Fertility Within Reach is a national non-profit dedicated to helping individuals increase access to fertility treatment and preservation. Cost or access to fertility preservation should not be a barrier in someone's ability to start a family when they choose.

Fertility Within Reach
ADVOCATING FOR FERTILITY HEALTH CARE

www.fertilitywithinreach.org

Fertility Preservation

for Transgender Patients

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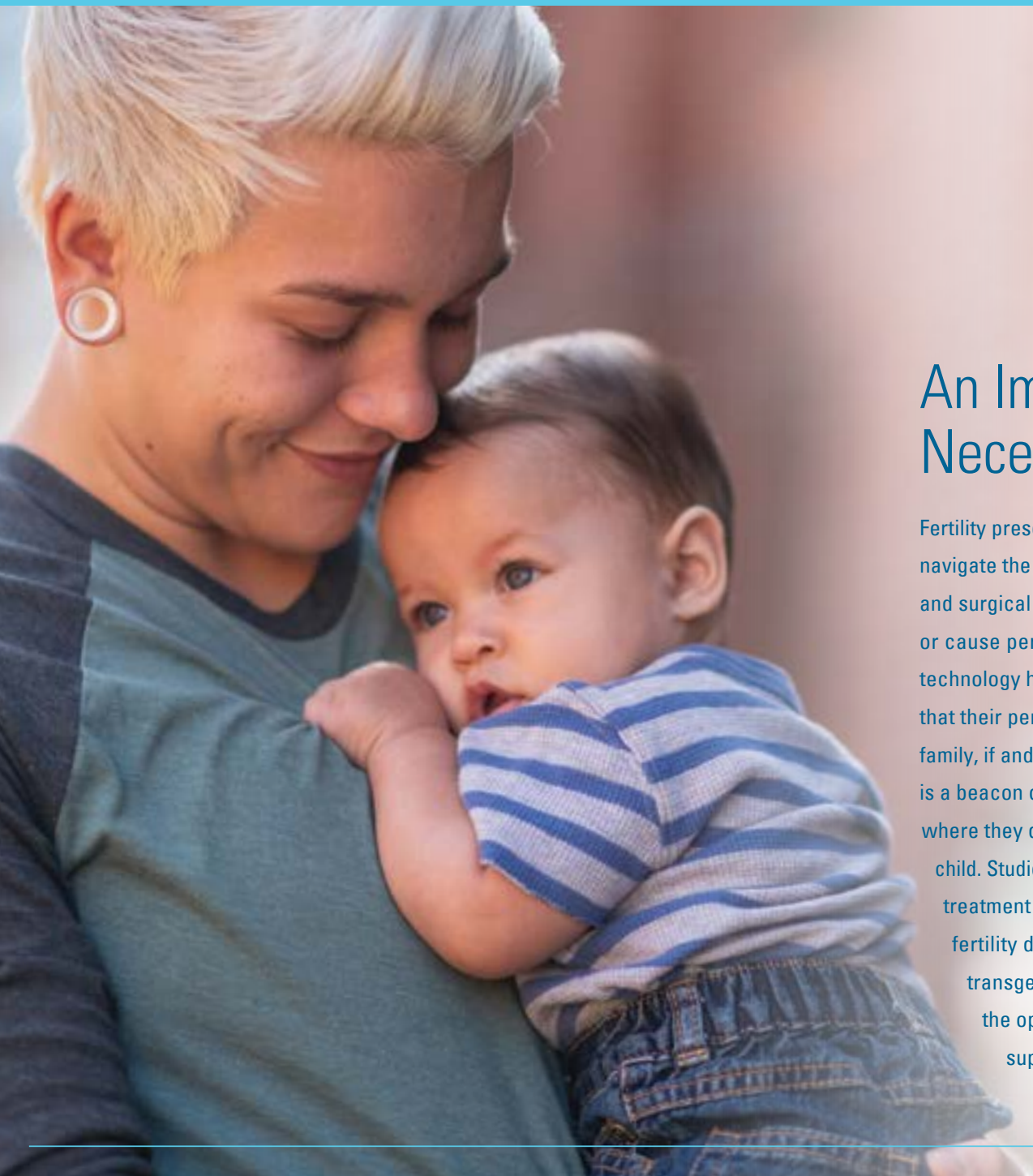

An Important & Necessary Consideration

Fertility preservation is often the last thing on a person's mind as they navigate the challenges of gender affirmation. Some hormonal therapies and surgical procedures used for gender affirmation can impact fertility or cause permanent sterilization. Advancements in reproductive technology have given transgender and non-binary adolescents hope that their personal reproductive material can be preserved to create a family, if and when they decide they want children. Fertility preservation is a beacon of hope for many patients, allowing them to imagine a future where they do not need to give up the possibility of having a biological child. Studies have shown that most adults who chose gender-affirming treatment in adolescence were not counseled about preserving their fertility during treatment. ***Fertility Within Reach*** aims to support transgender youth and their families through this journey, broaden the options for parenthood, and provide financial support for fertility preservation.

