



Dear Colleagues

Provision of Fertility Preservation in the NHS in Scotland Guidance

1. This fertility preservation guidance provides NHS Boards with a standardised approach to fertility preservation provision, ensuring that the right patients get referred appropriately and at the right time by setting out the principles of provision and criteria for accessing NHS funded fertility preservation. This guidance supports a One Scotland approach for fertility services.
2. This document provides guidance and recommendations for clinicians on which patients should be considered for fertility preservation and provides advice on the following:
 - Patient groups to be considered for fertility preservation
 - Individual patient eligibility criteria for fertility preservation
 - Possible fertility preservation treatment that can be offered to patients
3. NHS Boards have already been working to this guidance in draft.
4. The fertility preservation guidance and complimentary patient information can be found in the Annexes and will be published on the Scottish Government website.

Background

5. The National Fertility Group acknowledged that the fertility preservation service for patients in Scotland could be improved.
6. A Fertility Preservation working group was set up to look in detail at how fertility preservation services could be improved and to provide a One Scotland approach.
7. The group brought together a range of expertise that informed discussion and development of the guidance. Membership included fertility service clinicians, breast cancer nurses,

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Addressees

For action
NHS Board Chief Executives,
Medical Directors,
Nurse Directors,
Clinical Directors,
South East Scotland Cancer Network,
West of Scotland Cancer Network,
Northern Cancer Alliance
Persons responsible and Lead Clinicians Fertility Services
Medical, Nursing and Psychology Leads in Gender Identity Services
Clinical Directors for Obstetrics and Gynaecology

For information
NHS Directors of Finance

Enquiries to:

Maternity, Neonatal and IVF, Directorate for Chief Operating Officer, NHS Scotland, Scottish Government

MaternalandInfantHealth@gov.scot



representation from Scottish National Blood Transfusion service in respect of tissues and cells, representation from Scottish Trans and gender identity services and third sector fertility organisations.

8. The group developed the fertility preservation guidance and patient information.

Action

9. NHS Boards to implement the 'Provision of Fertility Preservation in the NHS in Scotland Guidance' within 6 months of the publication date.

10. NHS Boards to ensure that the fertility preservation guidance and patient information is disseminated to the following services oncology (including haematology oncology), rheumatology, gynaecology, gender identity and fertility services.

11. NHS Boards to ensure that relevant health professionals can attend the training webinar on fertility preservation. This will be developed and shown by Fertility Scotland National Network following the publication of this guidance and patient information. Date to be provided.

12. NHS Boards to ensure that patients receive the patient information most appropriate to their situation.

Your ongoing commitment to the improvement of fertility services is helping to ensure patients receive high-quality, safe care and I am grateful for your continued efforts.

If you have any queries please contact MaternalandInfantHealth@gov.scot.

Yours sincerely



CHRISTINE MCLAUGHLIN

Chief Operating Officer & Deputy Chief Executive, NHS Scotland

ANNEX A - Provision of Fertility Preservation in the NHS in Scotland Guidance



Guidance: Provision of Fertility Preservation in the NHS in Scotland

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Introduction and purpose

The purpose of this document is to set out the principles of provision and criteria for accessing NHS-funded fertility preservation. This document provides guidance and recommendations for clinicians on which patients should be considered for fertility preservation and provides advice on the following:

- Patient groups to be considered for fertility preservation
- Individual patient eligibility criteria for fertility preservation
- Possible fertility preservation treatment that can be offered to patients

Background

The National Fertility Group has acknowledged that the fertility preservation service for patients in Scotland could be improved. A Gametes Group was set up to consider a wide range of issues, including access to and provision of fertility preservation using modelling to better understand the numbers of patients who may need this service. A Fertility Preservation working group was then set up to continue looking in detail at how fertility preservation services could be improved and to provide a one Scotland approach.

The Group considered access of individuals to NHS-funded fertility preservation. This assessment looked at which patients should be given the option to store their gametes, including as embryos. There are four tertiary NHS Fertility Centres in Scotland, located in Aberdeen, Dundee, Edinburgh and Glasgow and one secondary care service, located at Monklands Hospital, NHS Lanarkshire (sperm preservation only) that provide fertility preservation. Further contact information and how to make a referral can be found at Annex C.

This document considers only fertility preservation through gamete/ovarian tissue cryopreservation for those who are pubertal or adult. Ovarian tissue is stored centrally in Edinburgh by the Scottish National Blood Transfusion Service (SNBTS) to current regulatory standards. Testicular tissue is also now stored centrally by SNBTS, but this remains experimental and is being conducted as a research study: it therefore falls out with the remit of this document.

Other issues considered by the Group include equality of treatment, overtreatment, and the chances of (and pathways to) successful delivery of a baby in considering the need for fertility preservation. The level of risk of loss of fertility must be considered along with the prognosis for the patient. Current data indicate that the majority of patients do not use their gametes following fertility preservation, it is therefore important to ensure that NHS Boards do not keep gametes in storage for lengthy periods if this is unnecessary, for example in circumstances where criteria for access to NHS-funded assisted reproduction will not be met. Information sheets and patient pathways will be drawn up to inform patients and clinical teams and to clarify what is and is not provided by the NHS in Scotland.

Fertility preservation is a relatively new speciality with emerging evidence in methodology, need and efficacy. The guidance and recommendations for NHS Boards below are therefore based largely on national and international guidelines (notably from the British Fertility Society (BFS), the European Society for Human Reproduction and Embryology (ESHRE), the European Society for Medical Oncology (ESMO)), supported by other higher level evidence (notably from the PanCareLIFE consortium) where possible, and taking into account the current provision of assisted reproduction services in the NHS in Scotland. A bibliography of these and other documents is provided at the end of the document.

In due course, following implementation of this guidance, there will be a need to assess the success of fertility preservation services, for patients, in the NHS in Scotland.

Overarching Access Criteria to Fertility Preservation

When considering offering fertility preservation to patients the overarching criteria for access to NHS-funded fertility preservation are that:

- a specific, imminent and significant risk to the patient's fertility is identified. Quantifying that risk is difficult and may be uncertain at the time of referral, but where it is clinically judged to be low (estimated on available evidence to be <30%), Fertility Preservation will not be offered
- there is a route to achieving a successful pregnancy and birth of a child for that patient in the future
- any clinical risks to the patient from the required intervention (and where relevant, of subsequent pregnancy) are identified
- long-term survival of the patient is expected, with the ability to be able to use their stored gametes

It is noted that these considerations mean that it is likely that NHS fertility preservation will not be offered to all patients for whom it might be considered, e.g. where the patient's prognosis is poor, where there are significant medical complications, where the patient's ovarian reserve is known to be already very low or where it is considered that a successful pregnancy is unlikely to be achieved. There may however be individual circumstances where provision of fertility preservation is considered appropriate, despite these overarching criteria for access not being clearly met. The NHS Fertility Centres, and other invited specialties as appropriate, meet regularly to peer review any such individual circumstances. This guidance does not specify a minimum chance of success, however where there is only a very low chance of success, fertility preservation would not be offered.

All patients where fertility preservation treatment may be appropriate should be offered a consultation with an appropriately trained healthcare professional. It is also important that patients are provided with information on the full range of methods for fertility preservation that might be appropriate for that individual, along with risks and benefits of treatment to enable them to make an informed choice. In general, this discussion

will take place at the referring clinic (e.g. Oncology, Gender Identity) with referral to assisted reproduction only where the patient wants to proceed to a fertility preservation procedure, and access criteria are met.

Referral pathways and initial assessment considerations

Pathways for referral to fertility services have been developed (see Annexes G and H) to ensure timely (often urgent) receipt of referral from a wide range of relevant clinical services (including Oncology, Haematology, Rheumatology, Gender Identity). A template referral form has been developed (see Annex C). This form should be used by the referring service (consultant or specialist nurse) giving an outline of the diagnosis and proposed treatment, other relevant medical issues, and documenting completion of initial tests.

Following referral to fertility services, clinicians should discuss with the patient how the gametes will be used in the future. Future options for fertility treatment should be discussed with patients, including the possible use of surrogacy (which should be managed as gamete donation) or stopping certain types of hormone treatment.

In many cases, particularly for people storing sperm, fertility preservation can be provided simply and quickly. However, for more complex cases, it is important for NHS Fertility Centres to optimise care as well as to ensure consistency in decision-making. NHS Fertility Centres may have an established local multidisciplinary group for this purpose, and should also consider case discussion and peer review with other NHS Fertility Centres..

Individual Patient Access criteria

All NHS patients referred for fertility preservation treatment and storage will be assessed using the same overarching criteria (please see above) and individual patient access criteria (please see below).

In many but not all cases, the urgency of the required treatment will mean that patients should start fertility preservation treatment without delay. The following individual patient access criteria for fertility preservation have been agreed, taking into account access criteria for assisted reproduction:

1. For those storing eggs/embryos, BMI needs to be under 35¹. This is higher than other types of fertility treatment, including IVF (In vitro fertilisation)/ICSI (Intracytoplasmic sperm injection) criteria due to time constraints.
2. BMI should also be under 35 for surgical sperm recovery.

¹ Fertility problems: assessment and treatment Clinical guideline [CG156] Body mass index. Women should be informed that female BMI should ideally be in the range 19–30 before commencing assisted reproduction, and that a female BMI outside this range is likely to reduce the success of assisted reproduction procedures.

3. Upper cut off age for oocyte/embryo fertility preservation should be before 40th birthday².
4. Upper cut off age for ovarian tissue should be before 36th birthday as per Research Ethics approval and international guidelines³.
5. The Group consider that before 53rd birthday is an appropriate age limit for those storing sperm because of increasing risk to offspring with paternal age.⁴
6. An individual seeking to preserve their fertility will be eligible if they do not have any living biological children, nor are they the deemed parent of a living child.

Here are some possible scenarios where point 6 applies, please note this list is not exhaustive:

If person A is seeking fertility preservation, they may be eligible even though they already have a biological child if their partner, B, does not have a biological child. For these purposes:

- where a child has been born to a same sex couple, both partners in a same-sex couple will be treated as the biological parents of a child, even if they are separated. (For example, if A and B, both women, have a child together and A is the biological parent but then they separate, B would still be treated as having a biological child and would not be eligible for fertility preservation, unless B had a new partner (C) who did not have a biological child).⁵
 - a child born through surrogacy or egg/sperm donation will not be treated as a biological child of the surrogate or egg/sperm donor but would be treated as a biological child of the intended parent(s).
 - an adopted child is not treated as a biological child.
7. As NHS-funded IVF is available where one partner has children and one does not, clinicians will have to take this into consideration where the individual is part of a couple. This may be a circumstance where storing embryos may be preferable to storing oocytes.
 8. Previous sterilisation will preclude access.
 9. Smoking would not preclude access to storage; however, where there is time, patients should be strongly encouraged to stop smoking.
 10. Being in a stable relationship is not a relevant criterion for access (or ongoing storage).

² Fertility problems: assessment and treatment Clinical guideline [CG156] Access Criteria for IVF

³ See ESHRE Guideline – Annex A

⁴ Please see in relevant documents below Annex A- Advanced paternal age is associated with an increased risk of spontaneous miscarriage: a systematic review and meta-analysis. Disease burden in offspring is associated with changing paternal demographics in the United States.

⁵ For the purposes of this document a couple is two people of any sexuality or gender.

11. Welfare of the child considerations are not relevant for storage for fertility preservation, although they will be at the time of subsequent use of stored materials.

12. See also specific issues regarding treatment groups.

It is essential that patients recognise that full NHS access criteria will apply when it comes to using stored material for fertility treatment in an NHS setting, including for NHS-funded IVF/ICSI.

Issues specific to the separate groups of patients to be considered for NHS fertility preservation are set out below.

Patients to be considered for NHS fertility preservation

- a) Patients newly diagnosed with cancer, at pre-treatment stage.
- b) Patients undergoing medical or surgical treatment or having a medical condition that is likely to compromise fertility – this includes cytotoxic agents for patients with rheumatological conditions, haematological conditions where treatment involves risk to fertility (e.g. haematopoietic stem cell transplant for haemoglobinopathy), inflammatory bowel disease, those with genetic conditions such as FMR1 mutations, Turner syndrome and related chromosomal abnormalities, some metabolic diseases and potentially some differences of sexual development. For some patients facing ovarian surgery for advanced endometriosis with bilateral endometriomas or with BRCA mutations, consideration of fertility preservation may be appropriate although it is not appropriate for patients undergoing unilateral oophorectomy (e.g. for borderline ovarian tumours).⁶
- c) Transgender individuals. ‘Transgender’, or ‘trans’ is an umbrella term describing a diverse range of people whose gender identity does not fully correspond with the sex they were assigned at birth. This includes but is not limited to trans men, trans women, and non-binary people.
- d) People who have previously had treatment for cancer (or comparable serious medical disorder) where further treatment has become necessary. This will commonly be conditioning chemotherapy prior to stem cell transplantation following relapse/incomplete remission of their disease, or endocrine treatment for breast cancer. Where previous treatment may have compromised ovarian function in some of these cases, they should be discussed with local multidisciplinary groups and/or peer review process prior to proceeding with fertility preservation procedures.
- e) Front-line armed forces personnel are an appropriate group when facing deployment to a combat zone. The numbers of patients in this category are low and armed forces personnel based in Scotland who meet this criterion will be eligible for fertility preservation treatment.

⁶ Lancet Oncology Guideline - PMID: 39216500

f) This list is not exhaustive, and special consideration is likely to be necessary on a case by case basis to cover the whole range of possible conditions and scenarios that could arise. Clinicians should use their local multidisciplinary groups and/or peer review process to facilitate rapid and equitable decision-making.

Specific considerations for the above groups (refer to points (a) to (d))

Patients with cancer

The number of new cancer diagnoses in Scotland in relevant age groups in 2022 are given in Annex B. Overall, 419 men and 766 women were diagnosed with cancer between the ages of 15-39, with 258 men and 512 women diagnosed with the main conditions relevant to fertility preservation. This gives an estimate of maximum possible annual referral rates for patients with cancer.

