

UPMC Fertility Preservation Program

Transgender Fertility Preservation



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About Us

The **UPMC Fertility Preservation Program** is part of the pioneering **UPMC Magee Center for Reproduction and Transplantation** at UPMC Magee-Womens Hospital. We are a leader in world-class fertility preservation services for adults and children of all ages.

Our goal is to give you options to have the family you always wanted — or to add to the family you already have.

Transgender Fertility Preservation Services

Our team of doctors, medical professionals, and researchers share a special commitment to meeting the unique fertility preservation needs of transgender patients.

Our services are offered in collaboration with:

- UPMC Magee-Womens Hospital
- The Center for Fertility and Reproductive Endocrinology at UPMC Magee-Womens Hospital
- UPMC Children's Hospital of Pittsburgh
- Magee-Womens Research Institute

Treatments that suppress puberty or gender-affirming hormone treatments or surgery can impair fertility.

Patients should talk to their doctors about their familybuilding goals and about options to preserve fertility before starting treatments that could threaten their future fertility.

Adults can freeze sperm, eggs, or embryos to preserve their fertility. Temporary suspension of transgender treatments may be required.

There are no standard options to preserve the fertility of adults who are unable to produce eggs or sperm. The same is true for children who are not yet producing mature eggs or sperm. For these patients, our program is approved to freeze testicular tissue or ovarian tissue using experimental protocols. Our Center is pioneering next-generation technologies that will allow patients to use their tissues in the future to produce sperm or eggs and restore fertility.

Contact Us

You can discuss your fertility goals and circumstances with a UPMC Fertility Preservation Program coordinator at **412-641-7475 (Option 1)** or **fertilitypreservation@UPMC.edu**. Please visit **UPMC.com/CRT** for more information.

Egg Freezing (Oocyte Cryopreservation)

Process	• 8 to 12 days of ovarian stimulation					
	 Multiple self-administered injections 					
	 Monitor ovarian response with blood tes and vaginal ultrasounds 					
	 Eggs are retrieved under sedation and frozen for future use 					
	 Infectious disease testing required before storing frozen reproductive cells 					
Time Frame	• 2 to 3 weeks for procedure					
Success Rate	 More than a 35% live birth rate per embryo transfer in patients age 35 or younger 					
	 Similar to the success rate of embryo transfers using fresh eggs 					
Risks	Side effects of medicines					
	 Ovarian hemorrhage 					
	Pelvic infection					
	 Ovarian hyperstimulation, which can cause ovaries to swell and become painfu 					
Costs	 Costs associated with the procedure, medicines, infectious disease testing, and annual storage 					
	 Contact 412-641-7475 for additional information 					
Long-Term	Annual cost of long-term storage					
Implications	 Future costs of assisted reproduction using frozen eggs 					
Other Considerations	Not an option for patients who have not reached puberty					
	 Temporary suspension of transgender treatments may be necessary 					

Embryo Freezing (Embryo Cryopreservation)

Ovarian Tissue Freezing (Experimental)

(Ovarian Tissue Cryopreservation)

Process	 8 to 12 days of ovarian stimulation 	Process	Research Protocol
	 Multiple self-administered injections 		• For patients who are not able or do not
	Monitor ovarian response with blood		have time to produce mature eggs
	tests and vaginal ultrasoundsEgg retrieval under sedation		 Laparoscopy with 3 small incisions under general anesthesia
	 Sperm from partner or donor are used to 		• A single ovary is removed and frozen for
	fertilize eggs and produce embryos that are frozen for future use		future use Infectious disease testing required before
	 Infectious disease testing required before 		storing frozen reproductive cells
	storing frozen reproductive cells		
		Time Frame	 1-day outpatient procedure
Time Frame	2 to 3 weeks for procedure	Courses Data	Mana than 170 line births from
Current Data	Mana there a 750/ live high make says	Success Rate	 More than 130 live births from transplantation of frozen/thawed
Success Rate	 More than a 35% live birth rate per embryo transfer in patients age 35 		ovarian tissue to date
	or younger		 Methods to mature eggs outside the
			body are under development
Risks	Side effects of medications	Dista	Discription and infection
	Ovarian hemorrhage	Risks	Bleeding and infection
	Pelvic infection		 Trauma to adjacent organs
	 Ovarian hyperstimulation, which can cause ovaries to swell and become painful 	Costs	Surgical costs covered by research study
			 Tissue processing and first year
Costs	Costs associated with the procedure,		cryostorage covered by research study
	medicines, infectious disease testing, and annual storage		Annual storage fee after first year
	Contact 412-641-7475 for additional		Future costs associated with the use of fragen complex patient defined
	information		frozen samples not yet defined
	Appual cost of long term storage	Long-Term	Annual cost of long-term storage
Long-Term Implications	Annual cost of long-term storage	Implications	Future costs of ovarian tissue
	 Future costs of assisted reproduction using frozen eggs 		transplantation or maturation of eggs outside the body followed by in vitro fertilization (IVF)
Other	 Not an option for patients who have not 		Tertilization (TVF)
Considerations	started puberty	Other	 Process for producing mature eggs
	 Temporary suspension of transgender 	Considerations	outside the body still in development
	treatments may be necessary		• 20% of harvested tissue will be donated
	 Sperm needed from a partner or donor 		to research
	to fertilize frozen eggs and produce embryos; sperm contributor may also		Annual follow-up with study team
	have legal rights over the embryo		

