ESHRE 2021 Virtual (26 June – 1 July 2021)

Questions for the speakers

PCC05: Difficult cases in fertility preservation

Low ovarian reserve or unexpected poor outcome. - Michaël Grynberg (France)

Q: Is there a AMH threshold you would not offer fertility preservation?

A: Difficult question…Actually I would say it depends on patients' age and the type of disease. For medical indication such as cancer I would try ovarian stimulation even with low AMH levels, especially in young women (< 35 years old). In these cases the number of stimulation will be limited by the initiation of chemotherapy. In girls with DOR, but persistent menstrual cycles, I discuss with the patient (and the parents) the possibility of multiple ovarian stimulation and in case of very low AMH levels, repeated oocyte retrievals during natural cycles. I do not consider egg freezing for non medical reasons when AMH is below 0.2 ng/mL in particular if the patient is > 38 years old.

Q: Very interesting data with the combination of OS and OTC at the same time - congrats! Is this a feasible strategy only to patients with DOR or most FP-patients?

A: I do think this strategy may be considered in young patients with low values of ovarian reserve tests who should receive highly gonadotoxic chemotherapy. In this situation, the number of expected oocytes to be vitrified is low. Therefore, OCT at the time of oocyte yield might be an option for optimizing (we hope) fertility preservation. Acute leukemia may also be an indication after remission has been obtained. Indeed, the chemotherapy regimen for induction usually preserve many antral follicle form destruction. Therefore, before BMT, oocyte vitrification after ovarian stimulation and OTC may be considered.

Q: When AMH and AFC are discordant, which one do you trust more?

A: I would trust more the AFC. But do not consider follicles measuring 1-2 mm which usually do not respond to FSH.

Q: Is ovariectomy more complicated after stimulation?

A: The surgical procedure is not more complicated. The dissection process in lab is a bit more difficult due to the rearrangements of the stimulated ovarian tissue.