1. For new cancer diagnoses, the prospects for fertility vary greatly depending on age and intended treatment. It was agreed that those at low risk of compromised fertility (where it is clinically judged that the risk is less than 30% of loss of fertility after treatment) would not be eligible.
2. In order for a patient to be eligible for fertility preservation, the proposed cancer treatment should be with the intention of cure or long-term survival. There may be individuals where it is considered that gamete storage is appropriate despite the prognosis being poor, in such cases there should be a clear intent for posthumous use in an established relationship, with appropriate discussion and consent for use as required under legislation.
3. For patients previously treated for cancer but now facing further cancer treatment, if prospects for successful oocyte/embryo storage are good (e.g. no evidence of premature ovarian insufficiency, even if ovarian reserve reduced, as per current assisted reproduction access criteria) then they may be eligible but should be discussed with local multidisciplinary groups and/or peer review process prior to proceeding with fertility preservation procedures. There is no minimum limit of Anti Mullerian Hormone (AMH) required for treatment, though it is a helpful indicator when discussing likely response to treatment.
4. Some patients will be advised to take long-term endocrine treatment, most commonly for breast cancer after chemotherapy, and this treatment should be included in the initial assessment of risk. Recent research indicates the safety of interrupting such endocrine treatment for pregnancy.⁷

In most cases fertility preservation will have been offered prior to chemotherapy and this will only apply to a small number of patients. Where there is evidence of a remaining good ovarian reserve at that point, reassurance to patient regarding long-term ovarian function may also be appropriate. Current evidence is that after two to three years of endocrine therapy, pregnancy does not increase the risk of relapse, thus patients would have the option of a treatment

⁷ Interrupting Endocrine Therapy to Attempt Pregnancy after Breast Cancer. N Engl J Med, 388, 1645-1656 – full detail Annex A

break at that time to achieve a pregnancy. If oocytes/embryos have been stored that would be an opportunity for their use, to minimise time off endocrine treatment although attempting natural conception would also be an option.

5. For males facing gonadotoxic treatment, cryopreservation of semen is the preferred option for fertility preservation. However, for some patients and groups (e.g. adolescent males), sample collection by masturbation may not be appropriate and/or possible. In these cases, more invasive methods including surgical intervention may be considered and where clinically appropriate offered to obtain sperm for storage.
6. Surgical interventions to attempt sperm retrieval may rarely be considered in certain situations including adolescents, gender dysphoria or sexual assault in addition to its use in specific medical conditions e.g. Klinefelter syndrome.⁸ Surgical retrieval carries a higher risk to the patient and should only be considered where a patient cannot produce a sample by masturbation (for whatever reason) and if necessary, these can be discussed as set out in point (d) on page 7.

Other medical conditions (refer to point (b) above)

1. Current experience in Scotland shows that non-oncology patients make up approximately 20% of fertility preservation referrals.
2. Similar assessment to that for new referrals with cancer will be appropriate, i.e. a significant risk of loss of fertility, consideration of future use of gametes.
3. Similar considerations to those with cancer also apply to patients who have already received some potentially gonadotoxic therapy, or whose ovarian reserve may be reduced by the nature of their underlying condition.

Transgender and non-binary people

1. Referral pathways: only patients who have been assessed and referred as eligible to access treatment under the Gender Identity Healthcare Protocol⁹ will be considered. Initial discussion of fertility preservation will be provided by the Gender Identity Service prior to referral, when early information provision about the effect of gender reassignment on fertility and fertility options will be provided. The Human Fertilisation and Embryology Authority (HFEA) has published specific information for trans and non-binary people seeking fertility treatment. [Information for trans and non-binary people seeking fertility treatment | Human Fertilisation and Embryology Authority \(hfea.gov.uk\)](https://www.hfea.gov.uk/information-for-trans-and-non-binary-people-seeking-fertility-treatment/)
2. An appointment with the fertility clinic counsellor should initially be offered.
3. The effect of trans-endocrine treatment on fertility is considered reversible, however patients should be advised that treatment would need to be paused for several months. Guidance on the appropriate pathway for people already

⁸ Surgical Sperm Retrieval Guidance NSD620-062

⁹ See Gender Identity Healthcare Protocol – Annex A - [Gender identity healthcare protocol for Scotland](#)

taking gender-affirming hormone treatment is given in Annex D of this document.

4. Patients need to be made aware that transvaginal egg recovery, conducted under sedation, is a central part of the process.
5. Surgical interventions (to recover either eggs or sperm) may be considered in certain situations including, gender dysphoria or sexual assault. Transabdominal egg recovery carries a higher risk to the patient and should only be considered where clinically appropriate or the patient cannot go through a transvaginal recovery. Similarly, surgical sperm retrieval may be considered where a patient cannot produce a sample by masturbation (for whatever reason). These rare cases can be discussed as set out in point (d) on page 7.
6. Clinics should provide an environment which is sensitive to the needs of all people and ensure that the means of obtaining gametes for fertility preservation considers individual needs.
7. Some people may later choose or require surrogacy. This may not be known at the time of gamete storage and has issues for whether subsequent use will count as 'donation' and thus what clinical activities/tests are required. Please see Annex E of this document for details of how to approach this.

Treatment to be offered

Egg/embryo storage: one cycle of ovarian stimulation will be offered. When it is considered that the ovarian stimulation regimen did not result in an optimal response for that patient, a second stimulation may be considered. The number of eggs stored is not the basis for whether a second cycle is offered.

Sperm storage: generally, one ejaculate will be stored, however the storage of sperm from more than one ejaculate may be appropriate where the initial sample is not of good quality, and there is sufficient time.

Ovarian tissue storage: this is available through SNBTS and managed as a research project, rather than through fertility services. Following surgical (laparoscopic) removal, tissue is stored under license from the Human Tissue Authority (HTA), not the HFEA: an important distinction is that this allows consent to be given by the parent/legal guardian where appropriate. Although recognised as a valid option for adult women, it is less commonly performed due to the increased availability and success of oocyte vitrification, and it is largely undertaken in prepubertal girls and younger adolescents. While the same access criteria apply in relation to risk of loss of fertility, the upper age limit is before 36th birthday (both for ethical approval and as per international guideline).

The challenges for successful treatment following ovarian tissue replacement after cryostorage are recognised. While many babies born following this procedure have been through natural conception, assisted reproduction will be appropriate for some. As the ovarian response to stimulation will inevitably be low, they will be offered up to

3 cycles of ovarian stimulation, but only 2 if no oocytes are obtained in the first 2 cycles. It is anticipated that in most instances the intention will be to perform a fresh embryo transfer, but in some cases 'embryo banking' or 'double stimulation' protocols may be clinically appropriate.¹⁰

Information provision

Patients should be provided with clear written and verbal information at all stages, i.e. both in the referring clinic and in the assisted reproduction clinic. Patients must be provided with culturally appropriate and culturally sensitive care. Fertility preservation can be challenging emotionally and physically which means that excellent communication, culturally competent, compassionate, high-quality care and appropriate support should be provided for all patients at every point of contact. If required interpretation services, including British Sign Language (BSL) should be available for patients, in-person where possible, throughout their assessment and care, ensuring this is delivered compassionately.

Patient information leaflets for sperm and egg storage in line with this guidance have been developed and are available digitally to issue to patients and translated versions will be available. A training webinar will also be developed by Fertility Scotland National Network to complement the publication of this guidance. Information is available from the HFEA website (including information specific for transgender people):

<https://www.hfea.gov.uk/treatments/fertility-preservation/>

Decision aids can help patients make decisions in complex areas and have been shown to reduce decisional regret. A decision aid specific for women with cancer has been developed at Cancer, Fertility and Me:

<https://cancerfertilityandme.org.uk/>

A version of this for younger people with greater inclusivity is currently in development.

Counselling

Access to a specialist fertility counsellor will be offered to patients prior to their giving consent to treatment (on, among other things, the implications of taking the proposed steps) and following fertility preservation.

The HFEA Code of Practice states that fertility centres should provide a suitable opportunity for counselling after the individual or couple has received verbal and written information about the services to be provided and before they consent to treatment, donation, or to the storage or use of gametes or embryos. The HFEA also

¹⁰ See ESHRE Guideline – Annex A

state that the centre should provide proper counselling throughout the treatment, donation or storage processes, and afterwards if requested.

Duration of gamete/embryo storage

The upper age limit for NHS IVF treatment in Scotland is a female age of 42 (after 40 women will only receive one cycle of NHS IVF). Eggs or embryos in storage after that age cannot be used for NHS IVF treatment. Patients with cancer may be advised to avoid pregnancy for approx. 2 years after treatment to ensure full recovery and identify early relapse.

1. Patients should have an initial follow up at a maximum of 5 years from the date of storage and at five yearly intervals thereafter. These should be initiated by the fertility clinic that provided storage for discussion and assessment of the patient, and whether it is appropriate to continue NHS-funded storage. This process is separate to the consent process and an updated consent is only required every 10 years.
2. Not being in a stable relationship is not a relevant criterion in the context of storage.
3. Young patients may need to store gametes for a very long time. However timely follow ups are important as young people have articulated how important their fertility is to them.
4. If at the follow up review the patient is no longer eligible for NHS storage e.g. now has children or is age 43 for oocyte/embryo storage or 55 for sperm storage, then ongoing NHS-funded storage will not be provided. A review appointment offers the opportunity for discussion/assessment (potentially also with an appointment with the fertility clinic counsellor) concerning ongoing storage and what the patient wishes for their gametes/embryos going forward. If patients are no longer eligible for NHS-funded storage then the patient should be advised that they would be charged for storage if they wish it to continue.
5. Normal semen analysis indicates likely fertility and certainly shows the presence of sperm which could potentially be used in fertility treatment. If at the five-year appointment or thereafter the patient is shown to have a normal semen analysis, disposal of stored sperm should be discussed with them; and they should be advised that they will be charged for further storage. If, however, the sperm count is found to be low then ongoing NHS-funded storage will be provided. If the patient does not provide a semen sample, further NHS-funded storage will not be provided, and the stored samples will be disposed of or the patient will be charged for further storage. This should be handled sensitively and consideration given for those patients who are not able to provide a semen sample.
6. Issues regarding the limited ovarian lifespan and potential for it to be shortened after cancer treatment mean that regular menstrual cycles or biochemical tests

of ovarian function should not be used as grounds for disposal or charging for ongoing storage, where other criteria for access to NHS treatment are still met.

7. Where sperm are stored during NHS IVF treatment as a 'back up' in case of no fresh sperm being available on the day of oocyte recovery, these samples will not be considered to be stored for fertility preservation reasons. The duration of NHS-funded storage in these cases may be limited if the couple achieve a live birth or have completed their allocation of NHS-funded treatment. Under those circumstances, further storage will need to be self-funded.
8. A patient contract is considered the best way of combining these aspects of duration of storage, the need to reassess eligibility, and self-funding of further storage once a patient is no longer eligible for NHS treatment. This needs to be completed at the time of storage. Storage protocols have been developed for other aspects of fertility storage, and a protocol will now be developed for fertility preservation storage.

Data Collection

It is important that information regarding use of NHS resources is collected, to inform future service development. Information to be collected includes:

1. Number and source of referrals.
2. Number of patients proceeding to fertility preservation; their characteristics (e.g. age, diagnosis) and fertility preservation results (e.g. number of eggs).

In the future we aim to collect data on usage/other outcomes.

Public Health Scotland (PHS) have developed a data capture form which is in use by the four NHS Assisted Conception Units. All data collected will be anonymised and personal information will not be retained for these purposes. The Units send completed forms to PHS each quarter where the data is then collated. Centralised storage by SNBTS in future will allow collection of this data as samples are stored.

Relevant documents

The following guidelines/documents include some relevant information/detail on fertility preservation:

British Fertility Society guideline:

Yasmin E, Balachandren N, Davies MC, et al. Fertility preservation for medical reasons in girls and women: British fertility society policy and practice guideline. *Hum Fertil (Camb)* 2018; **21**(1): 3-26.

ESHRE guideline:

ESHRE Guideline Group on Female Fertility Preservation, Anderson RA, Amant F, Braat D, D'Angelo A, Chuva de Sousa Lopes SM, Demeestere I, Dwek S, Frith L, Lambertini M *et al.* ESHRE guideline: female fertility preservation. *Hum Reprod Open* 2020;2020: hoaa052.

ESMO guideline:

Lambertini M, Peccatori FA, Demeestere I, Amant F, Wyns C, Stukenborg JB, Paluch-Shimon S, Halaska MJ, Uzan C, Meissner J *et al.* Fertility preservation and post-treatment pregnancies in post-pubertal cancer patients: ESMO Clinical Practice Guidelines. *Ann Oncol* 2020;31: 1664-1678.

PanCareLIFE consortium documents:

Mulder RL, Font-Gonzalez A, Hudson MM, van Santen HM, Loeffen EAH, Burns KC, Quinn GP, van Dulmen-den Broeder E, Byrne J, Haupt R *et al.* Fertility preservation for female patients with childhood, adolescent, and young adult cancer: recommendations from the PanCareLIFE Consortium and the International Late Effects of Childhood Cancer Guideline Harmonization Group. *Lancet Oncol* 2021;22: e45-e56.

Mulder RL, Font-Gonzalez A, Green DM, Loeffen EAH, Hudson MM, Loonen J, Yu R, Ginsberg JP, Mitchell RT, Byrne J *et al.* Fertility preservation for male patients with childhood, adolescent, and young adult cancer: recommendations from the PanCareLIFE Consortium and the International Late Effects of Childhood Cancer Guideline Harmonization Group. *Lancet Oncol* 2021;22: e57-e67.

American Society of Clinical Oncology guidance (ASCO):

Oktay K, Harvey BE, Partridge AH, et al. Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update. *J Clin Oncol* 2018: JCO2018781914.

[Gender identity healthcare protocol for Scotland](#) (September 2024)

NICE Clinical Guideline 156 Fertility: assessment and treatment of people with fertility problems (2013) <http://guidance.nice.org.uk/CG156>

RCOG Pregnancy and Breast Cancer Green-top Guideline No. 12 (2011) https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_12.pdf

du Fossé NA, van der Hoorn MLP, van Lith JMM, le Cessie S, and Lashley EELO.
Advanced paternal age is associated with an increased risk of spontaneous miscarriage: a systematic review and meta-analysis. *Human Reproduction Update*, Vol.26, No.5, pp. 650–669, 2020

Greenberg DR, Khandwala YS, Lu Y, Stevenson DK, Shaw GM and Eisenberg ML.
Disease burden in offspring is associated with changing paternal demographics in the United States. SSN: 2047-2919 *ANDROLOGY*

Donnez J, Dolmans MM. Fertility Preservation in Women. *N Engl J Med* 2017; **377**(17): 1657-65.

Picton HM, Wyns C, Anderson RA, et al. A European perspective on testicular tissue cryopreservation for fertility preservation in prepubertal and adolescent boys. *Hum Reprod* 2015; **30**(11): 2463-75.

