Embryo cryopreservation, egg freezing, and ovarian tissue freezing before chemotherapy

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Conflict of interest

None

Why focus on fertility presevation?

- Survival rates among young cancer patients have increased significantly during recent years (Annual incidence: 50/100.000)
- Modern treatment regimes bears a high risk of gonadotoxic effects
- The cancer patients want it
- Technical developments have made fertility preservation a realistic option



Reasons for fertility preservation

• Gonadotoxic treatment regimes for cancer – chemotherapy, radiation e.g. before bone marrow transplantation

• or

Facing premature ovarian failure

or

• Childbearing delayed to later in life –social reasons

Well-established methods

• Embryo cryopreservation

• Ovarian transposition

Less well-established methods

(some would say still experimental)

• Oocyte cryopreservation

- Ovarian suppression
- Ovarian tissue freezing

Chemotherapy and gonadotoxicity

Risk of inducing detrimental effects on the gonad

- The specific chemotherapeutic drug used
- Dose of chemotherapy
- Duration of chemotherapy
- Age of woman

Gonadotoxic Drugs





- Vinca alkaloids
- Others

Cyclophosphamide Chlorambucil Mustine Melphalan **Busulfan** Carmustine Lomustine Cytarabine Vinblastine **Procarbazine** Cisplatin

The ovaries are especially susceptible to alkylating agents

Candidates for ovarian cryopreservation

• Cancer patients

e.g. lymphomas Hodgkin, non-Hogkin, Breast cancer, Ewing sarcoma, Wilms tumor

- But also
- Autoimmune diseases e.g. acute glomerulonephritis, Behcet's disease, SLE
- Endometriosis
- Premature ovarian insufficiency Turner patients

Methods

Embryo cryopreservation

Standard IVF procedure 2-3 weeks treatment before ovum
 pick-up
(this delay acceptable in most cancers)

But not applicable in children or very young females

Demands use of semen from husband or use of donor sperm

Pregnancy rate per transfer between 20-30%

Ovarian transposition

• In genital, intestinal, or urinary tract malignancies – often pelvic radiation

 Metaanalysis not conclusive – menstrual cycles – time to pregnancy studies lack

Experimental methods?

At least less well-established methods

Oocyte cryopreservation

Techniques improved significantly the last 5-6 years

Ovarian suppression

Suppression of folliculogenesis with gonadotropin-releasing hormone agonists (GnRH-a)

90% of follicles are primordial –therefore unresponsive to GnRH-a

Randomized trials currently underway

Ovarian tisssue freezing

In Denmark more than 870 since 2000 70 autotransplantations

Small antral follicles

Corpus luteum

HALF HUMAN OVARY

Only the ovarian cortex is cryopreserved



Preparation of human ovarian tissue for cryopreservation











capsule of an ovariectomized mouse for 2 weeks



Rationale:

Transport ovarian cryopreservation

- Establish a possibility for women who may otherwise be deprived the chance of ovarian cryopreservation
- Centralize the service of this relative seldom performed procedure
- The ischemic period following transplantation reduces the follicle pool most dramatically

Difficult to perform oocyte retrieval and cryopreservation close to one another



Ovary two days after oocyte retrieval

Following ovarian stimulation the ovarian cortex is very fragile



Ovary two days after oocyte retrieval

Diagnosis for cryopreservation of ovarian tissue in Denmark: cumulative (October 2015)

| Diagnosis | No. | Diagnosis | No. |
|--|-----|-------------------------------------|-----|
| | | | |
| Breast cancer | 280 | Invasive mole | 5 |
| Mb. Hodgkin, Non-Hodgkin | 173 | Thallasaemia | 5 |
| Colon-Rectum cancer | 16 | BRCA1-gene | 2 |
| Leukaemia (AML, ALL, CML) | 61 | Aplastic Anaemia | 12 |
| Ewing's & other sarcomas | 74 | SLE | 6 |
| Reproductive system, incl. Ovarian & Cervical cancer | 81 | Sex anomalies incl. Turner syndrome | 9 |
| Various others | 46 | Other Dieseases | 38 |

<u>61 deceased patients</u> 14% of the cohort 24 children/37 women



Clinical results - transplantation

- Laparoscopy / mini-laparotomy
- Orthotopic (ovary)
- Heterotopic (sub-peritoneal on anterior abdominal wall and lateral pelvic wall)



Orthotopic transplantation of ovarian tissue













Heterotropic transplantation to a subperitoneal pocket







Outcome and number of Danish women transplanted with frozen/thawed ovarian tissue according to diagnosis (Jan 2016)

| Diagnosis | Women | Transplantation | | Pos. hCG | Clin. Preg. | Children |
|--|-------|-----------------|-----------|----------|----------------|-------------------------------------|
| | | Total | Transport | | | |
| Breast cancer | 20 | 23 | 17 | 9 | 9 | 3 |
| Mb. Hodgkin lymphoma | 9 | 13 | 9 | 4 | 3 | 2 |
| Non-Hodgkin lymphoma | 5 | 9 | 3 | 5 | 2 | 1 |
| Cervical cancer | 5 | 6 | 6 | | | |
| Aplastic anaemia | 3 | 3 | 1 | 1 | 1 | 1 |
| Sarcoma incl. Ewing | 5 | 5 | 4 | 3 | 3 | 3 |
| Paroxystic Nocturnal Haemoglubinuri | 2 | 2 | 0 | 1 | 1 | 1 |
| Ovarian cancer | 1 | 1 | 1 | 2 | 2 | 2 |
| Colon cancer | 1 | 1 | 1 | 2 | 2 | 2 x (2 nd tri. Abor.) |
| Anal cancer | 1 | 1 | 1 | | | |
| Various others * | 6 | 6 | 6 | 3 | 3 | 2 |
| Total | 58 | 70 | 49 | 30 | 26 | 15 |

*) Wegeners granulomatose, Mola, Morbus Behcet, Autoimmune vasculitis, HUS, Thalassaemia

Results

- <u>All</u> women have regained ovarian function
- Puberty induced in a 13-year-old girl
- Total 26 clinical pregnancies
 - 15 deliveries (10 IVF/5 spontaneous)
 - -9 spontaneous abortions (1.trimester)
 - 1 spontaneous abortion (2.trimester)
 - 1 legal abortion (spontaneous pregnancy)

Questions to be answered

- Longevity of ovarian grafts
- Effectivity whereby fertility is restored
- Safety of auto-transplantation
- When is a woman too old to have tissue cryopreserved

Conclusions

- Ovarian cryopreservation is now a clinical option
- Safety is still unresolved but no relapses yet
- In combination with ART, results from Denmark suggests that ovarian cryopreservation is a robust way of preserving fertility in girls and young women

Thank you for your attention

