IS OVARIAN TISSUE CRYOPRESERVATION WIDELY ACCESSIBLE?

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Background: In 2019, the Practice Committee of the American Society for Reproductive Medicine recommended that ovarian tissue cryopreservation (OTC) and autotransplant be considered standard of care and no longer experimental.[1] This change expedites patient care by eliminating the need for Institutional Review Board approval and helps with payer coverage for these procedures. The oncofertility consortium lists 45 locations in the U.S. that offer ovarian tissue cryopreservation, including private fertility centers and children's hospitals. However, accessibility of these services to the general public has not been assessed.[2]
Objective: To evaluate accessibility of OTC at National Cancer Institute (NCI) designated comprehensive cancer centers (CCC) and cancer centers (CC).
Materials and Methods: Designated NCI CCC and CC were identified through the NCI website. Center websites were accessed in March 2024 and reviewed for mention of OTC use. Websites were then used to find email and phone contacts of fertility preservation programs, when applicable. Contact forms were also utilized if emails were not found. Each center was contacted, and a scripted email and phone survey was then utilized to obtain information on OTC availability, estimated procedure costs, storage costs, insurance coverage, financial aid services, and ovarian transposition availability.
Results: Out of 59 NCI designated CCC and 8 CC, 44 centers (65.7%) provided responses. Answers specifically regarding available fertility preservation services were obtained from 39 centers (58.2%). Of these, 13 CCC and 2 CC (38.5%) reported that they did offer OTC, with two centers reporting that the service was available as part of a research study. 6 centers that offer OTC reported that insurance typically covered the cost of the procedure and two reported the service was free if the patient qualified for the research study. 9 of the 15 participating centers (60%) reported the transfer fee costs of the ovarian tissue which ranged from $1,000-$2,000 and storage fees which ranged from $350-$500. All centers referenced available grants and financial aid services that patients are referred to, if needed. 2 of the 15 centers (13.3%) that currently offer OTC reported that they also offer ovarian transplantation, and 3 of the 15 centers (20%) reported that they have not performed the procedure yet but will be able to offer the service in the future. When reviewing the websites for cancer centers, 34 centers mentioned OTC on their websites; however, 4 listed the service as experimental.
Conclusion: While OTC is no longer considered experimental, this study demonstrates that this service is still difficult to access. Responses were difficult to obtain from multiple centers due to either the lack of response to emails or phone call inquiries that were not directed to the appropriate personnel equipped to provide an answer. This suggests that more education with

hospital personnel or inquiry forms directed towards fertility preservation should be utilized in institutions to increase ease of accessibility and improve patient experience.

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