Partridge A. H., Niman S. M., Ruggeri M., Peccatori F. A., Azim H. A., Jr., Colleoni M., Saura C., Shimizu C., Saetersdal A. B., Kroep J. R., Mailliez A., Warner E., Borges V. F., Amant F., Gombos A., Kataoka A., Rousset-Jablonski C., Borstnar S., Takei J., Lee J. E., Walshe J. M., Ruiz-Borrego M., Moore H. C. F., Saunders C., Bjelic-Radisic V., Susnjar S., Cardoso F., Smith K. L., Ferreiro T., Ribi K., Ruddy K., Kammler R., El-Abed S., Viale G., Piccart M., Korde L. A., Goldhirsch A., Gelber R. D., Pagani O., International Breast Cancer Study G., Collaborators P. T. 2023. Interrupting Endocrine Therapy to Attempt Pregnancy after Breast Cancer. *N Engl J Med*, 388, 1645-1656.

HFEA website information regarding fertility preservation for all patients:

<https://www.hfea.gov.uk/treatments/fertility-preservation/>

HFEA information specific to transgender individuals

<https://www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/>

ANNEX B

Cancer incidence in Scotland in 2022 by site/type of cancer, sex, age

Cancer site/type (ICD-10)	Sex	15-19	20-24	25-29	30-34	35-39	Total
All Cancer Types	M	23	55	74	115	152	419
	F	24	47	110	232	353	766
All Malignant Neoplasms (Bone and connective)	M	5	4	5	4	1	19
	F	3	4	4	4	3	18
Breast (C50)	F	-	1	22	64	144	231
Cervix uteri (C53)	F	-	1	11	39	53	104
Ovary (C56)	F	2	7	13	10	13	45
Testis (C62)	M	-	12	25	38	34	109
Hodgkin lymphoma (C81)	M	7	8	7	7	13	42
	F	7	8	8	10	4	37
Non Hodgkin Lymphoma (C82 – 86)	M	-	6	4	4	10	24
	F	1	2	1	5	5	14
Acute Lymphoblastic Leukaemia (C91)	M	4	1	-	2	-	7
	F	3	-	1	1	1	6
Acute Myeloblastic Leukaemia (C92)	M	-	-	-	-	-	0
	F	-	1	1	-	1	3
Colon (C18)	M	1	1	5	11	14	32
	F	-	2	1	13	19	35
Brain (C71)	M	2	4	5	6	8	25
	F	-	-	2	8	9	19
Subtotals							

M These cancers (exc. All cancer types), these ages total 258

F These cancers (exc. All cancer types), these ages total 512

Data extracted by Anthea Taylor from statistics published by Public Health Scotland, 26 November 2024.

Many people will have had a child at the time of diagnosis and thus not be eligible for NHS fertility preservation.

Suggested Template for referrals to fertility preservation treatment

To be used/adapted by ACUs to ensure fertility services have the information required for a correct referral.

Fertility preservation referral form

1. Criteria for NHS treatment

Please confirm that your patient meets these criteria:

- Patient is resident in Scotland
- Storing eggs or embryos: BMI under 35
- Age before 40th birthday if storing eggs, before 53rd birthday if storing sperm
- No existing biological children/not a legal parent unless with a partner that does not have a biological child/is not a legal parent.
- Not previously sterilised
- Where it is clinically judged that there is evidence that the risk is greater than 30% chance of fertility lost through therapy
- Gender Identity: the patient has been assessed and referred as eligible to access treatment under the Gender Identity Healthcare Protocol.
- Oncology: treatment is with intention to cure, or long-term survival

Fitness: Patient is fit to travel for the Cryostorage appointment Yes/No
Patient is fit for procedures including anaesthetic/sedation Yes/No
Or Patient is able to produce a sperm sample by masturbation

2. Referrer details

Date of referral:

Consultant/ Specialist nurse:

Contact no:

Email address:

Hospital/Department:

3. Patient details

Name:

CHI:

Address:

Contact no (preferably mobile):

Type of preservation:

Eggs

Sperm

Embryos

If embryos, partner's name and DOB:

4. Reason for referral

Date of referral to fertility preservation service:

Diagnosis:

1 Cancer 2 Non-cancer medical reason 3 Transgender 4 Armed forces 5 Other

Date of diagnosis:

Type of cancer (ICD code):

C18 Colon

C40 Bone and articular cartilage – limbs only

C41 Bone and articular cartilage - non-limb/ not specified

C50 Breast

C53 Cervix uteri

C56 Ovary

C62 Testis

C71 Brain/CNS

C81 Hodgkin lymphoma

C82 Non-Hodgkin lymphoma – follicular lymphoma

C83 Non-Hodgkin lymphoma – non-follicular lymphoma

C84 Non-Hodgkin lymphoma – mature T/NK-cell lymphoma

C85.9 Non-Hodgkin lymphoma – unspecified

C91 Lymphoid leukaemia

C92 Myeloid leukaemia

Type of medical condition (ICD code):

M32 Systemic Lupus Erythematosus

M05 Rheumatoid arthritis – seropositive

M06 Rheumatoid arthritis – other

M07 Psoriatic and enteropathic arthropathies

M45 Ankylosing Spondylitis

G35 Multiple sclerosis

D56 Thalassaemia

D57 Sickle cell disorders

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D60 Acquired pure red cell aplasia
D61 Other aplastic anaemias (including Fanconi anaemia)
K50 Crohn's Disease
K51 Ulcerative Colitis
N80 Endometriosis
Q96 Turner Syndrome
Q99.2 Fragile X
E74.2 Galactosaemia

Planned treatment:

- 1 Surgery
- 2 Radiotherapy
- 3 Chemotherapy
- 4 Radiotherapy and chemotherapy
- 5 Surgery and chemotherapy
- 6 Surgery and radiotherapy
- 7 Surgery, radiotherapy and chemotherapy

Please specify chemotherapy regimen:

Please specify estimate of pelvic radiotherapy dose:

Previous treatment (outline regimen):

Predicted reduction in fertility after current planned treatment:

- <10%
- 10-30%
- 30-70%
- >70%
- Unknown

Date of anticipated treatment starting:

Relevant Past Medical History:

Current medication:

Any current coagulation/thrombosis issues?

Any other relevant information?

If storing eggs

LMP:

Average cycle length:

Current contraception:

5. Additional patient information

Age:

BMI:

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Confirm the patient is post-pubertal Yes / No

Relationship status:

Existing children (please delete): No / Yes

Travelled overseas within the last 2 years Yes / No

6. Medical practitioner's statement:

I certify that the person named in Section 3 of this form is, or is likely to become prematurely infertile.

Name:

Signature:

Date:

Virology screening is required prior to referral.

This consists of testing for hepatitis B (HBV) and C (HCV) viruses and human immunodeficiency viruses (HIV 1 and 2). These tests do not preclude referral.

Please confirm that this has been undertaken

To refer, email/phone this referral form to the appropriate Assisted Reproduction unit:

Aberdeen: gram.aberdeenfertility@nhs.scot (within Grampian fertility preservation referrals should come via service requests)

Dundee: Tay.acusecretarial@nhs.scot Tel: 01382 496475

Edinburgh: loth.assistedconceptionunit@nhs.scot; please follow up with phone call to 0131 242 2445/6

Glasgow: ggc.preservation.acs@nhs.scot Tel: 0141 2115674

Fertility Preservation for transgender and non-binary people

While it is preferable for transgender and non-binary people to store eggs or sperm before starting gender-affirming hormone treatment, sometimes this is not possible, and consideration must be given to how best to manage that situation. In some cases, it may be considered more appropriate to defer gamete storage (perhaps for years) despite imminently starting gender affirming hormone treatment, to allow continuing consideration of the wish for such storage. Gamete storage can be considered at any time up until surgical removal of the gonads.

For egg cryopreservation

The procedures required prior to oocyte cryopreservation, such as hormonal ovarian stimulation and transvaginal ultrasound (TVS), can have a negative impact on gender dysphoria; successful management requires sensitivity and awareness of these issues, e.g. offering transabdominal ultrasound monitoring (Armound et al 2017).

Patients may be on testosterone, and some also on GnRH agonists. Thus, they will be hypogonadotrophic-much like women on long-term agonists e.g. for endometriosis. Importantly, intrafollicular testosterone concentrations are 100-200 nmol/l (Kristensen et al 2018), thus serum testosterone concentrations are not relevant to the huge concentrations that the oocyte is exposed to during normal development.

Options for ovarian stimulation:

1. For many of these young patients (who will have a high ovarian reserve), an antagonist cycle with GnRH trigger will be appropriate.
2. It is very important to consider if there is pituitary suppression, resulting in likely non-response to GnRHa trigger. In that case, hCG trigger will be needed.
3. For some patients on long-term GnRHa treatment, it may be appropriate to stop that medication in advance of ovarian stimulation, or to continue it and use a down-regulation protocol. This may be associated with an increased risk of OHSS where the ovarian reserve and response is high.
4. Add letrozole (e.g. 5mg daily) during stimulation to minimise E2 rise. There is evidence that slightly greater follicle growth before trigger is of value (eg 2 x19mm or 3 x18mm)
5. Lower testosterone dosage while maintaining some gender-affirming effect can be achieved by using testosterone gel at e.g. 25mg/day for 2-3 months before ovarian stimulation. This is likely to allow at least partial recovery of

gonadotrophin section and ovarian activity, which may have a positive effect on the response to ovarian stimulation.

Thus, a routine requirement to stop gender-affirming testosterone therapy before starting ovarian stimulation is not necessary. This is the practice in other centres with substantial experience of this (e.g. Karolinska Institute, Stockholm), and successful egg recovery while the patient continues on testosterone treatment has been reported (Cho et al 2020).

For sperm cryopreservation

Patients may be on long-term GnRH agonists and oestradiol treatment. They will be hypogonadotrophic, and spermatogenesis is likely to be suppressed (though not always completely). There is also some evidence that even before endocrine treatment is started, trans women are more likely to show oligospermia (Li et al 2018). The procedures for sperm cryopreservation can have a negative impact on gender dysphoria; successful management requires sensitivity and awareness of these issues.

Options

1. Assess sperm production at presentation. If there are sperm present, store them. More than one semen sample may be needed to ensure an adequate number of sperm are stored (as with cancer patients).
2. If severe oligo/azoospermia, discuss stopping endocrine treatment. It may take many months for spermatogenesis to be restored, and stopping treatment may not be acceptable to some patients.
3. If they do accept to stop treatment, it seems reasonable to offer a repeat assessment at 3-6 months and at intervals thereafter, until sufficient sperm can be stored.

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Kristensen SG, Mamsen LS, Jeppesen JV, Bøtkjær JA, Pors SE, Borgbo T, Ernst E, Macklon KT, Andersen CY. Hallmarks of Human Small Antral Follicle Development: Implications for Regulation of Ovarian Steroidogenesis and Selection of the Dominant Follicle. Front Endocrinol (Lausanne). 2018 12:376.

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Gamete storage for use by 3rd party reproduction

Some patients undergoing gamete storage may subsequently require 3rd party reproduction (donation and surrogacy). For this, they are considered to be gamete donors, requiring additional screening tests, as specified in the current HFEA Code of Practice and they will be required to complete a questionnaire regarding risk of genetic disease and recent travel.

The need for surrogacy will often be unclear at the time of gamete storage. Options would therefore be to (i) treat all as potential donors, (ii) treat selected individuals as potential donors, or (iii) treat none as potential donors and undertake additional screening at the time of use.

Considerations include:

- Unnecessary investigations at storage, with cost and inconvenience considerations.
- Infection tests changing between storage and use: these tests therefore need to be undertaken at storage with repeat at 3-6 months as per current regulations.
- Tests that will not change are CF, karyotype, blood group: these could therefore be undertaken at time of use.
- Donor Questionnaire: important for identification of recent travel/behavioural/infection risk.

We suggest that all individuals undergoing gamete storage are assessed as to the potential need for 3rd party reproduction, recognising that the individual's situation in the years to come is difficult to predict. This applies equally to those storing sperm and eggs, and it is important to recognise that this possibility should be discussed (and recorded) with all patients proceeding to fertility preservation procedures. If there is considered to be a possibility of needing 3rd party reproduction, the following approach should be taken:

- Infection-related tests should be done at the time of gamete storage, with medical/behavioural/social questionnaire and repeat testing at 3 months in compliance with HFEA Code of Practice, if using NAT testing or repeat testing at 6 months if using serology testing only.
- Karyotype, blood group and CF screening should be done at time of gamete use, not at the time of gamete storage.
- Genetic questionnaire: to be completed at the time of gamete use.

