Fertility preservation efforts in children, adolescents and young adults with cancer

SPU meeting 2019

Armando J. Lorenzo, MD MSc FRCSC FAAP FACS Hospital for Sick Children and University of Toronto





Things we teach our kids

Inquirer Knowledgeable Thinker Communicate Principled



Open minded Caring **Risk taker** Balanced Reflective

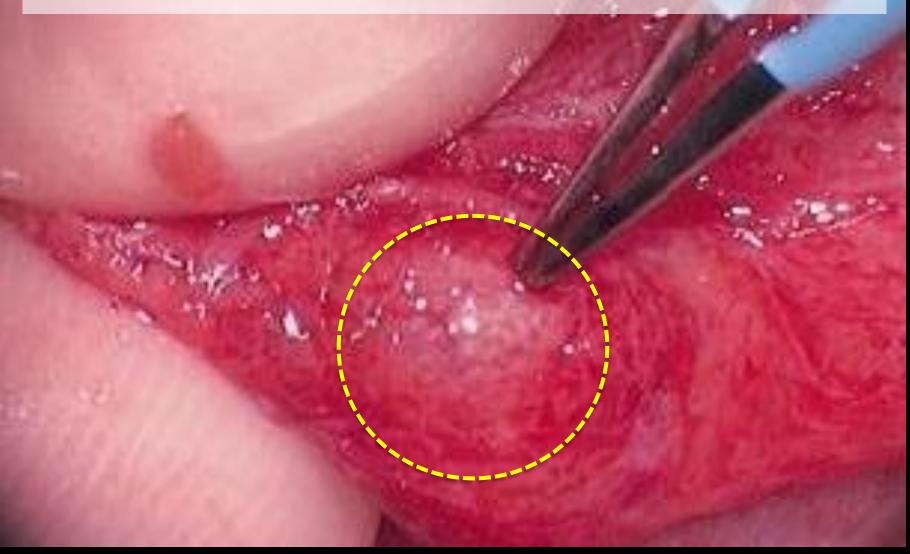
Being a risk taker...



Creative thinking acknowledges and rejects the accepted paradigm to come up with new ideas



Tubules may show residual foci of spermatogenesis



>100 healthy children reported born after ICSI with <u>testicular</u> sperm from <u>non-mosaic</u> KS men following testicular sperm extraction

Human Reproduction, Vol.28, No.5 pp. 1155-1160, 2013



What can we learn from this?

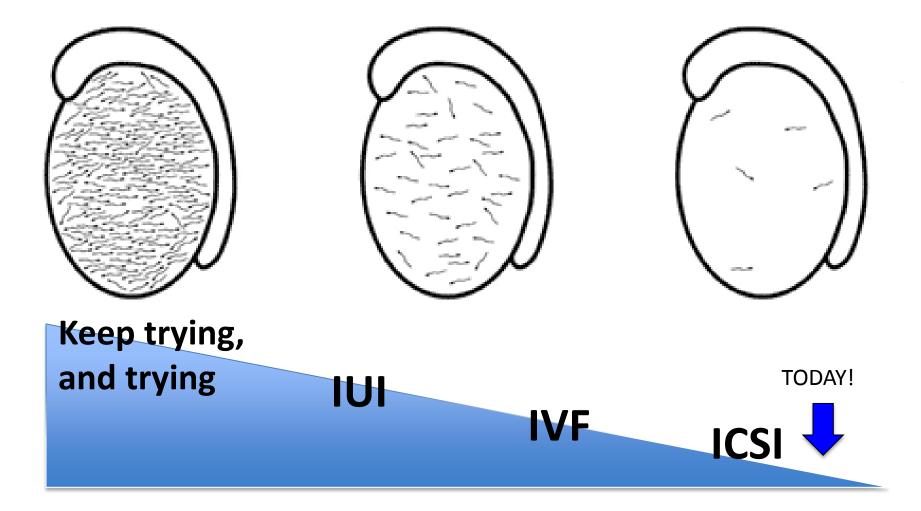
 Assumptions are dangerous

 Lack of foresight and restrictive thinking can have important consequences





Number of sperm needed, over time

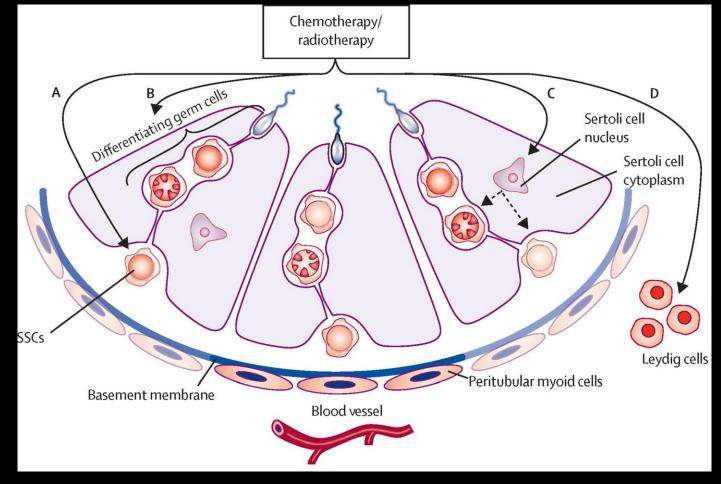




Baby Grady (**GRA**ft-**D**erived baby; 2 weeks old)



