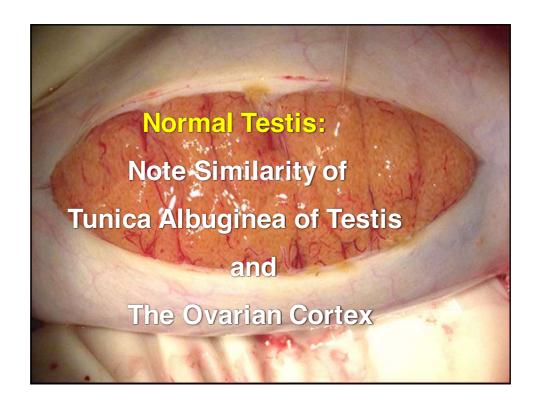


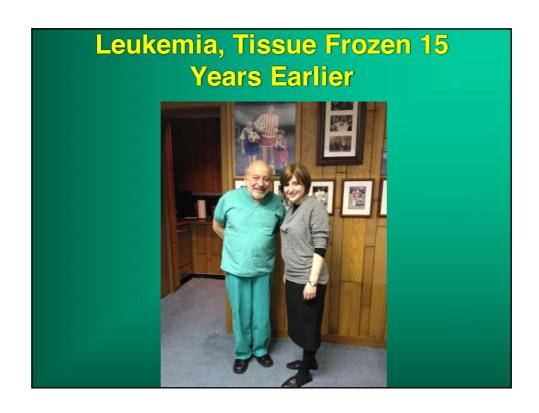


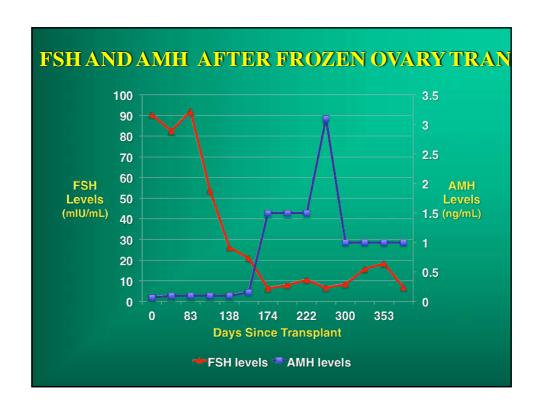
CONCLUSIONS

- 1) OVARY FREEZING AND TRANSPLANTATION SHOULD NOT BE CONSIDERED EXPERIMENTAL
- 2) A UNIFYING THEORY FOR ADULT RESTING FOLLICLE RECRUITMENT, AND FOR FETAL OOCYTE ARREST.
- 3) WITHOUT A STEADY CONTROLLED RELEASE OF "RESTING" FOLLICLES IN THE ADULT, WOMEN WOULD RUN OUT OF EGGS PREMATURELY.
- 4) IF FETAL OOCYTE ARREST DID NOT ACCUR AFTER
- MEIOTIC ACTIVATION, THERE WOULD BE NO OOCYTES AT BIRTH.
- 5) IMMEDIATELY AFTER TRANSPLANT THERE IS AN OVER-RECRUITMENT OF PRIMORDIAL FOLLICLES, WITH SUBSEQUENT DEPLETION.
- BUT THEN THE GRAFTS LAST A VERY LONG TIME DESPITE VERY LOW AMH.