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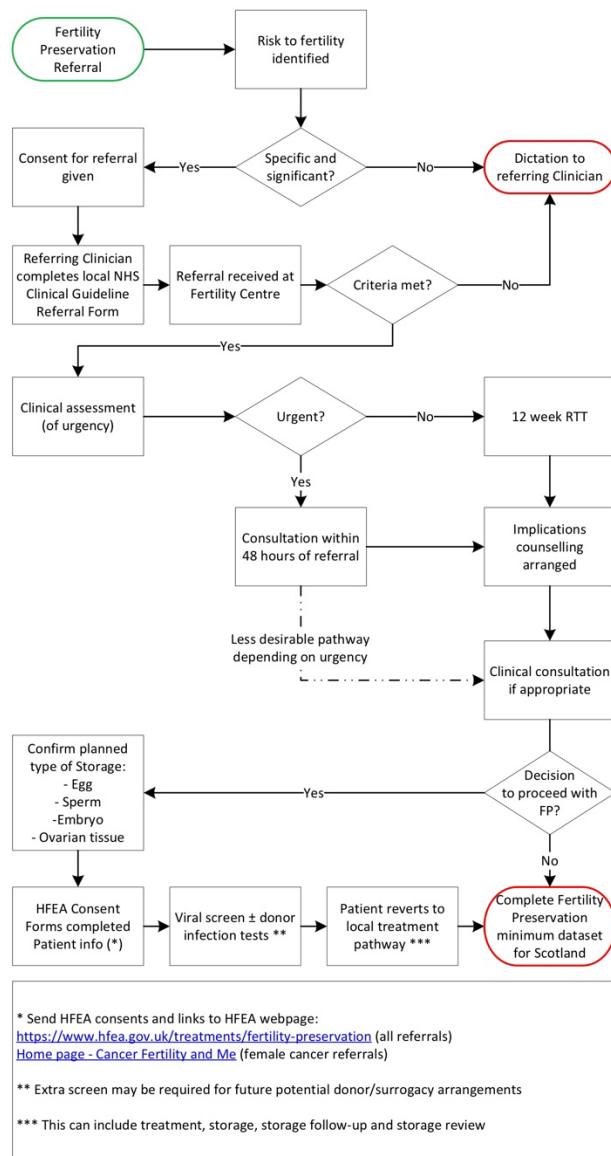
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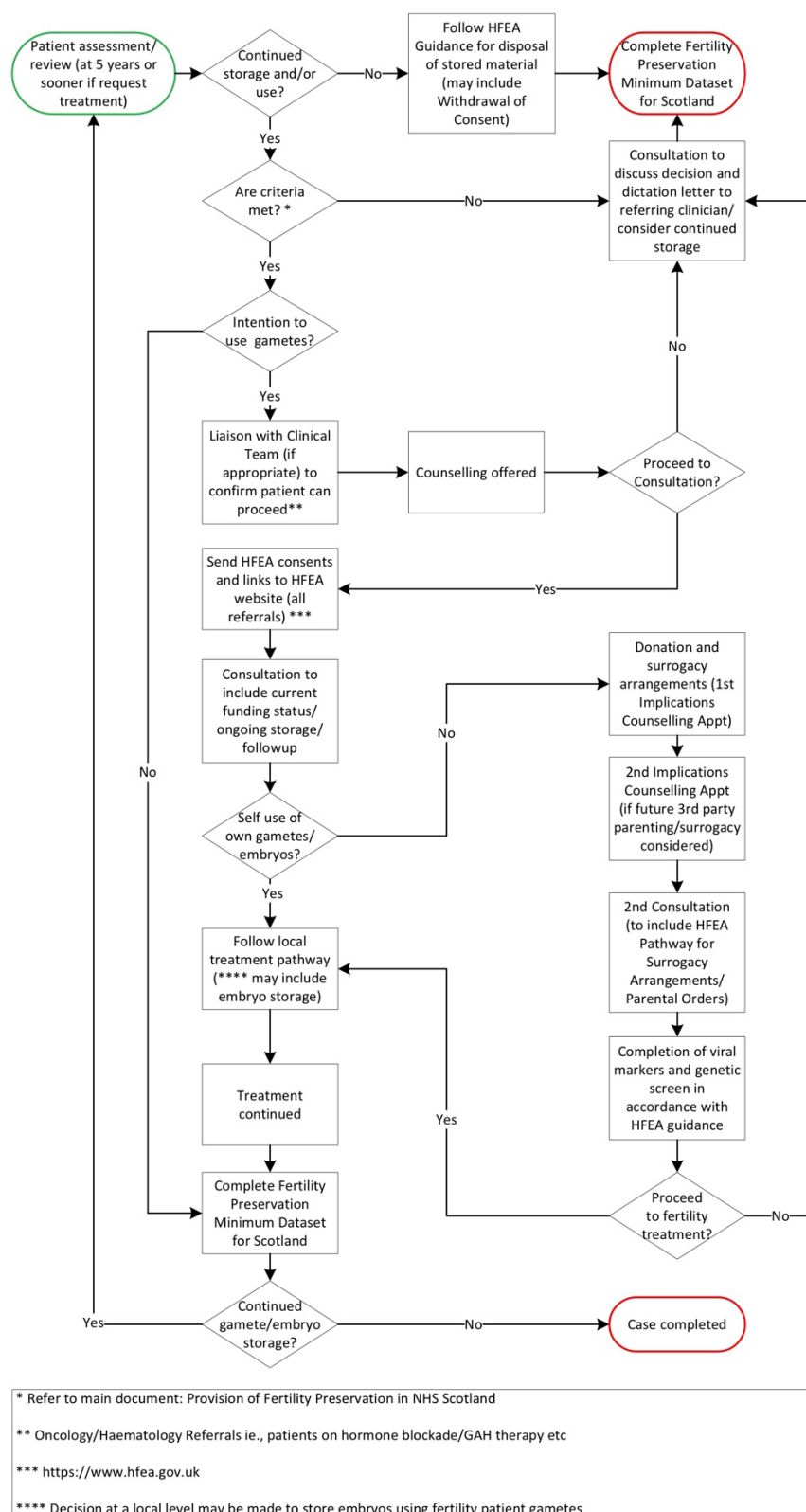
Dr Sharon Zahra, Clinical Lead, Tissues and Cells, Scottish National Blood Transfusion Service

Suggested Patient Referral Pathway



Consultation should ideally be within 48 hours, but there may be occasions where it will be longer.

Suggested Patient Pathway – Use of Gametes



ANNEX B – General Patient Fertility Preservation - Sperm and Egg Freezing Information

Patient Information Fertility Preservation Sperm Freezing

Introduction

Fertility preservation, specifically sperm freezing, is a process that allows you to store your sperm for future use. We understand that family planning might not be your immediate priority. You may be unsure about having children someday, and that's perfectly acceptable. However, this is an important decision, and the timing of certain medical treatments can impact your fertility. Therefore, it's crucial to explore your options now. Understanding the process of sperm freezing, its benefits, and the factors to consider will empower you to make informed choices about your future, regardless of whether you envision having children or not. This information is designed to help you navigate these important questions and make the best decision for you.

What is fertility?

Fertility is the ability to have children. In males, it requires producing healthy sperm in the testes and sperm freezing preserves the option to have biological children in the future.

Conditions that can affect your fertility

Cancer

Cancer treatment, including chemotherapy, radiotherapy, and some kinds of surgery, can affect how well your testes produce sperm. The potential impact on your sperm depends on the type of treatment you will be receiving. It's important to talk to your cancer team about the likely effects of your treatment.

If you think you would like children at some point and you haven't started cancer treatment, you may wish to preserve your fertility by having your sperm frozen and stored for later use in fertility treatment.

Gender related treatment

Hormone treatment and some gender-related surgeries could make you infertile. This depends on the type of treatment you have. Hormone therapy (puberty blockers or oestrogen) suppresses your fertility and, over time, may lead to a complete loss of fertility. In most cases, fertility will recover if you stop hormone treatment; however, in some cases, it does not. Surgery to remove the testes is irreversible and will make you infertile. Removal of the penis means sperm cannot be released.

If you think you would like children at some point, you may wish to preserve your fertility by having your sperm frozen and stored for later use in fertility treatment.

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Often, this is best done before starting hormone treatment, but if you decide on this later, after starting treatment, that should be possible. Depending on the case, you might need to stop hormone treatment for a few months.

Other conditions

Other medical conditions may require the use of treatments that are damaging to fertility, so you may wish to consider fertility preservation.

Front-line armed forces personnel facing deployment to a combat zone can be offered fertility preservation under the NHS.

What is fertility preservation?

Fertility preservation involves collecting and freezing your sperm (sperm freezing), so that you have the option to have children in the future, using that sperm.

If you decide to proceed with a consultation for fertility preservation, you will be referred to the Fertility Centre closest to you, but this may not be your local hospital. Your clinical team and fertility specialists will work together to carefully plan and coordinate your fertility preservation alongside your treatment, ensuring everything is managed smoothly and efficiently.

What is involved in sperm freezing?

Sperm freezing is a method of preserving your fertility by storing sperm before cancer or other treatment begins. To provide a sample for freezing, you will need to masturbate and ejaculate into a sterile container.

Once you have produced your sperm sample, the laboratory team will contact you to inform you about its quality and whether it is suitable for freezing. If time allows, they may recommend providing a second sample to improve the chances of successful fertility preservation.

There is no guarantee that any given semen sample will be suitable for storage. Illness, previous treatments, or other factors can affect sperm production. If this occurs, it may not be possible to freeze the sperm successfully. The only way to confirm this is by laboratory examination of the sperm sample.

How long will I be in for?

The time required for sperm collection and processing is typically brief, usually taking less than an hour. You can usually go home shortly after providing your sample.

Who is eligible for NHS-funded sperm storage?

To qualify for NHS-funded sperm storage, it does not matter whether you are single or in a relationship, but you must meet specific criteria for fertility preservation. In Scotland, the current eligibility requirements are:

- You must be under 53 years of age.
- You must not have any biological children.
- You must not have undergone sterilisation.

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However, separate criteria apply to access NHS-funded fertility treatment to use your stored sperm in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come.

However, separate criteria apply to access NHS-funded fertility treatment to use your stored sperm in the future.

What will happen when I see the fertility specialist?

During the appointment, the doctor or specialist nurse will explain the available options for sperm freezing and answer any questions you may have. If there is enough time to complete fertility preservation before beginning your cancer or other treatment, the specialist will talk you through the relevant procedures.

If you choose to proceed, the specialist will guide you through the process and you will need to complete the required paperwork (including recent travel history) and consent forms for the treatment and storage of your sperm. You will also undergo a blood test to check for infections. These steps are necessary to ensure your sperm can be safely stored, meeting regulatory requirements for potential future use.

What are the legal implications of storing sperm?

In the UK, the use and storage of sperm are regulated by the Human Fertilisation and Embryology Authority (HFEA). Under the Human Fertilisation and Embryology Act (1990), you must provide written consent for the following:

- The storage of your sperm
- The duration for which your sperm can be stored
- The purposes for which your sperm can be used
- Your wishes regarding the stored sperm
- What should happen to your sperm in the event of your death or if you become unable to change or withdraw your consent (these are standard questions for all patients considering fertility preservation)

The maximum storage period for your sperm is 55 years but consent must be renewed every 10 years.

Once your sperm is stored, it is crucial to maintain communication with the storage centre. Notify them immediately of any changes to your contact details, such as a new address, to ensure they can stay in touch with you. If the storage centre cannot contact you they may no longer be legally permitted to store your sperm and will be required to discard the sample/s.

It is important to let the centre know about any changes in partnership status or name changes, as new consent forms may need to be completed to continue with storage.

If you have a partner and you wish to allow your partner to use your sperm in the event of your death, you must complete specific consent forms with the storage centre to authorise this.

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If you decide to stop storing your sperm, you will need to contact the storage centre to arrange for it to be discarded. Additionally, the fertility centre may schedule follow-up appointments to check whether you are still producing sperm. If you are, the NHS may no longer cover the cost of ongoing sperm storage.

Will my treatment have to be postponed if I choose sperm freezing?

Sperm freezing typically takes 2-3 days. If your treatment can be safely delayed for this period, your specialist can refer you to discuss fertility preservation options, including sperm freezing. However, if your treatment needs to start urgently, there may not be enough time to complete sperm freezing before beginning treatment. In these situations, other options might be considered. Please see below for information on using donor sperm or adoption.

What if I don't want to proceed at this stage?

If you decide not to proceed with sperm freezing at this stage, that is perfectly acceptable. The decision is entirely yours. It's natural to feel uncertain, and taking more time to think things over is perfectly reasonable. If you're unsure, it may help to talk it through with your healthcare team, fertility specialist, or a counsellor to better understand your options. Opting out of sperm freezing will not impact your treatment, and you can explore other options to build a family in the future if you change your mind.

Are there any alternatives if I can't freeze my sperm before treatment starts?

If you decide not to freeze your sperm before your treatment or it is not possible before starting cancer or other treatment, fertility options may be limited in the future. There are still alternative ways to build a family. Please see below for information on using donor sperm or adoption.

Can I have fertility treatments after recovering from treatment?

Depending on how your fertility is affected, you might still be able to have fertility treatment after you recover. If your testes start producing sperm again, fertility treatment using your own sperm could be an option. If using your own sperm isn't possible and you did not freeze sperm before treatment, you could talk about other options:

- **Using Donor Sperm:** If you can't produce sperm after treatment, using donor sperm for fertility treatments might be an option when you're ready to start a family.
- **Adoption:** Adoption is another way to have children. You can explore it at any time, and it offers a path to parenthood if having a biological child isn't possible.

It's important to talk about these alternatives with your fertility specialist and healthcare team so you can choose the best option for your medical situation, treatment plan, and family goals. Each option has different things to consider, and your healthcare team can give you personalised guidance.

Will I get fertility testing after treatment?

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After completing treatment, fertility testing may help determine if you are still producing viable sperm. We usually advise waiting 12 months after completing treatment before having this test. There's no single test that can definitively say if your fertility has fully returned. A semen analysis can assess sperm count, motility, and morphology, but even a "normal" result doesn't guarantee fertility.

Who can help me decide what to do?

Your doctors and nurses can offer guidance as you make this decision about sperm freezing. Visiting the fertility centre doesn't mean you have to go ahead with sperm freezing, but it will give you the chance to explore your options fully.

It's also important to lean on your usual support network, such as family, friends or community support groups to help you decide what's best for you.

Counsellors, while not directly involved in your medical care, can offer valuable support in helping you decide whether to proceed with fertility preservation, including sperm freezing, and provide additional emotional support throughout the process.

How can I access fertility counselling?

If time allows, you will have the opportunity to meet with one of our fertility counsellors before proceeding with sperm freezing. All of our counsellors are members of the British Infertility Counselling Association (BICA). During your session, the counsellor will discuss your options and help you explore your thoughts and feelings about freezing your sperm. It is also a chance for you to ask any questions you may have.

Please note that counselling is not part of the assessment process and will not affect your treatment. If you would like additional support, further counselling appointments are available before, during, or after your treatment.

Can I change my mind?

Yes, you can change your mind at any time. It's normal to feel uncertain or anxious about the process, and speaking with a counsellor or fertility doctor can help you work through your feelings. However, these discussions do not obligate you to proceed with fertility preservation.

Do I need to use Contraception?

While treatment may affect your fertility, it is impossible to know for certain whether you can still father a child. Some treatments can damage sperm, which could potentially affect a pregnancy if conception occurs during treatment. Therefore, it is vital to prevent pregnancy if you are sexually active during treatment and for up to a year after your treatment ends.

It is equally important to practice safe sex to protect yourself and your partner from sexually transmitted infections (STIs). Using a condom during sexual activity is strongly recommended to ensure both your safety and your partner's.

What do I do when I wish to use the stored sperm?

You need to contact your GP to ask for a referral to your local fertility centre, preferably the one where your sperm are stored.

It's also important to note that additional criteria must be met to access NHS fertility treatment using your stored sperm in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come. Current criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#).