FEAR, UNCERTAINTY AND DOUBT



- Oncological surgery, chemotherapy and radiation can have a dramatic and long lasting impact on fertility
- Best case scenario, its subclinical

Fertility and Sterility® Vol. 100, No. 5, November 2013

Post-pubertal males

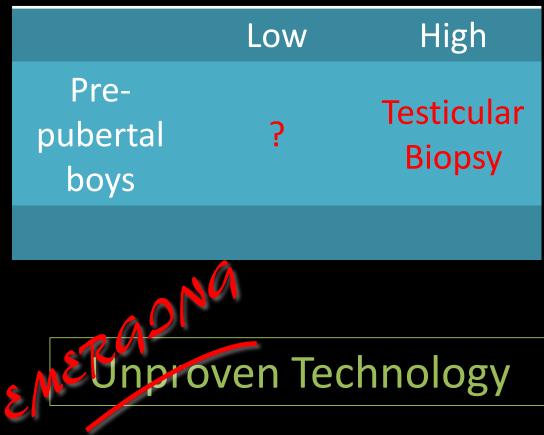
Risk of Infertility

	Low	High
Post- pubertal boys	Sperm bank	Sperm bank

Standard of Care

Pre-pubertal males

Risk of Infertility



Fertility Preservation for Patients With Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update

Alison W. Loren, Pamela B. Mangu, Lindsay Nohr Beck, Lawrence Brennan, Anthony J. Magdalinski, Ann H. Partridge, Gwendolyn Quinn, W. Hamish Wallace, and Kutluk Oktay

- ALL!!!

Key Recommendations

- Discuss fertility preservation with all patients of reproductive age (and with parents or guardians of children and adolescents) if infertility is a potential risk of therapy
- Refer patients who express an interest in fertility preservation (and patients who are ambivalent) to reproductive specialists
- Address fertility preservation as early as possible, before treatment starts
- Document fertility preservation discussions in the medical record
- Answer basic questions about whether fertility preservation may have an impact on successful cancer treatment
- Refer patients to psychosocial providers if they experience distress about potential infertility
- Encourage patients to participate in registries and clinical studies

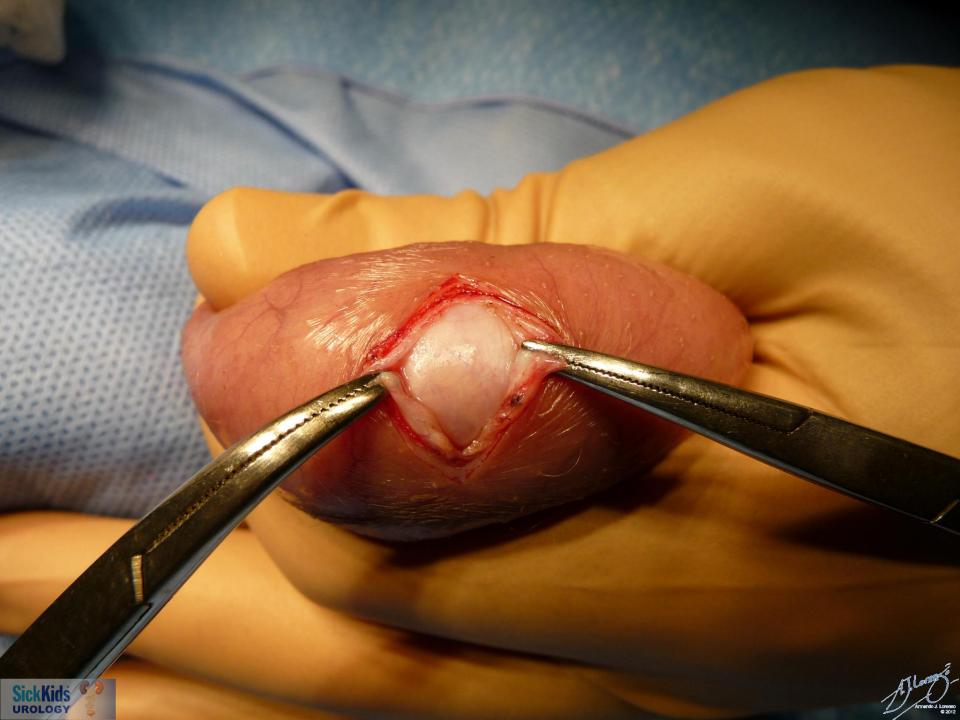
Risk vs. benefit?