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“I’m still a college student, and *Fertility Within Reach* gave me the opportunity to cryobank without breaking the bank. Because of them, my way forward is a lot more certain knowing that my partner and I can still start a biological family in the future.”

H.G.
gender affirming patient

Contents

Fertility Within Reach
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Fertility Preservation*

WHAT IS FERTILITY PRESERVATION?

Fertility is the ability to conceive or induce conception naturally. Gender affirming hormonal therapies, such as exogenous* hormonal treatments (oral contraceptives), testosterone* therapy, or estrogen* therapy can pause puberty and affect future fertility potential. Gender-affirming surgeries that remove reproductive organs such as hysterectomies, oophorectomies, and orchiectomies can cause permanent sterility.

There are ways to protect fertility through fertility preservation. This rapidly advancing field is a safe and dependable method of extracting and storing a person's reproductive material* (eggs, sperm, or reproductive tissue) until they are ready to access it. Discussions of fertility preservation should begin alongside any discussions of gender affirming treatment. There are several different options available for fertility preservation, and it's important to be aware of all the methods available as you decide if fertility preservation is the right choice for you.

LONG-TERM FERTILITY

If you have already started gender-affirming treatment and wish to preserve your fertility or start a family, you should work with your care team to determine how your fertility was impacted by the treatment you are receiving.

Even if you previously did not choose to preserve your fertility, there may still be options to have biological children. These can include the temporary discontinuation of hormonal treatments for a period of time to allow ovulation or spermatogenesis to resume. Additionally, spermatogenesis or ovulation may be stimulated through the injection of medications like clomiphene citrate or hCG if you have a uterus and ovaries. This process may take three to six months, but it's important to work with your doctor to determine what the best course of action is for you.

*See Glossary on page 14 for definition.

Preservation of Reproductive Material

FOR BODIES WITH PENIS AND TESTICLES…

SPERM BANKING

Sperm banking is the least invasive way of both collecting and preserving reproductive material. A semen sample is collected through self-stimulation, then analyzed for fertility. Samples are immediately cryopreserved and can be frozen indefinitely. Sperm counts are highest prior to beginning hormone therapy. However, if you have already begun hormone therapy it is best to discontinue hormones for 3–6 months, regain fertility, and bank sperm. These frozen samples can be used in the future via intrauterine insemination (IUI) or in vitro fertilization (IVF).

TESTICULAR SPERM EXTRACTION

This is a medical procedure for people with a penis and testicles who are unable to ejaculate and therefore is necessary to extract sperm from the testicle, under general anesthesia. Like sperm banking, samples can be frozen indefinitely and have a high fertility success rate using intrauterine insemination or in-vitro fertilization. As with sperm collected through masturbation, the quality and quantity are highest before beginning, and again the longer you have been off of, hormone therapy.

TESTICULAR TISSUE CRYOPRESERVATION*

In pre-pubertal* people with a penis and testicles, the only option for fertility preservation before initiation of hormonal treatment is testicular tissue cryopreservation. A child with a penis or testicles might never make sperm if they begin hormonal suppression prior to puberty; this option allows for sperm production outside the body. A small portion of the testicle is removed through a surgical biopsy under general anesthesia, then preserved and frozen. There are minimal risks associated with this procedure, including minor pain and swelling.

FOR BODIES WITH A UTERUS AND OVARIES…

OOCYTE* CRYOPRESERVATION

Hormonal injections stimulate the ovaries to increase the number of eggs retrieved while under sedation. This process takes approximately two weeks, and eggs can be frozen and stored. The eggs can be used for future pregnancy in their own uterus, for implantation in a partner with a uterus, or a gestational carrier.

OVARIAN TISSUE CRYOPRESERVATION

This preservation option is available for pre-pubertal and post-pubertal* adolescents. Most success has been demonstrated in post-pubertal adolescents and therefore, ovarian tissue cryopreservation is no longer considered experimental. This process involves the removal, processing and cryopreservation of ovarian tissue. When the patient is ready to expand their family, the ovarian tissue can be thawed and transplanted back onto a remaining ovary, allowing for the oocytes to develop into mature eggs.

EMBRYO CRYOPRESERVATION

This is the same process as oocyte cryopreservation, but the egg is fertilized with sperm before freezing. It is important to note that both oocyte and embryo cryopreservation require a controlled ovarian stimulation which involves medication and repeated assessment by transvaginal ultrasound, which may be uncomfortable or emotionally distressing. There are smaller ultrasounds made for adolescent patients or pelvic ultrasounds in patients who cannot a tolerate transvaginal evaluation. The gynecologist will discuss the monitoring and determine the appropriateness of various methods for their patients.