Want to find out more? – Useful contacts and websites

If you would like to learn more about fertility preservation or access support, the following resources may be helpful:

- **HFEA Website: Sperm Freezing**
[Sperm freezing | HFEA](#)
- **HFEA Website: Fertility Preservation**
[Fertility preservation | HFEA](#)
- **HFEA: Information for Trans and Non-Binary People**
[Information for trans and non-binary people seeking fertility treatment | HFEA](#)
- **British Infertility Counselling Association (BICA)**
[BICA: Professional Infertility Counselling Association in the UK](#) - Provides specialised counselling for individuals undergoing fertility treatment and preservation.
- **Macmillan Cancer Support**
[Macmillan Cancer Support](#) - Macmillan provide information, support and guidance, to help everyone with cancer live life as fully as they can.
- **Teenage Cancer Trust**
[Teenage Cancer Trust](#) - Teenage Cancer Trust provide specialised nursing care and support for young people with cancer. Supporting anyone diagnosed with cancer aged 13-24, and their loved ones too.
- **Cancer Research UK: Fertility and Cancer**
[Cancer and Fertility | Cancer Research UK](#) – Comprehensive information on how cancer treatments can impact fertility and the options available.
- **Clic Sargent (Young Lives vs Cancer)**
[The six ways we help - Young Lives vs Cancer](#) and [Young Lives vs Cancer](#) – Support for children and young adults with cancer, including information on fertility preservation.
- **Gendered Intelligence**
[Gendered Intelligence](#) - Supports trans individuals, particularly young people, in navigating gender identity and related challenges.
- **GIRES (Gender Identity Research & Education Society)**
[Gender Identity Research & Education Society](#) - Offers guidance and advocacy for trans and gender-diverse individuals and their families.
- **Scots Trans and Equality Network**
[Scottish Trans](#) - Works to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. Scottish Trans is part of the [Equality Network](#) which works to improve LGBTQI+ equality, rights and inclusion in Scotland.
- **LGBT Health and Wellbeing**

[LGBT Health and Wellbeing](#) - Works to improve the physical, social, and mental health and wellbeing of LGBTQ+ adults (16+) in Scotland.

- **LGBT Youth Scotland**
[LGBT Youth Scotland](#) - Scotland's national charity for LGBTQ+ young people, aged 13-25.
- **The Fertility Alliance**
[The Fertility Alliance](#) - A national fertility charity offering support and accurate information for anyone who wants to know more about their fertility.
- **Fertility Network UK**
[Fertility Network UK](#) – A charity providing support and information on all aspects of fertility, including preservation options.
- **NHS Fertility Services**
[Infertility | NHS inform](#) - Guidance on NHS fertility services and infertility information.
- **British Fertility Society**
[For the public » British Fertility Society](#) - Information on fertility and fertility preservation.

Patient Information Fertility Preservation

Egg Freezing

Introduction

Fertility preservation, specifically egg freezing, is a process that allows you to store your eggs for future use. We understand that family planning might not be your immediate priority. You may be unsure about having children someday, and that's perfectly acceptable. However, this is an important decision, and the timing of certain medical treatments can impact your fertility. Therefore, it's crucial to explore your options now. Understanding the process of egg freezing, its benefits, and the factors to consider will empower you to make informed choices about your future, regardless of whether you envision having children or not. This information is designed to help you navigate these important questions and make the best decision for you.

What is fertility?

Fertility is the ability to have children. For females, egg freezing preserves the option to try for biological children in the future.

Conditions that can affect your fertility

Cancer

Cancer treatments like chemotherapy, radiotherapy, and some surgeries can impact your ovaries' ability to produce eggs and your future chances of pregnancy. The risk to your fertility depends on your age and the specific treatment. Discuss the potential impact on your fertility with your cancer team. If your fertility is at risk, and you hope to have children in the future, consider preserving your fertility by freezing your eggs before starting cancer treatment.

Gender related treatment

Hormone treatment and some gender-related surgeries could make you infertile. This depends on the type of treatment you have. Hormone therapy (puberty blockers or testosterone) suppresses your fertility. In most cases, fertility will recover if you stop hormone treatment; however, in some cases, it is possible that it may not. Surgery to remove the ovaries is irreversible and will make you infertile.

If you think you would like children at some point, you may wish to preserve your fertility by having your eggs frozen and stored for later use in fertility treatment. Often, this is best done before starting hormone treatment, but if you decide on this later, after starting treatment, that should be possible. You might need to stop hormone treatment for a few months.

Other conditions

Some health conditions can affect your ability to have children, sometimes even causing early menopause. For example, conditions like Turner syndrome mosaicism and Galactosaemia can lead to a premature loss of eggs.

Additionally, treatments for other health issues can also damage fertility. If you're facing such a treatment and hope to have children someday, freezing your eggs beforehand could help preserve your fertility.

Front-line armed forces personnel facing deployment to a combat zone can be offered fertility preservation under the NHS.

What is fertility preservation?

Fertility preservation involves collecting and freezing your eggs (egg freezing), so that you have the option to try for children in the future, using those eggs.

If you decide to proceed with a consultation for fertility preservation, you will be referred to the Fertility Centre closest to you, but this may not be your local hospital. Your clinical team and fertility specialists will work together to carefully plan and coordinate your fertility preservation alongside your treatment, ensuring everything is managed smoothly and efficiently.

What is involved in egg freezing?

Egg freezing is a method of preserving your fertility by storing your eggs before cancer or other treatment begins. Egg freezing involves a few steps:

- You'll get hormone injections to encourage your ovaries to produce multiple eggs.
- Your progress will be monitored with ultrasound scans and blood tests.
- When the eggs are mature, they'll be collected during a short surgical procedure during which you will receive sedation.
- The mature eggs are then frozen and stored.

Are there any side effects?

Young women's ovaries often respond well to fertility drugs, which can increase the risk of ovarian hyperstimulation syndrome (OHSS) although there is a small risk to all. OHSS is a potentially serious reaction to the hormone injections where overstimulated ovaries enlarge and release chemicals that can cause blood vessels to leak.

We minimize this risk by carefully selecting the type and dose of hormone injections. Around one-third of individuals experience mild OHSS, which can usually be managed at home with pain relief and prescribed medication for a few days.

How long will I be in hospital for?

You can normally go home one to two hours after the egg collection procedure. Some light bleeding is normal, and any abdominal discomfort usually subsides within 12 hours with pain relief.

Who is eligible for NHS egg storage?

To qualify for NHS egg storage, it does not matter whether you are single or in a relationship, but you must meet specific criteria for fertility preservation. In Scotland, the current eligibility requirements are:

- You must be under 40 years of age.
- Your BMI must be under 35.
- You must not have any biological children.
- You must not have undergone sterilisation.

However, separate criteria apply to access NHS-funded fertility treatment to use your stored eggs in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come.

What will happen when I see the fertility specialist?

During the appointment, the doctor or specialist nurse will explain the available options for preserving your fertility and answer any questions you may have. If there is enough time to complete fertility preservation before beginning your cancer or other treatment, the specialist will discuss the relevant procedures with you.

If you choose to proceed, the specialist will guide you through the process and, you will need to complete the required paperwork (including recent travel history) and consent forms for the treatment and storage of your eggs. You will also undergo a blood test to check for infections. These steps are necessary to ensure your eggs can be safely stored, meeting regulatory requirements for potential future use.

If we determine that your eggs cannot be frozen, we will inform you and discuss the options, if appropriate.

What are the legal implications of storing eggs?

In the UK, the use and storage of eggs are regulated by the Human Fertilisation and Embryology Authority (HFEA). Under the Human Fertilisation and Embryology Act (1990), you must provide written consent for the following:

- The storage of your eggs
- The duration for which your eggs can be stored
- The purposes for which your eggs can be used
- Your wishes regarding the stored eggs
- What should happen to your eggs in the event of your death or if you become unable to change or withdraw your consent (these are standard questions for all patients considering fertility preservation)

The maximum storage period for your eggs is currently 55 years, but consent must be renewed every 10 years.

Once your eggs are stored, it is crucial to maintain communication with the storage centre. Notify them immediately of any changes to your contact details, such as a new address, to ensure they can stay in touch with you. If the storage centre cannot contact you they may no longer be legally permitted to store your eggs and will be required to discard them.

It is important to let the centre know about any changes in partnership status or name changes, as new consent forms may need to be completed to continue with storage.

If you have a partner and you wish to allow your partner to use your eggs in the event of your death, you must complete specific consent forms with the storage centre to authorise this.

If you decide to stop storing your eggs, you will need to contact the storage centre to arrange for them to be discarded.

Will my treatment have to be postponed if I choose egg freezing?

Egg freezing typically takes two to three weeks to complete. If your treatment can be safely delayed for this period, your specialist can refer you to discuss fertility preservation options, including egg freezing. However, if your treatment needs to start urgently, there may not be enough time to complete egg freezing before beginning treatment. In these situations, other options might be considered. Please see below for information on using donor eggs or adoption.

What if I don't want to proceed at this stage?

If you decide not to proceed with egg freezing at this stage, that is perfectly acceptable. The decision is entirely yours. It's natural to feel uncertain, and taking more time to think things over is perfectly reasonable. If you're unsure, it may help to talk it through with your healthcare team, fertility specialist, or a counsellor to better understand your options. Opting out of egg freezing will not impact your treatment, and you can explore other options to build a family in the future if you change your mind.

Are there any alternatives if I can't freeze my eggs before treatment starts?

If you decide not to freeze your eggs before your treatment or it is not possible before starting cancer or other treatment, fertility options may be limited in the future. There are still alternative ways to build a family. Please see below for information on using donor eggs or adoption.

Can I have fertility treatments after recovering from treatment?

Depending on how your fertility is affected, you might still be able to have fertility treatments after you recover. If your ovaries start producing eggs again, fertility treatment using your own eggs could be an option. If using your own eggs isn't possible, you could talk about other options:

- **Using Donor Eggs:** If you can't produce eggs after cancer treatment, using donor eggs for fertility treatments might be an option when you're ready to start a family.

- **Adoption:** Adoption is another way to have children. You can explore it at any time, and it offers a path to parenthood if having a biological child isn't possible.

It's important to talk about these alternatives with your fertility specialist and healthcare team so you can choose the best option for your medical situation, treatment plan, and family goals. Each option has different things to consider, and your healthcare team can give you personalised guidance.

What is ovarian tissue freezing?

Ovarian tissue freezing is a way to preserve your fertility where a small piece of ovarian tissue, which contains immature eggs, is surgically removed (keyhole surgery) and frozen. This can be an option for young women when egg freezing isn't possible. Currently, using this tissue means having another surgery to put it back into your body.

Will I get fertility testing after treatment?

There's no single test that can definitively say if your fertility has fully returned. While getting your period back regularly is a good sign, it doesn't guarantee you're fertile.

Who can help me decide what to do?

Your doctors and nurses can offer guidance as you make this decision about egg freezing. Visiting the fertility centre doesn't mean you have to go ahead with egg freezing, but it will give you the chance to explore your options fully.

It's also important to lean on your usual support network, such as family, friends or community support groups to help you decide what's best for you.

Counsellors, while not directly involved in your medical care, can offer valuable support in helping you decide whether to proceed with fertility preservation, including egg freezing, and provide additional emotional support throughout the process.

How can I access fertility counselling?

If time allows, you will have the opportunity to meet with one of our fertility counsellors before proceeding with egg freezing. All of our counsellors are members of the British Infertility Counselling Association (BICA). During your session, the counsellor will discuss your options and help you explore your thoughts and feelings about freezing your eggs. It is also a chance for you to ask any questions you may have.

Please note that counselling is not part of the assessment process and will not affect your treatment. If you would like additional support, further counselling appointments are available before, during, or after your treatment.

Can I change my mind?

Yes, you can change your mind at any time. It's normal to feel uncertain or anxious about the process, and speaking with a counsellor or fertility doctor can help you work through your feelings. However, having these discussions does not obligate you to proceed with fertility preservation.

Do I need to use contraception?

While treatment may affect your fertility, it is impossible to know for certain whether you can still conceive. Some treatments can damage eggs, which could potentially affect a pregnancy if conception occurs during treatment. Therefore, it is vital to prevent pregnancy if you are sexually active during treatment and for up to a year after your treatment ends.

It is equally important to practice safe sex to protect yourself and your partner from sexually transmitted infections (STIs). Using a condom during sexual activity is strongly recommended to ensure both your safety and your partner's.

What do I do when I wish to use the stored eggs?

You need to contact your GP to ask for a referral to your local fertility centre, preferably the one where your eggs are stored.

It's also important to note that additional criteria must be met to access NHS fertility treatment using your stored eggs in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come. Current criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#).

Want to Find Out More? – Useful Contacts and Websites

If you would like to learn more about fertility preservation or access support, the following resources may be helpful:

- **HFEA Website: Egg Freezing**
[Egg freezing | HFEA](#)
- **HFEA Website: Fertility Preservation**
[Fertility preservation | HFEA](#)
- **HFEA: Information for Trans and Non-Binary People**
[Information for trans and non-binary people seeking fertility treatment | HFEA](#)
- **British Infertility Counselling Association (BICA)**
[BICA: Professional Infertility Counselling Association in the UK](#) - Provides specialised counselling for individuals undergoing fertility treatment and preservation.
- **Macmillan Cancer Support**
[Macmillan Cancer Support](#) - Macmillan provide information, support and guidance, to help everyone with cancer live life as fully as they can.
- **Teenage Cancer Trust**
[Teenage Cancer Trust](#) - Teenage Cancer Trust provide specialised nursing care and support for young people with cancer. Supporting anyone diagnosed with cancer aged 13-24, and their loved ones too.
- **Cancer Research UK: Fertility and Cancer**
[Cancer and Fertility | Cancer Research UK](#) – Comprehensive information on how cancer treatments can impact fertility and the options available.
- **Clic Sargent (Young Lives vs Cancer)**
[The six ways we help - Young Lives vs Cancer](#) and [Young Lives vs Cancer](#) – Support for children and young adults with cancer, including information on fertility preservation.

- **Gendered Intelligence**
[Gendered Intelligence](#) - Supports trans individuals, particularly young people, in navigating gender identity and related challenges.
- **GIRES (Gender Identity Research & Education Society)**
[Gender Identity Research & Education Society](#) - Offers guidance and advocacy for trans and gender-diverse individuals and their families.
- **Scots Trans and Equality Network**
[Scottish Trans](#) - Works to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. Scottish Trans is part of the [Equality Network](#) which works to improve LGBTQI+ equality, rights and inclusion in Scotland.
- **LGBT Health and Wellbeing**
[LGBT Health and Wellbeing](#) - Works to improve the physical, social, and mental health and wellbeing of LGBTQ+ adults (16+) in Scotland.
- **LGBT Youth Scotland**
[LGBT Youth Scotland](#) - Scotland's national charity for LGBTQ+ young people, aged 13-25.
- **The Fertility Alliance**
[The Fertility Alliance](#) - A national fertility charity offering support and accurate information for anyone who wants to know more about their fertility.
- **Fertility Network UK**
[Fertility Network UK](#) – A charity providing support and information on all aspects of fertility, including preservation options.
- **NHS Fertility Services**
[Infertility | NHS inform](#) - Guidance on NHS fertility services and infertility information.
- **British Fertility Society**
[For the public » British Fertility Society](#) - Information on fertility and fertility preservation.

ANNEX C Trans and Non-binary Fertility Preservation - Sperm and Egg Freezing Patient Information

Information for Trans and Non-binary Fertility Preservation Sperm Freezing

Introduction

If you are considering hormone therapy or gender-related surgery, you may have concerns about how these treatments could affect your ability to have biological children. Even if parenthood is not a priority now, preserving your fertility can provide future options. This information outlines how gender-related treatments impact fertility and the available preservation methods.