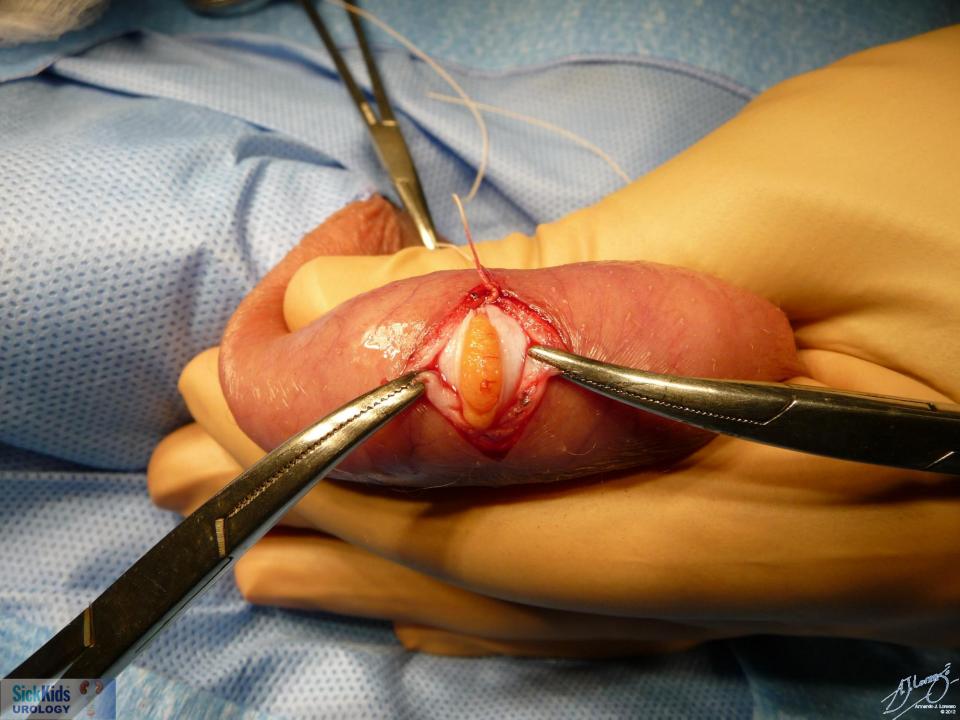
What does the procedure entail? Minimal risk At time of other interventions/anesthesia

