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# Ovarian tissue banking for cancer patients: Fertility preservation, not just ovarian cryopreservation FREE

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*Human Reproduction*, Volume 19, Issue 3, 1 March 2004, Pages 477–480,  
<https://doi.org/10.1093/humrep/deh152>

**Published:** 01 March 2004

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## Abstract

While ovarian tissue cryopreservation has commonly been equated with fertility preservation in cancer patients, there is a range of alternative options to preserve fertility. Based on the type and timing of chemotherapy, the type of cancer, the patient's age and the partner status, a different strategy of fertility preservation may be needed. If the patient has a partner or accepts donor sperm, embryo cryopreservation should be considered first, since this is a clinically well established procedure. Despite relatively low pregnancy rates, when there is time for ovarian stimulation and the patient is single, oocyte cryopreservation may also be preferred to ovarian tissue banking. In breast cancer patients, tamoxifen or aromatase inhibitors can be used for ovarian stimulation prior to oocyte or embryo cryopreservation. In endometrial cancer patients, aromatase inhibitors may be the only choice for ovarian stimulation. When only pelvic radiotherapy is used, ovarian transposition can be performed, but the success rates vary because of scatter radiation and vascular compromise. Lack of FSH and GnRH receptors on primordial follicles and oocytes does not make gonadal suppression an effective strategy of gonadal protection. Fertility preservation should be an integral part of improving the quality of life in cancer survivors; however, it is neither possible nor ethical to recommend the same recipe for every cancer patient.

**Keywords:** [cancer/cryopreservation/fertility preservation/ovarian transplantation/ovulation induction](#)

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