Sperm Banking

(Semen Cryopreservation)

Testicular Sperm Extraction (TESE)

Process	 Sperm collected through masturbation and frozen for future use Special collection rooms available at Magee 	Process	 A surgical procedure where testicular tissue is obtained by biopsy, examined confirm the presence of sperm, and the frozen for future use Infectious disease testing required before storing frozen reproductive cells 				
	 Drop-off options available 1 to 3 collections, 48 hours apart 						
	 Infectious disease testing required before storing frozen reproductive cells 	Time Frame	 1-day outpatient procedure 2 weeks to schedule 				
			2 weeks to schedule				
Time Frame	 1 day for collectionSecond collection 48 hours later if desired	Success Rate	 Dependent on patient variables (age, medical treatment, etc.) 				
Success Rate	Sperm can be frozen indefinitely4% to 10% live birth rate per cycle with		 More than a 30% live birth rate per transferred embryo (intracytoplasmic sperm injection required for fertilization 				
	intrauterine insemination		• Sperm can be kept frozen indefinitely				
	 More than a 35% live birth rate per embryo transfer with IVF in egg contributors age 35 and younger 	Risks	Bleeding and infection				
			 Minimal pain and swelling 				
Risks	 Unable to collect semen sample Emotional distress related to masturbation 	Costs	 Costs associated with the procedure, infectious disease testing, and annual storage 				
Costs	 There are costs associated with the procedure, infectious disease testing, 		Contact 412-641-7475 for additional information				
	and annual storage	Long-Term	Annual cost of long-term storage				
	 Contact 412-641-7475 for additional information 	Implications	• Future costs for assisted reproductive procedures to use frozen sperm				
Long-Term	Annual cost of long-term storage	Other	For patients who cannot provide sperm				
Implications	• Future costs for assisted reproductive	Considerations	in a semen sample				
	procedures to use frozen sperm		 Possibility of not finding any sperm 				
Other Considerations	 Not an option for boys who have not reached puberty 						
	 Temporary suspension of transgender treatments may be necessary 						
	Unable to furgers if an unable base we are sur-						

• Unable to freeze if sample has no sperm

Testicular Tissue Freezing (Experimental)

(Testicular Tissue Cryopreservation)

Process	Research Protocol
	 A surgical procedure where testicular tissue is obtained by biopsy and frozen for future use
	• Infectious disease testing for storing frozen reproductive tissue
Time Frame	1-day outpatient procedure
	2 weeks to schedule
Success Rate	Unknown fertility outcome at this point
Risks	Bleeding and infection
	Minimal pain and swelling
Costs	Surgical costs covered by research study
	 Tissue processing and first year cryostorage covered by research study
	Annual storage fee after first year
	Uncertain future costs to use the frozen sample
Long-Term	Annual cost of long-term storage
Implications	 Protocols to use immature testicular tissue are under development
	 Another procedure will be required to mature testicular tissue and produce sperm
	 Future costs for assisted reproductive procedures to use frozen tissue
Other Considerations	• For patients with immature testicular tissue who are not able to produce sperm in their testes or semen samples
	 25% of the harvested tissue will be donated to research
	Annual follow-up with study team



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