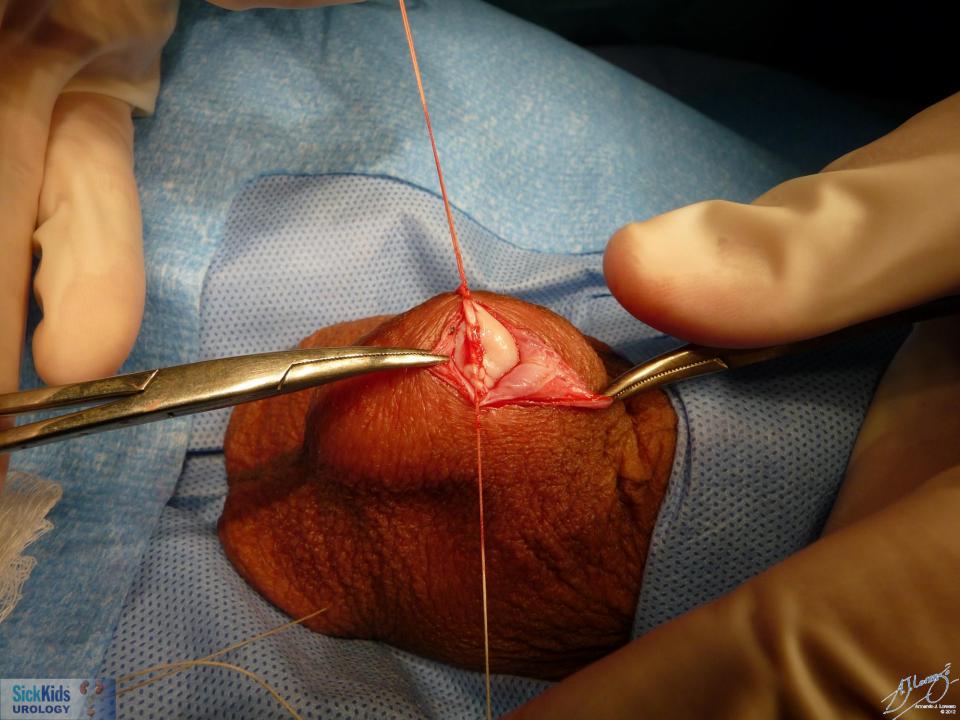




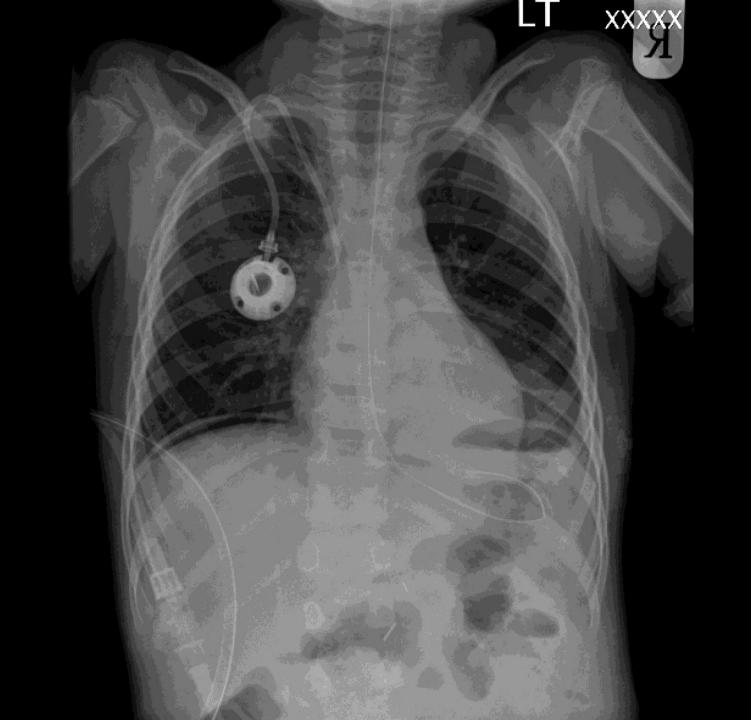






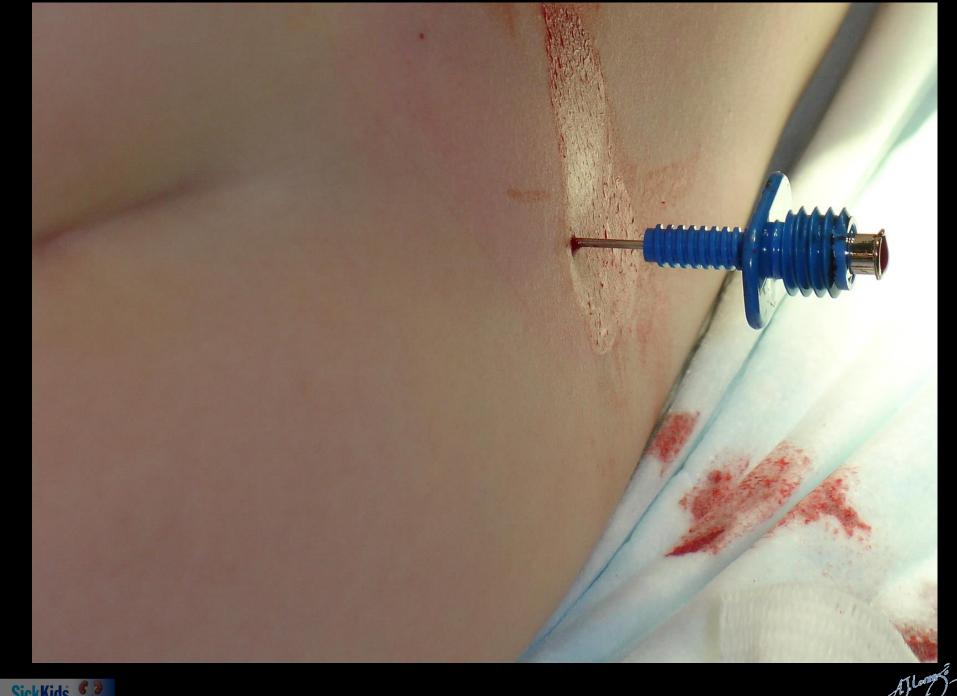












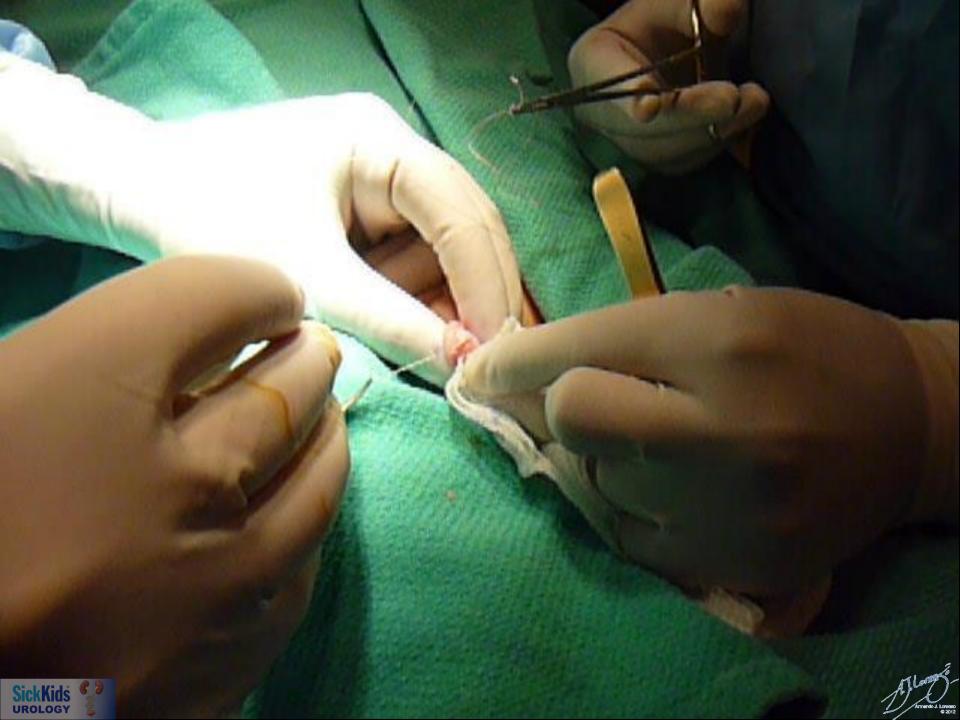