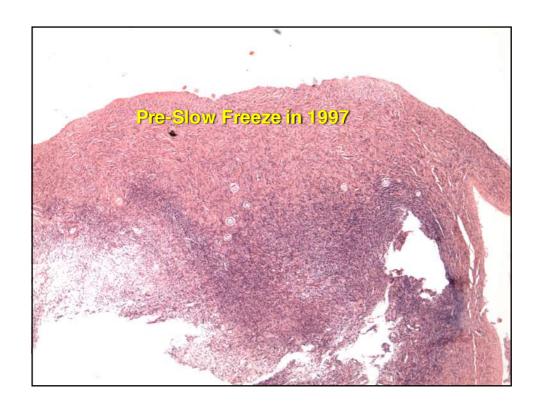


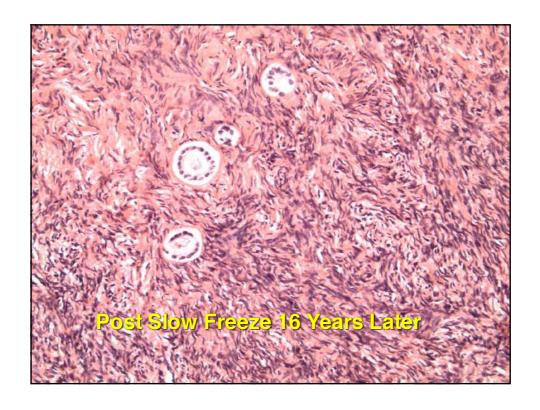












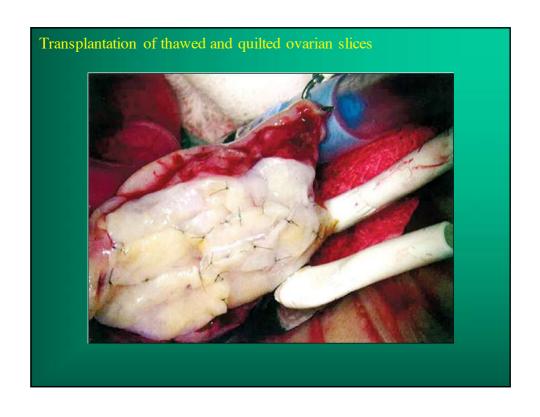
Autologous Ovary Transplant O' Brien

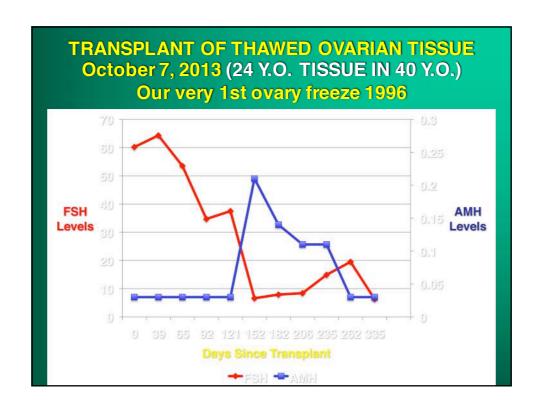
	Recipient	Donor
Pre-BMT HLA	HLA-A2	HLA-A2
Molecular Typing	HLA-A3	HLA-A3
Results	HLA-B7	HLA-B7
	HLA-B60	HLA-B60
	HLA-DRB1* 0401	HLA-DRB1* 0401
	HLA-DRB1* 1501	HLA-DRB1* 1501
	HLA-DQB1* 0301	HLA-DQB1* 0301
	HLA-DQB1* 0602	HLA-DQB1* 0602
	HLA-Cw7	HLA-Cw
	HLA-Cw	HLA-Cw
ABO/RH Blood Type	A+	B-

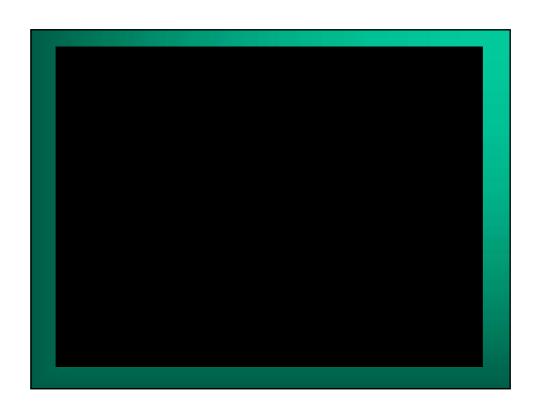
Autologous Ovary Transplant O' Brien

	Recipient	Donor
Diagnosis	Acute Lymphocytic Leukemia	
AFC	Not done	
Date of OTF	7/17/97 – Patient had chemo prior to freeze	
Type of Freeze	Slow	
Date of BMT	9/27/97	
Date of BMT	6/17/99	
After 2 nd BMT	Patient showed some signs of GVHD	
Post-BMT HLA Molecular Typing Results	Not Done	Not Done
ABO/RH Blood Type	В-	B-
Date of Ovary Transplant	10/7/13	