*See Glossary on page 14 for definition.

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Treatment & My Fertility

During the gender affirmation consultation with your healthcare provider(s), they will use this space to assess and document your risk of infertility based on the treatment you are to receive. This section provides you with necessary information to make an informed decision related to your fertility preservation options.

PLANNED TREATMENT THAT COULD AFFECT FUTURE FERTILITY

Hormonal therapy:

- ☐ Testosterone
- ☐ Spironolactone
- ☐ Estrogen
- ☐ Gonadotropin-Releasing Hormone (Gn-RH) analogs
- ☐ Progesterone
- ☐ Other _____

Expected method of delivery:

- ☐ Orally (pill form)
- ☐ Injections
- ☐ Topical Applications (cream, gel, patch)
- ☐ Implants
- ☐ Other _____

Expected dosage: _____ mg

Expected treatment start date: _____

Surgical treatment:

- ☐ Hysterectomy
- ☐ Mastectomy
- ☐ Vaginectomy
- ☐ Oophorectomy
- ☐ Orchiectomy
- ☐ Other _____

RECOMMENDED FERTILITY PRESERVATION OPTIONS

If you have a penis and testicles:

- ☐ Sperm Banking
- ☐ Testicular Sperm Extraction
- ☐ Testicular tissue Cryopreservation

If you have a uterus and ovaries:

- ☐ Oocyte Cryopreservation
- ☐ Ovarian Tissue Cryopreservation
- ☐ Embryo Cryopreservation

I am at risk for infertility due to my treatment.

☐ Yes ☐ No

My risk for infertility is…

☐ None ☐ Minimal ☐ Moderate ☐ High

I need to use protection to prevent a pregnancy:

☐ Yes ☐ No

NOTES

_____

_____

_____

_____

_____

_____

_____

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CONTACT INFORMATION FOR FURTHER QUESTIONS

Healthcare Provider Name: _____

Healthcare Provider Phone: _____

Healthcare Provider Email: _____

Other Team Members:

Name: _____

Role: _____

Email: _____

Phone: _____

Name: _____

Role: _____

Email: _____

Phone: _____

Support Guide

TALKING WITH YOUR LOVED ONES ABOUT FERTILITY PRESERVATION

As a young adult, the idea of talking about family building with your loved ones during the process of gender-affirming surgery or treatment may feel strange or uncomfortable.

Every family is different and there is no one-size-fits-all approach to opening a dialogue. It might be helpful to keep in mind some of the following when initiating these conversations:

- *Take some time to prepare yourself, and perhaps share your ideas and feelings with a trusted friend, family member, partner, social worker, or therapist ahead of time. Choose the right time to initiate a conversation.*
- *Don't rely on a script. Talk as naturally as possible and allow others to ask questions. Be honest - sometimes "I don't know. That's a good question, and we'll find out the answer together" is all you can say.*
- *Center your feelings and emotions. Despite your loved one's preconceived notions of parenthood, you are deserving of respect and understanding.*
- *Remember that this conversation is the first of many, and the key is laying a foundation for open, honest, and constructive dialogue.*
- *Be patient with your loved one's reactions. Your family's journey with understanding how your gender identity fits into traditional ideas of parenthood is a complex process and may require time for adjustment. Perhaps your parents have not yet considered being grandparents, and they may need time to process this notion.*

If you are struggling with how to talk to your loved one(s) about fertility, please reach out to a member of your healthcare team. They would be happy to help guide you through this process.

Adapted from: "Transgender Children & Youth: Understanding the Basics" from the Human Rights Campaign, "Talking to Grandparents and Other Adult Family Members" from the Human Rights Campaign, and "How Do I Tell My Parents?" from FFLAG.

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Resources

CRISIS RESOURCES

The Trevor Project, *thetrevorproject.org*
24/7/365 Lifeline at 866-4-U-TREVOR (866-488-7386); TrevorChat for instant messaging; TrevorText for text-based support option; or *trevorspace.org* for online peer support
The National Suicide Prevention Lifeline at 800-273-TALK (8255)
Suicide and Crisis Lifeline at 988
Trans Lifeline at 877-565-8860

ADVOCACY GROUPS

National Center for Transgender Equality, *transequality.org*
Massachusetts Transgender Political Coalition, *masstpc.org*
Trans Women of Color Collective, *twocc.us*
Black Trans Advocacy, *blacktrans.org*
Trans Latina Coalition, *translatinacoalition.org*
SPART*A, *spartapride.org*
HRC's Parents for Transgender Equality National Council, *hrc.org*
Trans Families, *transfamilies.org*

LEGAL SERVICES

Sylvia Rivera Law Project, *srlp.org*
Transgender Legal Defense and Education Fund, *transgenderlegal.org*
Transgender Law Center, *transgenderlawcenter.org*