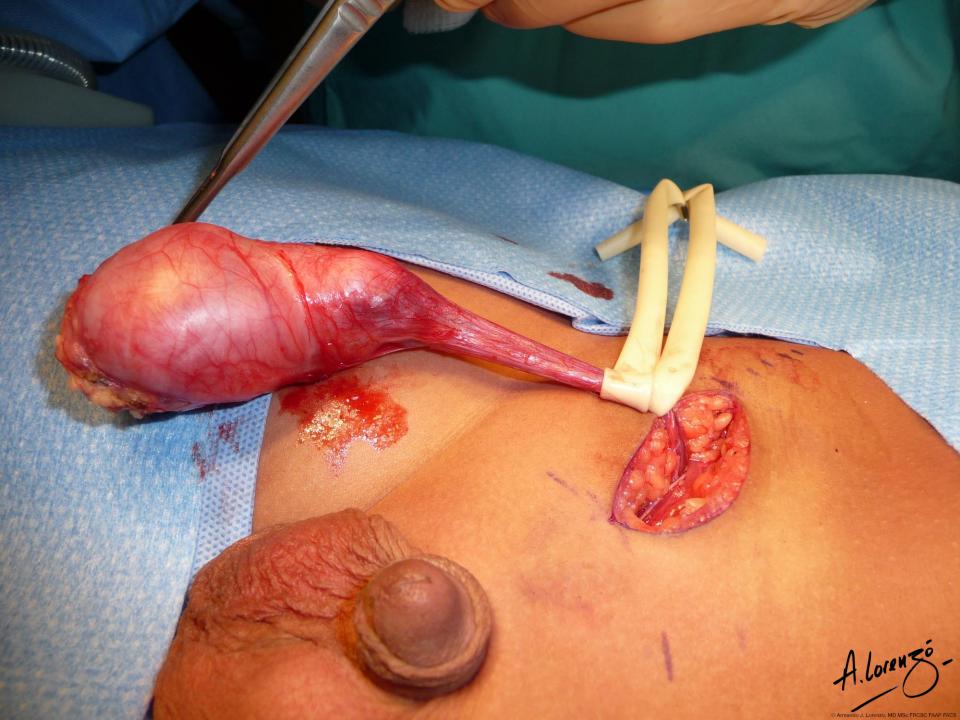


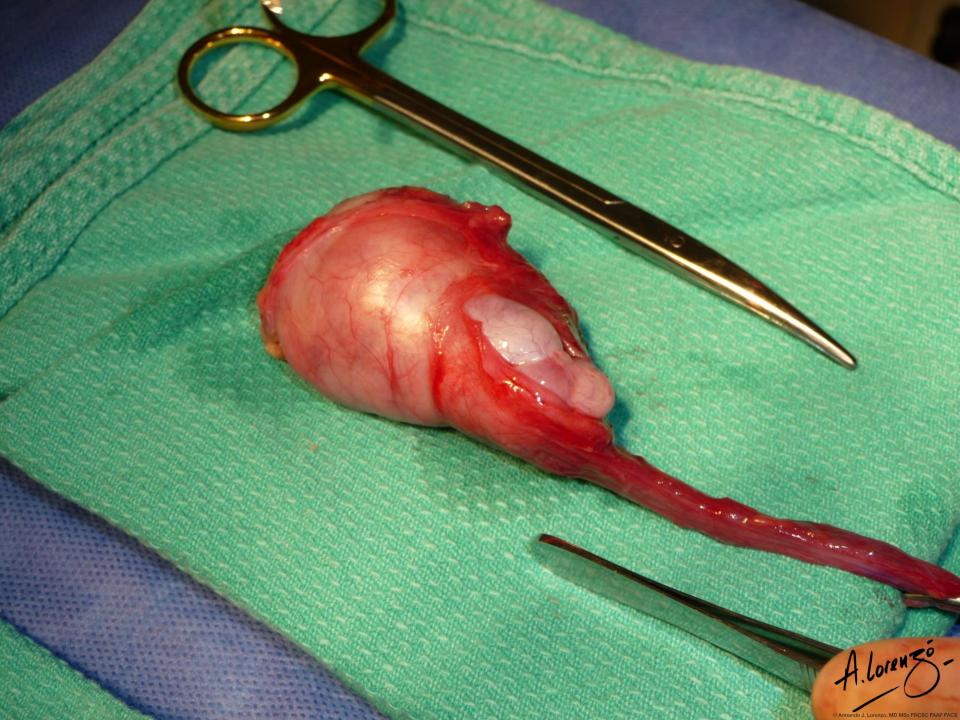


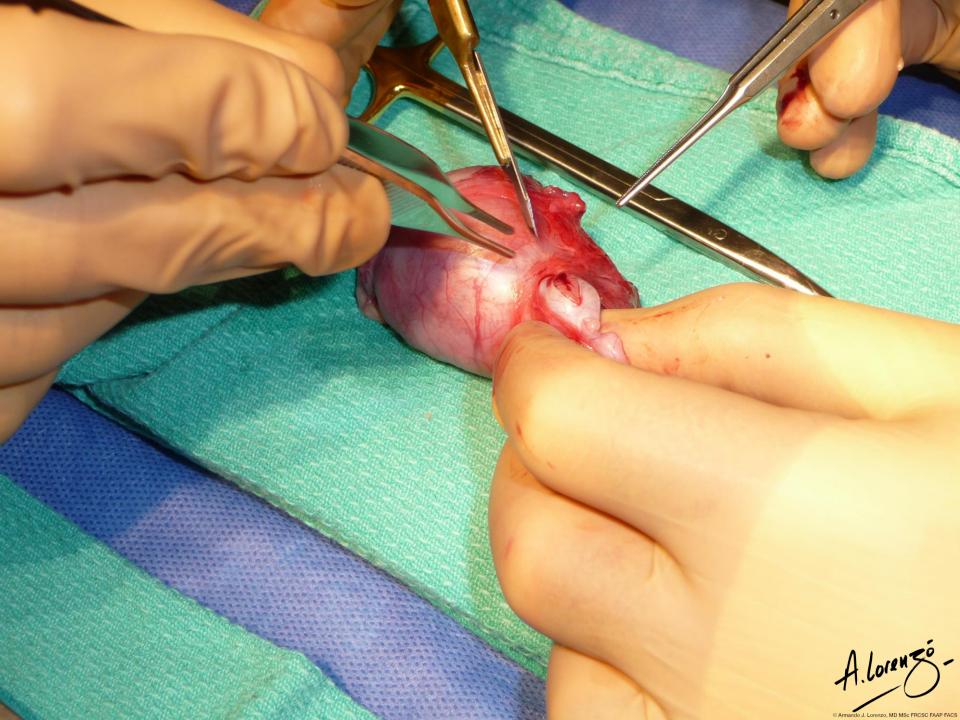






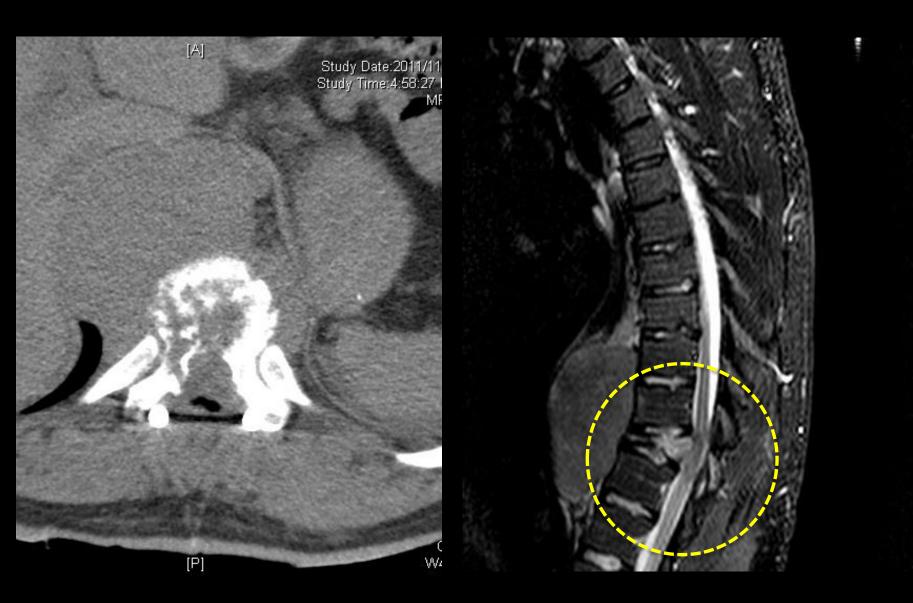