Dealing with gender dysphoria can be overwhelming, and many trans and non-binary people seek to begin treatment as soon as possible. However, taking time to explore fertility preservation can help prevent potential regrets later on. If your fertility is not preserved before starting hormone treatment, having biological children later may become challenging, or even not be possible.

Speaking with a healthcare professional before starting medical or surgical transition can provide you with a clearer understanding of your fertility options. While beginning treatment quickly is important for many, considering all aspects of your future, including fertility, ensures you make an informed decision.

Understanding your choices now allows you to make decisions that align with both your gender journey and potential future family plans.

What is fertility?

Fertility is the ability to have children. This requires the production of healthy sperm in the testes and sperm freezing preserves the option to try for biological children in the future.

How does gender-related treatment affect fertility?

Hormone therapy and surgeries can impact your fertility, sometimes permanently. The extent depends on the type and duration of treatment.

- Hormone therapy (oestrogen and puberty/hormone blockers) suppresses fertility. While stopping treatment may restore fertility, this is not guaranteed.
- Surgeries such as orchidectomy (removal of testes) result in permanent infertility. If you are considering surgery, it's crucial to discuss fertility preservation options beforehand.

Because the effects of hormone treatment on fertility are often reversible, there are many cases where trans people have stopped hormone treatment and been able to conceive a child naturally.

Sperm freezing before starting hormone therapy is strongly recommended for those who may want biological children in the future. While fertility preservation may still be possible after beginning treatment, it may be necessary to stop hormone therapy for a few months, and sometimes your sperm production might not recover.

Prolonged tucking of the testes can reduce sperm count significantly by increasing testicular temperature and affecting sperm viability. If you are considering sperm storage, avoiding tucking can help maintain viable sperm production.

Planning fertility preservation before transitioning ensures you have options should you wish to try for biological children later.

What is fertility preservation?

Fertility preservation involves collecting and storing your sperm so that you have the option to try for children in the future using that sperm. Some medical treatments, including gender-related hormone therapy and surgeries, can impact fertility by reducing or preventing sperm production. Because of this, your healthcare team may suggest meeting with a specialist fertility nurse or doctor. They will explain the process, discuss your options, and answer any questions you may have.

If you decide to proceed, you will be referred to the nearest Fertility Centre closest to you, but this may not be your local hospital. Your gender service and fertility specialists will work together to coordinate your fertility preservation alongside your treatment, ensuring a well-managed and supportive process.

What is involved in freezing sperm?

Providing a sample for freezing usually involves collecting a sample through masturbation or vibratory stimulation into a sterile container. If you have any problems with this, please ask your fertility team, who may be able to discuss alternative approaches.

Once you have produced your sperm sample, the laboratory team will contact you to inform you about its quality and whether it is suitable for freezing. They may recommend providing a second sample to improve the chances of successful fertility preservation.

There is no guarantee that any given semen sample will be suitable for storage. Illness, previous treatments, or other factors can affect sperm production. If this occurs, it may not be possible to freeze the sperm successfully. The only way to confirm this is by laboratory examination of the sperm sample.

I've already started hormone therapy or puberty suppressing medication – what are my options?

If you've already started hormone therapy, including puberty blockers or hormone blockers and wish to preserve your fertility, that may still be possible, but you will be advised to have a sperm test to assess whether there are sperm present and suitable for freezing or if you need to come off the medication before sperm freezing can be offered.

I've been undergoing hormone therapy and I am about to go for genital reconstructive surgery, what are my options for preserving my fertility?

If you're undergoing genital reconstructive surgery, your only option for trying for biological children in the future is to store sperm **before** the procedure. Once surgery is completed, sperm production is no longer possible.

Who is eligible for NHS-funded sperm storage?

To qualify for NHS-funded sperm storage, it does not matter whether you are single or in a relationship, but you must meet specific criteria for fertility preservation. In Scotland, the current eligibility requirements are:

- You must be under 53 years of age.
- You must not have any biological children.
- You must not have undergone sterilisation.

Gender reassignment surgery after fertility preservation does not impact eligibility for NHS fertility treatment. However, separate criteria apply to access NHS-funded fertility treatment to use your stored sperm in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come.

What will happen when I see the fertility specialist?

During your appointment, a doctor or specialist nurse will explain the available options for sperm freezing and answer any questions you may have.

If you decide to proceed, the specialist will guide you through the process, including the required paperwork (including recent travel history) and consent forms for treatment and storage. You will also undergo blood tests to check for any infections.

These steps are necessary to ensure your sperm can be safely stored, meeting regulatory requirements for potential future use.

What are the legal implications of storing sperm?

In the UK, the use and storage of sperm are regulated by the Human Fertilisation and Embryology Authority (HFEA). Under the Human Fertilisation and Embryology Act (1990), you must provide written consent for the following:

- The storage of your sperm
- The duration for which your sperm can be stored
- The purposes for which your sperm can be used
- Your wishes regarding the stored sperm
- What should happen to your sperm in the event of your death or if you become unable to change or withdraw your consent (these are standard questions for all patients considering fertility preservation)

The maximum storage period for your sperm is 55 years, but consent has to be renewed every 10 years.

Once your sperm is stored, it is crucial to maintain communication with the storage centre. Notify them immediately of any changes to your contact details, such as a new address, to ensure they can stay in touch with you. If the storage centre cannot contact you they may no longer be legally permitted to store your sperm and will be required to discard the sample/s.

It is important to let the clinic know about any changes in partnership status or name changes, as new consent forms may need to be completed to continue with storage.

If you wish to allow your partner to use your sperm in the event of your death, you must complete specific consent forms with the storage centre to authorise this.

If you decide to stop storing your sperm, you will need to contact the storage centre to arrange for its disposal.

Will my gender-related treatment have to be delayed if i choose fertility preservation?

There will be a short period of delay to be seen in the fertility clinic, complete forms, and undergo blood tests. These are essential steps before sperm can be stored.

What if I don't want to proceed at this stage?

If you decide not to proceed with sperm freezing at this stage, that is completely okay. The decision is entirely yours. It's natural to feel uncertain, and taking more time to think things over is perfectly acceptable. If you're unsure, speaking with your healthcare team, fertility specialist, or a counsellor may help you better understand your options.

Opting out of sperm freezing will not affect your gender-related care, and you can explore fertility preservation or other options to build a family in the future if you change your mind.

Are there any alternatives if I cannot have fertility preservation before my treatment starts?

If you decide not to store sperm before treatment or it is not possible before starting hormone therapy or undergoing gender-related treatment, fertility options may be limited in the future. Stopping hormone treatment may allow your fertility to recover and for you to try for a natural conception, but do discuss this with your gender clinic team first. If sperm is not available for use later or if sperm freezing is not an option for you, there are still alternative ways to build a family:

- **Use of Donor Sperm:** If you are unable to produce sperm after treatment, using donor sperm for fertility treatments may be an option when you're ready to start a family.
- **Adoption:** Adoption is another way to build a family. This option can be explored at any time and may be a suitable alternative if biological conception is not possible.

It's essential to discuss these alternatives with your fertility specialist and gender care team to ensure you choose the best option based on your medical situation, treatment plan, and personal goals. Each option has different implications, and your healthcare team can provide tailored guidance.

Who can help me decide what to do?

Your doctors and nurses can provide guidance as you make this decision. Visiting the fertility centre does not mean you have to proceed with fertility preservation, but it will give you the opportunity to fully explore your options.

It's also important to lean on your usual support network, such as family, friends, or community support groups, to help you decide what's best for you. Counsellors, while not directly involved in your medical care, can offer valuable support in helping you decide whether to proceed with fertility preservation and provide additional emotional support throughout the process.

How can I access fertility counselling?

You will have the opportunity to meet with a fertility counsellor who specializes in supporting trans and non-binary individuals before proceeding with fertility preservation. All of our counsellors are members of the British Infertility Counselling Association (BICA). During your session, the counsellor will discuss your options and help you explore your thoughts and feelings about freezing your sperm. It is also a chance for you to ask any questions you may have.

Please note that counselling is not part of the assessment process and will not affect your treatment. If you would like additional support, further counselling appointments are available before, during, or after your treatment.

Can I change my mind?

Yes, you can change your mind at any time. It's normal to feel uncertain or anxious about the process, and speaking with a counsellor or fertility doctor can help you work through your feelings. However, having these discussions does not obligate you to proceed with fertility preservation.

What do I do when I wish to use the stored sperm?

You need to contact your GP to ask for a referral to your local fertility centre, preferably the one where your sperm are stored. It's also important to note that additional criteria must be met to access NHS fertility treatment using your stored sperm in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come. Current criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#).

Where to find support and further information?

Fertility treatment can be an emotional journey, and having the right support before, during, and after treatment is crucial. We encourage individuals to seek support from family, friends, peer networks, professional organizations, and counselling services. Below are some key resources:

- **HFEA Website: Sperm Freezing**
[Sperm freezing | HFEA](#)
- **HFEA Website: Fertility Preservation**
[Fertility preservation | HFEA](#)
- **HFEA: Information for Trans and Non-Binary People**
[Information for trans and non-binary people seeking fertility treatment | HFEA](#)
- **Gendered Intelligence**
[Gendered Intelligence](#) - Supports trans individuals, particularly young people, in navigating gender identity and related challenges.
- **British Infertility Counselling Association (BICA)**
[BICA: Professional Infertility Counselling Association in the UK](#) - Provides specialised counselling for individuals undergoing fertility treatment and preservation.
- **GIRES (Gender Identity Research & Education Society)**
[Gender Identity Research & Education Society](#) - Offers guidance and advocacy for trans and gender-diverse individuals and their families. Visit GIRES.
- **Scots Trans and Equality Network**
[Scottish Trans](#) - Works to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. Scottish Trans is part of the [Equality Network](#) which works to improve LGBTQI+ equality, rights and inclusion in Scotland.
- **LGBT Health and Wellbeing**
[LGBT Health and Wellbeing](#) - Works to improve the physical, social, and mental health and wellbeing of LGBTQ+ adults (16+) in Scotland.
- **LGBT Youth Scotland**
[LGBT Youth Scotland](#) - Scotland's national charity for LGBTQ+ young people, aged 13-25.

Additional information and resources

- **The Fertility Alliance**
[The Fertility Alliance](#) – A national fertility charity offering support and accurate information for anyone who wants to know more about their fertility.
- **Fertility Network UK**
[Fertility Network UK](#) – A charity providing support and information on all aspects of fertility, including preservation options.
- **NHS Fertility Services**
[Infertility | NHS inform](#) - Guidance on NHS fertility services and infertility information.
- **British Fertility Society**
[For the public » British Fertility Society](#) - Information on fertility and fertility preservation.

Information for Trans and Non-binary Fertility Preservation

Egg Freezing

Introduction

If you are considering hormone therapy or gender-related surgery, you may have concerns about how these treatments could affect your ability to have biological children. Even if parenthood isn't a priority now, preserving your fertility can provide options for the future. This information outlines how gender-related treatments impact fertility and the available preservation methods.

Dealing with gender dysphoria can be overwhelming, and many trans and non-binary people seek to begin treatment as soon as possible. However, taking the time to explore fertility preservation can help prevent potential regrets later on. If your fertility is not preserved before starting hormone treatment, the medical evidence suggests that your fertility will recover if you stop hormone treatment, but it is possible that it may not, making getting pregnant more difficult.

Speaking with a healthcare professional before starting medical or surgical transition can provide you with a clearer understanding of your fertility options. While starting treatment quickly is important for many, considering all aspects of your future, including fertility, ensures you make an informed decision.

Understanding your choices now allows you to make decisions that align with both your gender journey and potential future family plans.

What is fertility?

Fertility is the ability to have children. Egg freezing preserves the option to try for biological children in the future.

How does gender-related treatment affect fertility?

Hormone therapy and surgeries can impact your fertility, sometimes permanently. The impact depends on the type and length of treatment.

- Hormone therapy (testosterone and puberty/hormone blockers) can suppress fertility. While stopping treatment usually restores fertility, this isn't guaranteed.
- Surgical procedures like removing the fallopian tubes and ovaries (salpingo-oophorectomy) or the womb (hysterectomy) will result in permanent infertility. If you're considering these surgeries, it's crucial to discuss fertility preservation options beforehand.

Because the effects of hormone treatment on fertility are often reversible, there are many cases where trans people have stopped hormone treatment and been able to fall pregnant naturally, and have healthy babies.

Freezing your eggs before starting hormone therapy is recommended for those who may want biological children in the future. While fertility preservation might still be

possible after starting treatment, you may need to stop hormone therapy for a time, perhaps two to four months.

Planning fertility preservation before transitioning gives you options if you decide to try for biological children later.

What is fertility preservation?

Fertility preservation allows you to store your eggs so that you have the option to try for children in the future. Certain medical treatments, including gender-related hormone therapy and surgeries, can cause temporary or permanent infertility. Your healthcare team may recommend meeting with a fertility specialist to discuss your options and answer your questions.

If you choose to proceed, you'll be referred to a Fertility Centre closest to you, but this may not be your local hospital. Your gender service and fertility specialists will work together to coordinate your fertility preservation alongside your treatment, ensuring a well-managed and supportive process.

What is involved in egg freezing?

Egg freezing involves a few steps:

- You'll get hormone injections to encourage your ovaries to produce multiple eggs.
- Your progress will be monitored with ultrasound scans and blood tests.
- When the eggs are mature, they'll be collected during a short surgical procedure during which you will receive sedation.
- The mature eggs are then frozen and stored.

Are there any side effects?

The younger you are, it is more likely your ovaries will respond well to fertility drugs, but there's a small risk of Ovarian Hyperstimulation Syndrome (OHSS) to all no matter your age. OHSS is a potentially serious reaction to the hormone injections where overstimulated ovaries enlarge and release chemicals that can cause blood vessels to leak.

We minimize this risk by carefully selecting the type and dose of hormone injections. About one in three people experience mild OHSS, which can usually be managed at home with pain relief and prescribed medication for a few days.

How long will I be in hospital for?

You can normally go home one to two hours after the egg collection procedure. Some light bleeding is normal, and any abdominal discomfort usually subsides within 12 hours with pain relief.

There's no guarantee that all retrieved eggs will be suitable for freezing. Factors like age, previous treatments, or other medical conditions can affect egg quality and quantity. If the retrieved eggs aren't of good enough quality, they might not be able to

be frozen. This will only be known after the egg retrieval procedure and lab examination.

If we determine that your eggs cannot be frozen, we will inform you and discuss the possibility of further egg retrieval cycles, if appropriate.

