

Gamete Storage

Prior approval status	<b>RED</b>	Implications for equity and diversity	<b>None</b>
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<b>Version Control</b>	Adopted	April 2013	Review	April 2017
Contributors			Changes	Date
Dr Joanne Watt Planned Care Clinical Lead Corby CCG Dr Ali Azhar Planned Care Clinical Lead Nene CCG			Rewording sperm storage is for 10 years	Version 1.1 Nov 2014

**Policy:** Where a patient is receiving treatment that is likely to cause temporary cessation of fertility, then storage would be supported whilst treatment is continuing. Other treatments such as super-ovulation or other associated techniques will not be funded as these are considered experimental and the clinical efficacy of which are at present, unclear.

The consultant responsible for the care likely to result in sterility (usually an oncologist or haematologist) will be required to submit a funding request for each individual patient. On confirmation of funding, the responsible consultant may arrange gamete harvest and submit the specimen for storage at Care, Northampton, or Bourne Hall, Cambridge, or any appropriate provider at their discretion. The CCG will require annual confirmation regarding the status of the patient's health by:

- (a) Writing to the patient's GP for information on the patient's health with a view to continue funding storage
- (b) On receipt of the GP support letter, write to the patient requesting confirmation whether or not they wish storage to continue.

Where the patient wishes to establish their fertility they should approach their GP for a fertility test to be carried out at the local trust.

For males up to and including the age of 45, for whom medical treatment (usually for malignancy) is likely to result in sterility, Corby & Nene CCG will fund sperm storage.

For females up to and including the age of 38 in whom medical treatment (usually for malignancy) is likely to result in sterility, the CCG will fund cryo-preservation of ovarian tissue, (egg storage).

In both sexes, gamete storage will be funded until the end of the funding year in which the male patient reaches the age of 55 or in the year in which the female reaches the age of 38 (as evidence-based practice suggests and in accordance with the CCG's management of sub-fertility), or for 10 years from retrieval whichever comes first, or because of the death of the patient.

**Treatments which are undertaken without prior approval will not be funded**

**Procedure codes** Q272,Q278,Q279,Q35,Q351,Q352,Q353,Q358,Q359,Q36,Q361,Q368,Q369

**Rationale**

- Patients who wish to continue storage over the age of 55 or greater than 10 years may do so privately.