[P]







Bottom line

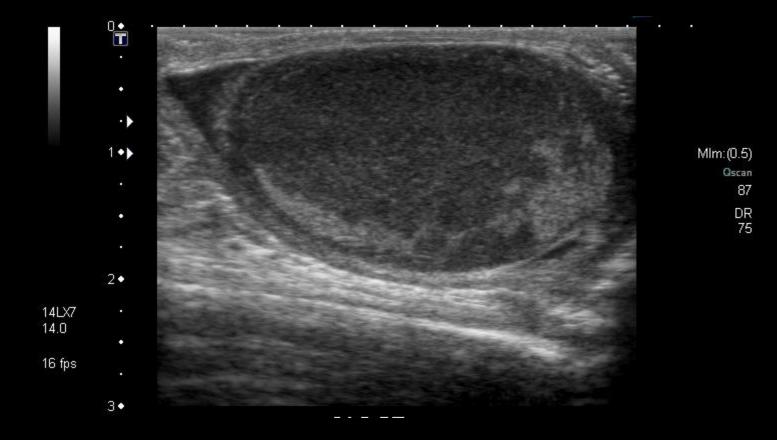
- In vitro/in vivo maturation techniques *very likely* to evolve and become feasible in the future
- We have time!





- In vitro vs. in vivo maturation
 - Transmission of genetic defects, predisposition to cancer/other diseases
 - Reintroduce neoplasm (leukemias)

