

## **Minutes**

### **Meeting of ACART and the Northern Regional Fertility Service to discuss ACART's work on the use of cryopreserved ovarian tissue**

**Date** 1 July 2016  
**Time** 12 noon – 1.00 pm  
**Location** Fertility Associates, Remuera, Auckland  
**Present** Cate Curtis, Waikato University  
Guy Gudex, