



Poor uptake of fertility conservation in a UK population of 616 transgender patients.

Abstract

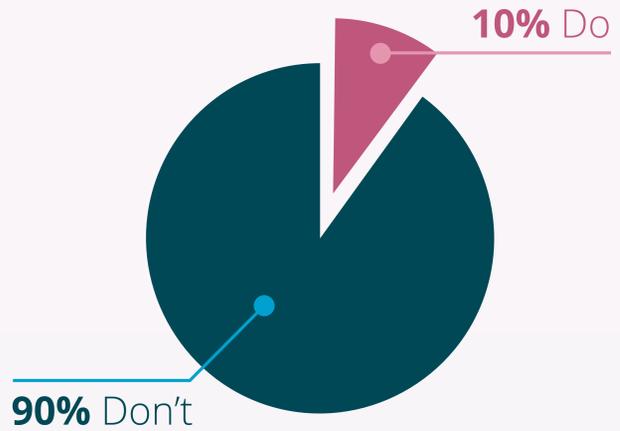
In the UK National Health Service there is a lack of a consistent approach to funding for fertility conservation and even adjoining regions may have completely opposing views and funding structures.

Funding and services for fertility preservation for cancer patients are much more widely available and accepted.

The National Institute for Clinical excellence (NICE) does not currently offer guidance for the care of patients with gender dysphoria.

Many transgender individuals are put off private fertility storage services due to costs.

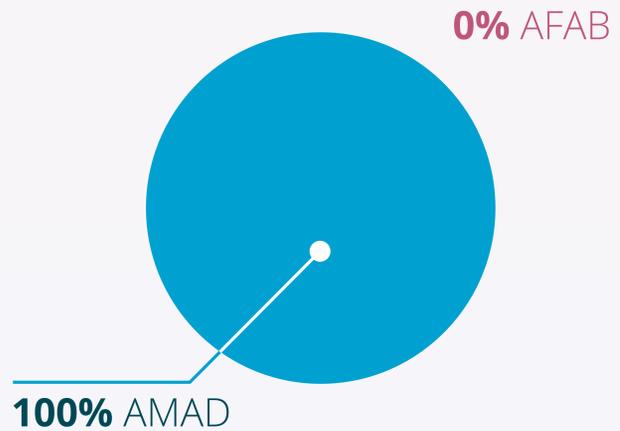
How Many Stored Gametes



Introduction

'NHS England is being taken to court by The Equality and Human Rights Commission (EHRC) over its failure to offer fertility services to transgender patients.' (National Health Executive Sept 2018)

Gender Assigned at Birth



Methods and Materials

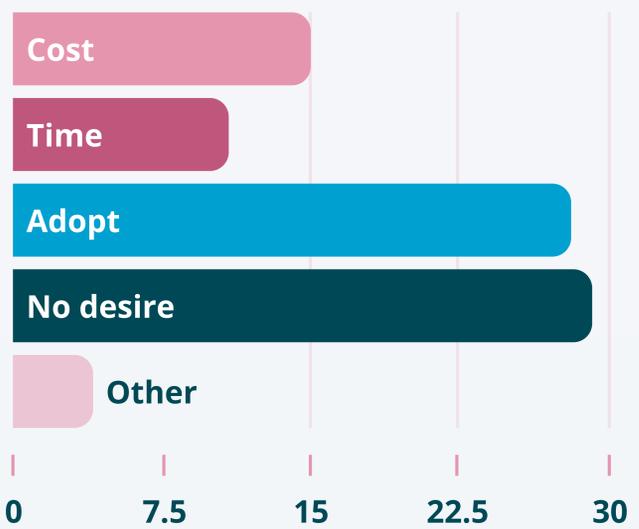
We examined the records of 616 transgender patients between the ages of 12 and 40 regarding the local availability of gamete storage facilities and their desire to have children.

All patients had been counselled regarding fertility and gamete storage.

Additionally, all patients had been sent detailed literature about gamete harvesting, storage and eventual usage.

All patients had accessed the services of GenderGP.

Reasons



Methods and Materials

The uptake for gamete preservation and storage was disappointingly low:

- 558 patients (90.4%) elected not to preserve gametes
- Only 58 patients (9.6%) proceeded with gamete storage
- Of these 58 patients all (100%) were AMAB and banked sperm
- Not one AFAB patient proceeded with harvest and cryopreservation of oocytes

Various reasons were given for not wanting to proceed with gamete storage:

- 15% felt that the costs were prohibitive
- 11% did not want to wait or travel for gamete storage and cause delay in treatment
- 28% opted to consider adoption in the future
- 29% stated they had no desire to have children
- 4% gave other reasons

Just over a quarter of patients (139) would have stored gametes had the option been accessible and readily available on the NHS.

Comparative studies in UK post chemotherapy patients, have shown gamete storage rates of between 33% - 50% in men and 32% - 39% in women.

Conclusion

- Treatment with Gender affirming hormones is likely to lead to reduced fertility.
- Fertility counselling of all eligible patients with GD should be undertaken prior to starting hormone therapy.
- Gamete preservation options should be discussed and patients signposted to available services.
- NHS services are patchy and limited and patients are frequently subject to a 'postcode lottery'.
- Accessible services are freely available to patients with cancer and those with subfertility.
- Gender variant patients in the UK are being deprived of their human right to have children.

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Contacts

GenderGP
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References