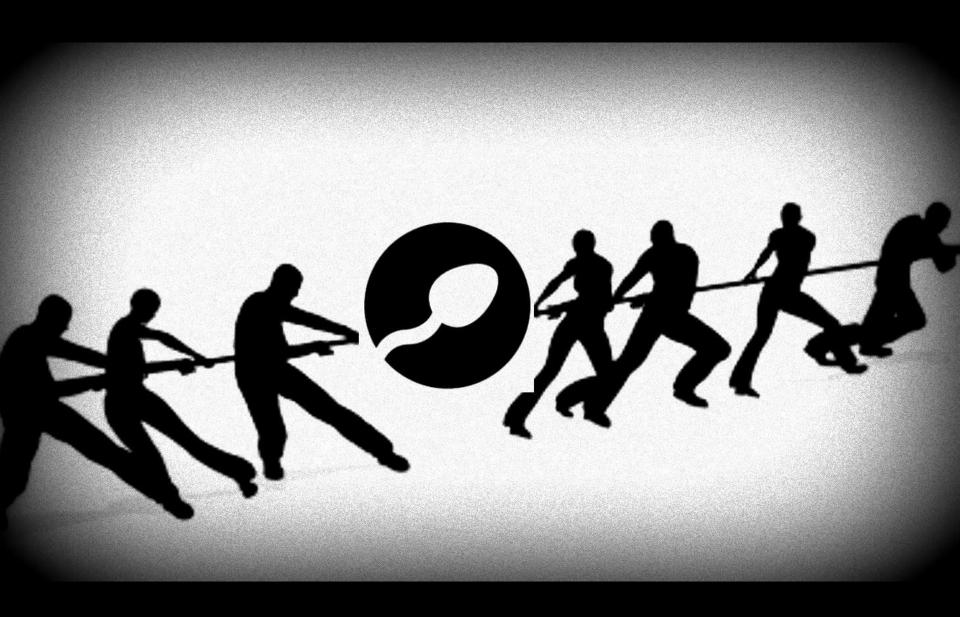




















OUR goal



Sills Fertility Preservation Proge ×

← → C f www.sickkids.ca/fertility-preservation/index.html



☆ 📕

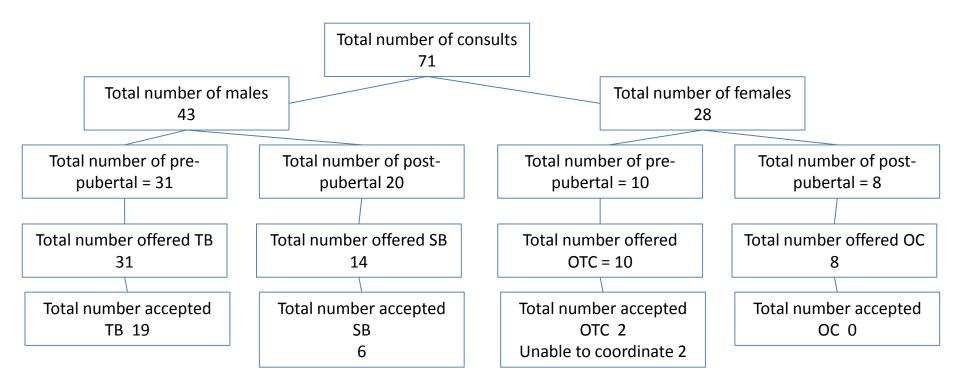
Welcome	Hospital >						
About us	Fertility Preservation Program						
What is fertility preservation?							
Meet our team	For patients at or beyond puberty, egg or sperm samples can be taken and frozen for future use — a relatively novel process itself						
Referrals	called "onco-fertility." Until now, though, there was no way to reverse						
In the news	the sterilizing effects of chemotherapy and radiation on the youngest						
Resources	of patients — babies, toddlers and grade-schoolers.						
Contact us	Enter, the SickKids Fertility Preservation Program.						
	Welcome to our new website! Here, you will find interesting and informative content from some of the world's leading experts in the field.						

Keep this site book-marked, as we will be launching more great content to help guide our patients and their families.

Centres	Heal	th A	Zby	Abo	utKi	dsHe	alth		Support SickKids
Select one •	Quick search by first letter								Your donation makes a difference. Support SickKids and help us achieve
Finding new ways of working together, with the ultimate goal of integrating	Α	в	С	D	Е	F	G	н	our vision of: Healthier Children. A Better World.
research, education and clinical care	1	J	К	L	М	Ν	0	Ρ	
to improve children's health.	Q	R	S	т	U	V W X Visit www.sickkidsfoundation.co	Visit www.sickkidsfoundation.com		
	Y	Z							



SKFPP yearly activity



Age at surgery		
(years)	Diagnosis	Platelet (x10 ⁹ /L)
7.8	Relapse high risk precursor B cell ALL*	270
6.4	Burkitt's lymphoma	520
14.6	Relapsed intravascular large B cell lymphoma*	78
8.8	Rhabdomyosarcoma of R parameningeal	352
13.4	Aplastic anemia	51
12.6	Relapsed precursor B ALL*	134
4.4	Neuroblastoma*	62
3.8	Neuroblastoma	474
10.4	Metastatic medulloblastoma*	338
8.5	Relapse Burkitt's lymphoma*	80
5.7	JMML*	352
12.8	Metastatic medulloblastoma*#	188
12.0	Myelodysplastic syndrome + AML*	182
3.6	Anaplastic large cell lymphoma	146
9.3	Myelodysplastic syndrome	77
0.7	HLH	216
10.0	Embryonal sarcoma of liver	650
2.8	Stage IV Neuroblastoma*	373
15.8	Relapsed T cell ALL*	47
11.6	AML*	68
10.0	Medulloblastoma	380
0.6	HLH	368
2.7	Stage IV Neuroblastoma*	88
4.2	Aplastic anemia	61
8.8	Idiopathic aplastic anemia	55
2.6	Rhabdomyosarcoma of ear	283
3.0	Myelodysplastic syndrome*	116
0.6	HLH*	251
1.0	Hurler syndrome	367
4.4	Stage IV Neuroblastoma*	235
7.4	Neuroblastoma	257
10.1	Pineal NGGCT	204
0.8	Ewing's sarcoma	137
12.4	Medulloblastoma	327
7.2 <u>+</u> 4.5	* prior chemotherapy	229 <u>+</u> 150.3
	# prior radiation therapy	



- The message: "I'm willing to bet on you making it"
- Parents need **hope** to function effectively in the face of despair (The Oncologist 2012;17:398–404)



armando.lorenzo@sickkids.ca