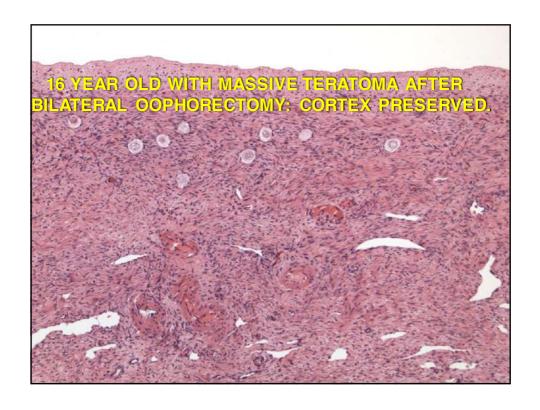




















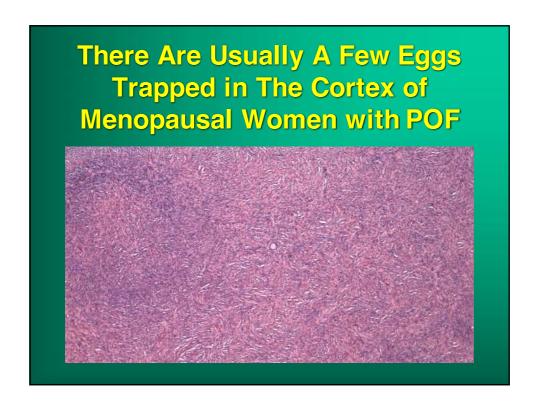
SO OBVIOUSLY OVARY FREEZING AND TISSUE GRAFTING WORKS

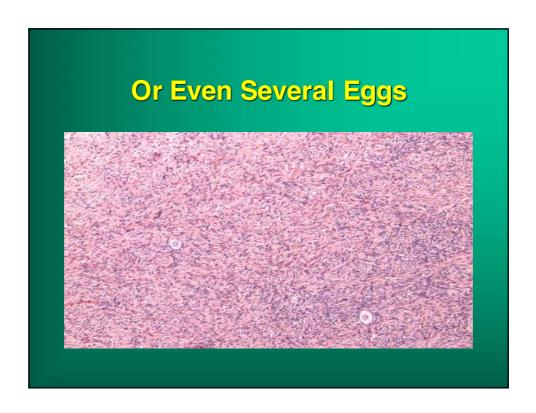
FOR ASRM TO RULE THIS AS "EXPERIMENTAL" FOR CANCER PATIENTS IS NO LONGER APPROPRIATE.

MASSIVE PRIMORDIAL FOLLICLE RECRUITMENT

IN STROMAL TISSUE
PRESSURE WHICH IS THE
MECHANISM OF OOCYTE
ARREST.

"Dead" Tissue in Menopausal Women?











CONCLUSIONS

- 1) OVARY FREEZING AND TRANSPLANTATION SHOULD NOT BE CONSIDERED EXPERIMENTAL
- 2) THIS WORK PROVIDES A UNIFYING THEORY FOR ADULT RESTING FOLLICLE RECRUITMENT, AND FOR FETAL OOCYTE ARREST.
- 3) WITHOUT A STEADY CONTROLLED RELEASE OF "RESTING" FOLLICLES IN THE ADULT, WOMEN WOULD RUN OUT OF EGGS PREMATURELY.
- 4) IF FETAL OOCYTE ARREST DID NOT ACCUR AFTER
- MEIOTIC ACTIVATION, THERE WOULD BE NO OOCYTES AT BIRTH.

Autotransplant For Premature Ovarian Failure

- Our main effort has been to avoid premature ovarian failure with ovarian tissue freezing.
- However, what if the patient never had her ovarian tissue frozen?
- If we remove her existing "dead" cortex, and re-implant it back onto her medulla, can we release these few trapped resting follicles,
- and allow them to be recruited for IVF or even ovulation and spontaneous pregnancy.

