Clinical Policy Committee

Commissioning policy: Cryopreservation to Preserve Fertility

Patients undergoing treatments for example chemotherapy for cancer or radical surgery may be made sterile by such treatments. Where there is a significant likelihood of making a patient permanently infertile as an unwanted effect of treatment, or where patients are about to start teratogenic treatment which is likely to continue for their reproductive life, these patients will be eligible for NHS funded cryopreservation. This may be done by banking gametes (eggs or sperm), or embryos if they have a partner, prior to treatment. If the patient survives treatment these may be used to assist conception.

NHS funded cryopreservation of embryos and gametes for those accessing assisted conception is detailed within the separate Assisted Conception policy. This policy specifically relates to the preservation of fertility.

NHS funding will be available for an initial period of a maximum of 5 years storage, with the possibility to renew for a further period up to a maximum of 10 years by application to the appropriate panel of the relevant CCG.

NHS funded cryopreservation may be offered taking into account the following factors:

- Diagnosis
- Treatment plan
- Expected outcome of subsequent fertility treatment
- Prognosis of the cancer treatment
- Viability of stored/post-thawed material

There is no lower age limit.

Individuals who have previously been sterilised will not be eligible for cryopreservation.

Access to NHS funded Cryopreservation will not be affected by previous attempts at Assisted Conception.

Once an individual is fit and able to proceed with Assisted Conception using their frozen gametes or embryos, they must meet the eligibility criteria for Assisted Conception in force at that time. Please refer to the separate Assisted Conception policy. The funding of Cryopreservation does not automatically entitle people to funding for Assisted Conception.
Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the CCG upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

Date of publication: April 2015