FAMILY AND TRANS YOUTH SUPPORT

Gender Spectrum, *genderspectrum.org*
Gender Diversity, *genderdiversity.org*
Trans Youth Equality Foundation, *transyouthequality.org*
TransTech Social Enterprises, *transtechsocial.org*
TransAthlete.com, *transathlete.com*
TransLife Center at Chicago House, *chicagohouse.org*

FINANCIAL RESOURCES

Livestrong Fertility has helped thousands of cancer patients gain access to life-changing services by alleviating the burden of costly fertility preservation. *livestrong.org/what-we-do/program/fertility*

Team Maggie for a Cure offers financial support for fertilty preservation for young adults with cancer. *teammaggieforacure.org*

The Chick Mission hopes to ensure every young woman newly diagnosed with cancer has the option to preserve fertility through direct financial support, educational programs, and advocacy efforts. *thechickmission.org*

Compassionate Care offers fertility medication savings. *fertilitysavings.com*

Heart Beat provides select fertility medications at no cost for eligible patients. *www.ferringfertility.com/healthcare-professionals/support-for-your-patients/#financial-assistance*

ReUnite Oncofertility provides discounts off of specific fertility drugs for eligible patients. *reuniterx.com/discount-programs/#oncofertility*

Village Fertility Pharmacy offers some of the lowest prices available for fertiltiy medication and provides advenced price quotes. *vfppharmacygroup.com/pricing-and-financing*

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CRYOBANKS, CLINICS & PHARMACIES

The following cryobanks, fertility clinics, and pharmacies are resources that support fertility preservation patients. We encourage you to learn more about them and see if their services work for you.

Cryobanks & Clinics

ReproTech
888-489-8944
Type of Reproductive Cell/Tissue Storage: sperm, egg, testicular tissue, ovarian tissue, embryo
Collection Methods: mail-in kit, courier

Arizona Andrology Laboratory & Cryobank
520-855-2689
Type of Reproductive Cell/Tissue Storage: sperm
Collection Methods: drop off

Fairfax Cryobank
800-338-8407
Type of Reproductive Cell/Tissue Storage: sperm
Collection Methods: in-house, mail-in kit

Legacy
617-514-0901
Type of Reproductive Cell/Tissue Storage: sperm
Collection Methods: mail-in kit

Pharmacies

AllianceRx Walgreens Pharmacy
800-424-9002

VFP Pharmacy Group
877-334-1610

WALGREENS
800-424-9002

Glossary

Estrogen or Progesterone: Hormones found in *all* bodies, associated with the development of female primary and secondary sex characteristics

Exogenous Hormone: A hormone not produced by one's own endocrine system

Cryopreservation: Freezing biological material at cryogenic temperatures

Fertility Preservation: The process of saving or protecting eggs, sperm, embryos, or reproductive tissue so that a person can use them to have biological children in the future

Oocyte: A cell in the ovary that develops into an egg

Pre-pubertal: Before puberty

Post-pubertal: After puberty

Reproductive Tissue/Reproductive Material: Cells that are important in the human reproductive system; Examples: sperm, egg, testicular tissue, oocyte

Testosterone: A hormone found in *all* bodies, associated with the development of male primary and secondary sex characteristics.

"I am so beyond happy I did this. Fertility preservation gave me hope of a future and kept me going during treatment."

K.R.
fertility preservation patient

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Acknowledgments

WISDOM FROM INDUSTRY LEADERS & PATIENTS

Content within this guide is an evidence-based collaborative effort of many incredible organizations dedicated to supporting children and their families. This tool provides credible information by utilizing the knowledge and guidance of medical doctors, social workers, health communication professionals, as well as testimony from policymakers and patients. We are grateful for the contribution of these industry leaders and patients.

JOY BADER
ReproTech

STEPHANIE BRILL
Gender Spectrum

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DR. BRIAN FRIEND, MD, MS
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MICHELLE FRITSCH, LMSW-ACP
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ALICIA HOWELL, RN, MSN, FNP-C, CPHON
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MARY LALIBERTE, MSW
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MARGARET MCDERMOTT
Mother of a Former Patient

DR. OMAR SHAKEEL, MD
Texas Children's Hospital

HEATHER SONI, APRN, MSN, CPNP
Texas Children's Hospital

KAILYN RUIZ
Former Patient

STELLE SCOTT
Former Patient

DR. NATHANAEL STANLEY, PH.D.
Moffitt Cancer Center

LEA WILCOX
ReproTech

MATTHEW ZACHARY
Founder, Stupid Cancer & OffScrip Media

Written by Quinn Kilmartin, Former Project Manager for ***Fertility Within Reach***.

"My biggest reservation over exploring my gender experience was always about fertility. *Fertility Within Reach* helped where seemingly no one else would, banking my opportunity to have biological children in the future."

Stelle Scott
gender affirming patient