I've already started hormone therapy or puberty suppressing medication – what are my options?

If you've already started hormone therapy, including puberty blockers or hormone blockers and wish to preserve your fertility, it may still be possible. You should speak with a fertility specialist. They may recommend pausing your medication to reduce how suppressed your ovaries are, and to potentially increase the number of eggs that can be stored.

If pausing hormone therapy for egg retrieval will cause distress to you, you may wish to explore other paths to parenthood, including using donor eggs or adoption

I've been undergoing hormone therapy and am about to go for genital reconstructive surgery, what are my options for preserving my fertility?

If you're undergoing genital reconstructive surgery, your only option for trying for biological children in the future is to preserve your eggs *before* the procedure. Once surgery is completed, egg production and retrieval may no longer be possible.

Who is eligible for NHS-funded egg storage?

To qualify for NHS-funded egg storage, it does not matter whether you are single or in a relationship, but you must meet specific criteria for fertility preservation. In Scotland, the current eligibility requirements are:

- You must be under 40.
- Your BMI must be under 35.
- You must not have any biological children.
- You must not have undergone sterilisation.

Gender reassignment surgery *after* fertility preservation does not impact eligibility for NHS fertility treatment. However, separate criteria apply to access NHS-funded fertility treatment to use your stored eggs in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come.

What will happen when I see the fertility specialist?

During your consultation, a doctor or specialist nurse will explain the egg freezing process and answer any questions you may have.

If you decide to proceed, the specialist will guide you through the process, including the necessary paperwork (which may include recent travel history) and consent forms for treatment and storage. You will also have blood tests to screen for

infections. These steps are essential to ensure your eggs can be safely stored, meeting all regulatory requirements for future use.

What are the legal implications of storing eggs?

In the UK, the use and storage of eggs are regulated by the Human Fertilisation and Embryology Authority (HFEA). You must provide written consent for the following:

- The storage of your eggs
- The duration for which your eggs can be stored
- The purposes for which your eggs can be used
- Your wishes regarding the stored eggs
- What should happen to your eggs in the event of your death or if you become unable to change or withdraw your consent (these are standard questions for all patients considering fertility preservation)

The maximum storage period for your eggs is currently 55 years, but consent must be renewed every 10 years.

Once your eggs are stored, it is crucial to maintain communication with the storage centre. Notify them immediately of any changes to your contact details, such as a new address, to ensure they can stay in touch with you. If the storage centre cannot contact you they may no longer be legally permitted to store your eggs and will be required to discard them.

It is important to let the clinic know about any changes in partnership status or name change as new consents may need to be filled out to continue with storage.

If you wish to allow your partner to use your eggs in the event of your death, you must complete specific consent forms with the storage centre to authorise this.

If you decide to stop storing your eggs, you will need to contact the storage centre to arrange for their disposal.

Will my gender-related treatment have to be delayed if I choose fertility preservation?

This may take some time, to allow for clinic appointments, completing necessary forms, and undergoing blood tests. These are essential steps before eggs can be frozen.

What if I don't want to proceed at this stage?

If you decide not to proceed with egg freezing at this stage, that is completely okay. The decision is entirely yours. It's natural to feel uncertain, and taking more time to think things over is perfectly acceptable. If you're unsure, speaking with your healthcare team, fertility specialist, or a counsellor may help you better understand your options.

Opting out of egg freezing will not affect your gender-related care, and you can explore fertility preservation or other options to build a family in the future if you change your mind.

Are there any alternatives if I cannot have fertility preservation before my treatment starts?

If you decide not to or it is not possible to store eggs before treatment or it is not possible before starting hormone therapy or undergoing gender-related treatment, your fertility options may be limited in the future. Stopping hormone treatment may allow your fertility to recover and for you to try for a natural conception, but do discuss this with your gender clinic team first. There are also alternative ways to build a family:

- **Use of Donor Eggs:** If you are unable to use your own eggs after treatment, using donor eggs for fertility treatments may be an option when you're ready to start a family.
- **Adoption:** Adoption is another way to build a family. This option can be explored at any time and may be a suitable alternative if biological conception is not possible.

It's essential to discuss these alternatives with your fertility specialist and gender care team to ensure you choose the best option based on your medical situation, treatment plan, and personal goals. Each option has different implications, and your healthcare team can provide tailored guidance.

Who can help me decide what to do?

Your doctors and nurses can provide guidance as you make this decision. Visiting the fertility centre does not mean you have to proceed with fertility preservation, but it will give you the opportunity to fully explore your options.

It's also important to lean on your usual support network, such as family, friends, or community support groups, to help you decide what's best for you. Counsellors, while not directly involved in your medical care, can offer valuable support in helping you decide whether to proceed with fertility preservation and provide additional emotional support throughout the process.

How can I access fertility counselling?

You will have the opportunity to meet with a fertility counsellor who specializes in supporting trans and non-binary people before proceeding with egg freezing. All of our counsellors are members of the British Infertility Counselling Association (BICA). During your session, the counsellor will discuss your options and help you explore your thoughts and feelings about freezing your eggs. It is also a chance for you to ask any questions you may have.

Please note that counselling is not part of the assessment process and will not affect your treatment. If you would like additional support, further counselling appointments are available before, during, or after your treatment.

Can I change my mind?

Yes, you can change your mind at any time. It's normal to feel uncertain or anxious about the process, and speaking with a counsellor or fertility doctor can help you work through your feelings. However, having these discussions does not obligate you to proceed with fertility preservation.

What do I do when I wish to use the stored eggs?

You need to contact your GP to ask for a referral to your local fertility centre, preferably the one where your eggs are stored.

It's also important to note that additional criteria must be met to access NHS fertility treatment using your stored eggs in the future. These criteria may change over time, and it is not possible to predict what the requirements will be in the years to come. Current criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#).

Where to Find Support and Further Information?

Egg freezing can be an emotional journey, and having the right support before, during, and after the process is crucial. We encourage individuals to seek support from family, friends, peer networks, professional organizations, and counselling services. Below are some key resources:

- **HFEA Website: Egg Freezing**
[Egg freezing | HFEA](#)
- **HFEA Website: Fertility Preservation**
[Fertility preservation | HFEA](#)
- **HFEA: Information for Trans and Non-Binary People**
[Information for trans and non-binary people seeking fertility treatment | HFEA](#)
- **Gendered Intelligence**
[Gendered Intelligence](#) - Supports trans individuals, particularly young people, in navigating gender identity and related challenges.
- **British Infertility Counselling Association (BICA)**
[BICA: Professional Infertility Counselling Association in the UK](#) - Provides specialised counselling for individuals undergoing fertility treatment and preservation.
- **GIRES (Gender Identity Research & Education Society)**
[Gender Identity Research & Education Society](#) - Offers guidance and advocacy for trans and gender-diverse individuals and their families. Visit GIRES.
- **Scots Trans and Equality Network**
[Scottish Trans](#) - Works to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. Scottish Trans is part of the [Equality Network](#) which works to improve LGBTQI+ equality, rights and inclusion in Scotland.
- **LGBT Health and Wellbeing**
[LGBT Health and Wellbeing](#) - Works to improve the physical, social, and mental health and wellbeing of LGBTQ+ adults (16+) in Scotland.
- **LGBT Youth Scotland**

[LGBT Youth Scotland](#) - Scotland's national charity for LGBTQ+ young people, aged 13-25.

Additional Information and Resources

- **The Fertility Alliance**
[The Fertility Alliance](#) - A national fertility charity offering support and accurate information for anyone who wants to know more about their fertility.
- **Fertility Network UK**
[Fertility Network UK](#) – A charity providing support and information on all aspects of fertility, including preservation options.
- **NHS Fertility Services**
[Infertility | NHS inform](#) - Guidance on NHS fertility services and infertility information.
- **British Fertility Society**
[For the public » British Fertility Society](#) - Information on fertility and fertility preservation.

ANNEX D Teenage and Young Adult Cancer Fertility Preservation - Sperm and Egg Freezing Information

Patient Information Teenage and Young Adult Cancers

Fertility Preservation: Sperm Freezing

Introduction

Finding out that you have cancer can bring many uncertainties, and thinking about whether you'll be able to have children one day might not be something you're focused on right now. However, it's natural to want to keep your options open for having children later in life. This information is here to help you understand how cancer treatment could affect your ability to have children, and what you can do to preserve your fertility before treatment starts. Having an early conversation with a member of your cancer care team is important. They can give you personalised advice and help you make informed choices that fit with your future plans.

What is fertility?

Fertility is the ability to have children. For males, sperm freezing preserves the option to try for biological children in the future.

How does cancer treatment affect fertility?

Cancer treatments often have side effects that impact healthy tissues in the body. While some side effects are temporary and improve after treatment, others can be long-lasting or permanent. For boys/men, one of the most significant long-term effects can be reduced fertility.

Not all cancers or cancer treatments affect fertility, but understanding the potential risks before starting treatment is important. This can help you make informed choices about preserving your ability to try for children in the future.

The main types of cancer treatments - chemotherapy, radiotherapy, surgery, hormonal therapy, and targeted therapy - each work differently and may affect fertility in different ways. The chance of your fertility being affected depends on factors such as your age and the type and location of cancer.

It's important to discuss your treatment plan with your cancer care team as early as possible. They can help you understand the risks to your fertility and guide you through options for preserving it, allowing you to make a choice that fits with your future goals.

What is fertility preservation?

Fertility preservation involves collecting and storing your sperm (sperm freezing) so that you have the option to try for children in the future using those sperm. While some cancer treatments may not affect fertility, others can reduce or completely prevent your ability to produce healthy sperm. Because of this, your cancer team may recommend that you meet with a specialist fertility nurse or doctor. They will explain the fertility preservation process, outline your options, and answer any questions you may have.

If you decide to go ahead with a consultation for fertility preservation, you will be referred to the Fertility Centre closest to you, but this may not be your local hospital. Your cancer team and fertility specialists will work together to carefully plan and coordinate your fertility preservation with your cancer treatment, ensuring everything is managed smoothly and efficiently.

What is involved in sperm freezing?

Sperm freezing is a method of preserving your fertility by storing sperm before cancer treatment starts. To provide a sample for freezing, you will need to masturbate and ejaculate into a sterile container.

Once you have produced your sperm sample, the laboratory team will contact you to inform you about its quality and whether it is suitable for freezing. If time allows, they may recommend providing a second sample to improve the chances of successful fertility preservation.

There is no guarantee that any given semen sample will be suitable for storage. Illness, previous treatments, or other factors can affect sperm production. The only way to confirm this is by laboratory examination of the sperm sample.

Who is eligible for NHS sperm storage?

To qualify for NHS sperm storage, you must meet specific criteria for fertility preservation. In Scotland, the current eligibility requirements are:

- You must be under 53 years of age.
- You must not have any biological children.
- You must not have undergone sterilisation.

However, separate criteria apply to access NHS-funded fertility treatment to use your stored sperm in the future. These criteria may change over time, and it is not possible to know what the requirements will be in the future.

What will happen when I see the fertility specialist?

During the appointment, the doctor or specialist nurse will explain the available options for sperm freezing and answer any questions you may have. If there is enough time to complete fertility preservation before starting your cancer treatment, the specialist will talk you through the relevant procedures.

If you choose to go ahead, you will need to complete consent forms for the treatment and storage of your sperm, as well as have a blood test to check for infections. These steps are necessary to ensure your sperm can be safely stored, meeting regulatory requirements for potential future use.

What are the legal implications of storing sperm

In the UK, the use and storage of sperm are regulated by the Human Fertilisation and Embryology Authority (HFEA). Under the Human Fertilisation and Embryology Act (1990), you must provide written consent for the following:

- The storage of your sperm
- The duration for which your sperm can be stored
- The purposes for which your sperm can be used
- Your wishes regarding the stored sperm
- What should happen to your sperm in the event of your death or if you become unable to change or withdraw your consent (these are standard questions for all patients considering fertility preservation)

The maximum storage period for your sperm is 55 years, but consent must be renewed every 10 years.

Once your sperm is stored, you must maintain communication with the storage centre. Notify them immediately of any changes to your contact details, such as a new address, to ensure they can stay in touch with you. If the storage centre cannot contact you they may no longer be legally allowed to store your sperm and will be required to discard the sample/s.

If you decide to stop storing your sperm, you will need to contact the storage centre to arrange for it to be discarded. Additionally, the fertility centre may schedule follow-up appointments to check whether you are still producing sperm. If you are, the NHS may no longer cover the cost of ongoing sperm storage.

Will my cancer treatment have to be postponed if I choose sperm freezing?

Sperm freezing usually takes two to three days. If your cancer treatment can be delayed for this period, your specialist can refer you to discuss fertility preservation options. However, if your cancer treatment needs to start urgently, there may not be enough time to complete fertility preservation before starting treatment.

What if I don't want to go ahead at this stage?

If you decide not to go ahead with sperm freezing at this stage, that is perfectly okay. The decision is entirely yours. It's natural to feel uncertain, and taking more time to think things over is perfectly acceptable. If you're unsure, it may help to talk it through with your healthcare team, fertility specialist, or a counsellor to better understand your options.

Opting out of sperm freezing will not impact your cancer treatment, and you can explore other options to build a family in the future if you change your mind.

Are there any alternatives if I can't freeze my sperm before treatment starts?

If you decide not to store your sperm before your cancer treatment or it is not possible before your treatment, fertility options in the future may be reduced. There are still other ways to build a family. Please see below for information on using donor sperm or adoption.

Can I have fertility treatments after recovery from cancer treatment?

Depending on how your fertility is affected, you may still be able to have fertility treatment after your cancer recovery. If your testes start producing sperm again, fertility treatment using your own sperm might be an option. If using your own sperm isn't possible, you could talk about other options:

- **Use of Donor Sperm:** If you can't produce sperm after cancer treatment, using donor sperm for fertility treatments might be an option when you're ready to start a family.
- **Adoption:** Adoption is another way to have children. You can explore it at any time, and it offers a path to becoming a parent if having a biological child isn't possible.

It's important to discuss these alternatives with your fertility specialist and cancer care team to ensure you choose the best option based on your medical situation, treatment plan, and family goals. Each option has different things to consider, and your cancer care team can give you personalised guidance.

Will I get post-treatment fertility testing?

After completing cancer treatment, fertility testing may help determine if you are still producing viable sperm. We usually advise waiting 12 months after completing treatment before having this test.

Who can help me decide what to do?

Your doctors and nurses can provide guidance as you make this decision about sperm freezing. Visiting the fertility centre does not mean you have to go ahead with sperm freezing, but it will give you the opportunity to explore your options fully.

It's also important to get help from your existing support network, such as family, friends or community support groups, to help you decide what's best for you.

Counsellors, while not directly involved in your medical care, can offer valuable support in helping you decide whether to go ahead with fertility preservation and provide additional emotional support throughout the process.

How can I access fertility counselling?

If time allows, you will have the opportunity to meet with one of our fertility counsellors before freezing your sperm. All of our counsellors are members of the British Infertility Counselling Association (BICA). During your session, the counsellor will discuss your options and help you explore your thoughts and feelings about freezing your sperm. It is also a chance for you to ask any questions you may have.

Please note that counselling is not part of the assessment process and will not affect your treatment. If you would like additional support, further counselling appointments are available before, during, or after your treatment.

Can I change my mind?

Yes, you can change your mind at any time about sperm freezing. It's normal to feel uncertain or anxious about the process, and speaking with a counsellor or fertility doctor can help you work through your feelings. However, having these discussions does not mean you have to freeze your sperm.

Do I need to use contraception?

While cancer treatment may affect your fertility, it is impossible to know for certain whether you can still get a partner pregnant. Some treatments can damage sperm, which could potentially affect a pregnancy if conception occurs during treatment. Therefore, it is vital to prevent pregnancy if you are sexually active during cancer treatment and for up to a year after your treatment ends.

It is equally important to practice safe sex to protect yourself and your partner from sexually transmitted infections (STIs). Using a condom during sexual activity is strongly recommended to ensure both your safety and your partner's.

What do I do when I wish to use the stored sperm?

You need to contact your GP to ask for a referral to your local fertility centre, preferably the one where your sperm are stored.

It's also important to note that additional criteria must be met to access NHS fertility treatment using your stored sperm in the future. These criteria may change over time, and it is not possible to know what the requirements will be in the years to come. Current criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#).

Want to find out more? – Useful contacts and websites

If you would like to learn more about fertility preservation or access support, the following resources may be helpful:

- **HFEA Website: Sperm Freezing**
[Sperm freezing | HFEA](#)
- **HFEA Website: Fertility Preservation**
[Fertility preservation | HFEA](#)
- **HFEA: Information for Trans and Non-Binary People**
[Information for trans and non-binary people seeking fertility treatment | HFEA](#)
- **British Infertility Counselling Association (BICA)**
[BICA: Professional Infertility Counselling Association in the UK](#) - Provides specialised counselling for individuals undergoing fertility treatment and preservation.
- **Macmillan Cancer Support**
[Macmillan Cancer Support](#) - Macmillan provide information, support and guidance, to help everyone with cancer live life as fully as they can.
- **Teenage Cancer Trust**
[Teenage Cancer Trust](#) - Teenage Cancer Trust provide specialised nursing care and support for young people with cancer. Supporting anyone diagnosed with cancer aged 13-24, and their loved ones too.

- **Cancer Research UK: Fertility and Cancer**
[Cancer and Fertility | Cancer Research UK](#) – Comprehensive information on how cancer treatments can impact fertility and the options available.
- **Clic Sargent (Young Lives vs Cancer)**
[The six ways we help - Young Lives vs Cancer](#) and [Young Lives vs Cancer](#) – Support for children and young adults with cancer, including information on fertility preservation.

Additional Resources

- **The Fertility Alliance**
[The Fertility Alliance](#) - A national fertility charity offering support and accurate information for anyone who wants to know more about their fertility.
- **Fertility Network UK**
[Fertility Network UK](#) – A charity providing support and information on all aspects of fertility, including preservation options.
- **NHS Fertility Services**
[Infertility | NHS inform](#) - Guidance on NHS fertility services and infertility information.
- **British Fertility Society**
[For the public » British Fertility Society](#) - Information on fertility and fertility preservation.

Patient Information Teenage and Young Adult Cancers

Fertility Preservation: Egg Freezing

Introduction

Finding out that you have cancer can bring many uncertainties, and thinking about whether you'll be able to have children one day might not be something you're focused on right now. However, it's natural to want to keep your options open for having children later in life. This information is here to help you understand how cancer treatment could affect your ability to have children, and what you can do to preserve your fertility before treatment starts. Having an early conversation with a member of your cancer care team is important. They can give you personalised advice and help you make informed choices that fit with your future plans.

What is fertility?

Fertility is the ability to have children. For females, egg freezing preserves the option to have biological children in the future.

How does cancer treatment affect fertility?

Cancer treatments often have side effects that impact healthy tissues in the body. While some side effects are temporary and improve after treatment, others can be long-lasting or permanent. For young women, one of the most significant long-term effects can be reduced fertility.

Not all cancers or cancer treatments affect fertility, but understanding the potential risks before starting treatment is important. This can help you make informed choices about preserving your ability to try for children in the future.

The main types of cancer treatments—chemotherapy, radiotherapy, surgery, hormonal therapy, and targeted therapy—each work differently and may affect fertility in different ways. The chance of your fertility being affected depends on factors such as your age and the type and location of cancer.

It's important to discuss your treatment plan with your cancer care team as early as possible. They can help you understand the risks to your fertility and guide you through options for preserving it, allowing you to make a choice that fits with your future goals.

What is fertility preservation?

Fertility preservation involves collecting and freezing your eggs (egg freezing) so that you have the option to try for children in the future using those eggs. While some cancer treatments may not affect fertility, others can reduce or completely prevent your ability to produce healthy eggs. Because of this, your cancer team may recommend that you meet with a specialist fertility nurse or doctor. They will explain the fertility preservation process, outline your options, and answer any questions you may have.

If you decide to go ahead with a consultation for fertility preservation, you will be referred to the Fertility Centre closest to you but this may not be your local hospital.

Your cancer team and fertility specialists will work together to carefully plan and coordinate your fertility preservation with your cancer treatment, ensuring everything is managed smoothly and efficiently.

What is involved in egg freezing?

Egg freezing is a method of preserving your fertility by storing your eggs before cancer treatment starts. Egg freezing involves a few steps:

- You'll get hormone injections to help your body produce multiple eggs.
- Your progress will be monitored with ultrasound scans and blood tests.
- When the eggs are ready, they'll be collected during a short surgical procedure where you will receive medication that will make you drowsy and keep you calm.
- The mature eggs are then frozen and stored.

Are there any side effects?

Young women's ovaries often respond well to the hormone injections, which can increase the small risk of ovarian hyperstimulation syndrome (OHSS). OHSS is a potentially serious reaction to the hormone injections where overstimulated ovaries enlarge and release chemicals that can cause blood vessels to leak.

This risk is reduced by carefully selecting the type and dose of hormone injections. Around one-third of individuals experience mild OHSS, which can usually be managed at home with pain relief and prescribed medication for a few days.

How long will I be in hospital for?

You can normally go home one to two hours after the egg collection procedure. Some light bleeding is normal, and any stomach pain usually goes away within 12 hours with pain relief.

Who is eligible for NHS egg storage?

To qualify for NHS egg storage, you must meet specific criteria for fertility preservation. In Scotland, the current eligibility requirements are:

- You must be under 40 years of age.
- Your BMI must be under 35.
- You must not have any biological children.
- You must not have undergone sterilisation.

However, separate criteria apply to access NHS-funded fertility treatment to use your stored eggs in the future. These criteria may change over time, and it is not possible to know what the requirements will be in the future.

What will happen when I see the fertility specialist?

During the appointment, the doctor or specialist nurse will explain the available options for preserving your fertility. If there is enough time to complete fertility preservation before starting your cancer treatment, the specialist will talk you through the relevant procedures.

If you choose to go ahead, you will need to complete consent forms for the treatment and storage of your eggs, as well as have a blood test to check for infections. These steps are necessary to ensure your eggs can be safely stored, meeting regulatory requirements for potential future use.

If it is decided that your eggs cannot be frozen, you will be informed, and the options, if appropriate, will be discussed with you.

What are the legal implications of storing eggs

In the UK, the use and storage of eggs are regulated by the Human Fertilisation and Embryology Authority (HFEA). Under the Human Fertilisation and Embryology Act (1990), you must provide written consent for the following:

- The storage of your eggs
- The duration for which your eggs can be stored
- The purposes for which your eggs can be used
- Your wishes regarding the stored eggs
- What should happen to your eggs in the event of your death or if you become unable to change or withdraw your consent (these are standard questions for all patients considering fertility preservation)

The maximum storage period for your eggs is currently 55 years, but consent must be renewed every 10 years.

Once your eggs are stored, you must maintain communication with the storage centre. Notify them immediately of any changes to your contact details, such as a new address, to ensure they can stay in touch with you. If the storage centre cannot contact you they may no longer be legally allowed to store your eggs and will be required to discard them.

If you decide to stop storing your eggs, you will need to contact the storage centre to arrange for them to be discarded.

Will my cancer treatment have to be postponed if I choose egg freezing?

Egg freezing typically takes two to three weeks to complete. If your cancer treatment can be safely delayed for this period, your specialist can refer you to discuss fertility preservation options, including egg freezing. However, if your cancer treatment needs to start urgently, there may not be enough time to complete egg freezing before starting treatment. In these situations, other options might be considered.

What if I don't want to go ahead at this stage?

If you decide not to go ahead with egg freezing at this stage, that is completely okay. The decision is entirely yours. It's natural to feel uncertain, and taking more time to think things over is perfectly acceptable. If you're unsure, it may help to talk it through with your healthcare team, fertility specialist, or a counsellor to better understand your options.

Opting out of egg freezing will not impact your cancer treatment, and you can explore other options to build a family in the future if you change your mind.

Are there any alternatives if I can't freeze my eggs before treatment starts?

If you decide not to freeze your eggs before your cancer treatment or it is not possible before your treatment, fertility options in the future may be reduced. There are still other ways to build a family. Please see below for information on using donor eggs or adoption.

Can I have fertility treatment after recovery from cancer treatment?

Depending on how your fertility is affected, you may still be able to have fertility treatment after your cancer recovery. If your ovaries start producing eggs again, fertility treatment using your own eggs could be an option. If using your own eggs isn't possible, you could talk about other options:

- **Use of Donor Eggs:** If you can't produce eggs after cancer treatment, using donor eggs for fertility treatments might be an option when you're ready to start a family.
- **Adoption:** Adoption is another way to have children. You can explore it at any time, and it offers a path to becoming a parent if having a biological child isn't possible.

It's important to talk about these alternatives with your fertility specialist and cancer care team so you can choose the best option for your medical situation, treatment plan, and family goals. Each option has different things to consider, and your cancer care team can give you personalised guidance.

What is ovarian tissue cryopreservation

Ovarian tissue cryopreservation is a fertility preservation option where a small piece of ovarian tissue, containing immature eggs, is surgically removed (keyhole surgery) and frozen. This can be useful for young women when egg freezing isn't feasible. Currently, using this tissue requires a second surgery to transplant it back into the body.

Will I get post-treatment fertility testing?

There is no single test to determine whether your fertility has returned completely. While the return of regular periods is a good sign, it doesn't guarantee that you are fertile.

Who can help me decide what to do?

Your doctors and nurses can provide guidance as you make this decision about egg freezing. Visiting the fertility centre does not mean you have to go ahead with egg freezing, but it will give you the opportunity to explore your options fully.

It's also important to lean on your usual support network, such as family, friends or community support groups, to help you decide what's best for you.

Counsellors, while not directly involved in your medical care, can offer valuable support in helping you decide whether to go ahead with fertility preservation, including egg freezing, and provide additional emotional support throughout the process.

How can I access fertility counselling

If time allows, you will have the opportunity to meet with one of our fertility counsellors before freezing your eggs. All of our counsellors are members of the British Infertility Counselling Association (BICA). During your session, the counsellor will discuss your options and help you explore your thoughts and feelings about freezing your eggs. It is also a chance for you to ask any questions you may have.

Please note that counselling is not part of the assessment process and will not affect your treatment. If you would like additional support, further counselling appointments are available before, during, or after your treatment.

Can I change my mind?

Yes, you can change your mind at any time about egg freezing. It's normal to feel uncertain or anxious about the process, and speaking with a counsellor or fertility doctor can help you work through your feelings. However, having these discussions does not mean you have to freeze your eggs.

Do I need to use contraception?

While cancer treatment may affect your fertility, it is impossible to know for certain whether you can still get pregnant. Some treatments can damage eggs, which could potentially affect a pregnancy if conception occurs during treatment. Therefore, it is vital to prevent pregnancy if you are sexually active during cancer treatment and for up to a year after your treatment ends.

It is equally important to practice safe sex to protect yourself and your partner from sexually transmitted infections (STIs). Using a condom during sexual activity is strongly recommended to ensure both your safety and your partner's.

What do I do when I wish to use the stored eggs?

If you have any questions about your fertility or are considering using your stored eggs, ask your GP for a referral to your local fertility centre, preferably the one where your eggs are stored, for further advice and support.

It's also important to note that additional criteria must be met to access NHS fertility treatment using your stored eggs in the future. These criteria may change over time, and it is not possible to know what the requirements will be in the years to come.

Current criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#).

Want to find out more? – Useful contacts and websites

If you would like to learn more about fertility preservation or access support, the following resources may be helpful:

- **HFEA Website: Egg Freezing**
[Egg freezing | HFEA](#).
- **HFEA Website: Fertility Preservation**
[Fertility preservation | HFEA](#)
- **HFEA: Information for Trans and Non-Binary People**
[Information for trans and non-binary people seeking fertility treatment | HFEA](#)
- **British Infertility Counselling Association (BICA)**
[BICA: Professional Infertility Counselling Association in the UK](#) - Provides specialised counselling for individuals undergoing fertility treatment and preservation.
- **Macmillan Cancer Support**
[Macmillan Cancer Support](#) - Macmillan provide information, support and guidance, to help everyone with cancer live life as fully as they can.
- **Teenage Cancer Trust**
[Teenage Cancer Trust](#) - Teenage Cancer Trust provide specialised nursing care and support for young people with cancer. Supporting anyone diagnosed with cancer aged 13-24, and their loved ones too.
- **Cancer Research UK: Fertility and Cancer**
[Cancer and Fertility | Cancer Research UK](#) – Comprehensive information on how cancer treatments can impact fertility and the options available.
- **Clic Sargent (Young Lives vs Cancer)**
[The six ways we help - Young Lives vs Cancer](#) and [Young Lives vs Cancer](#) – Support for children and young adults with cancer, including information on fertility preservation.

Additional resources

- **The Fertility Alliance**
[The Fertility Alliance](#) - A national fertility charity offering support and accurate information for anyone who wants to know more about their fertility.
- **Fertility Network UK**
[Fertility Network UK](#) – A charity providing support and information on all aspects of fertility, including preservation options.
- **NHS Fertility Services**
[Infertility | NHS inform](#) - Guidance on NHS fertility services and infertility information.
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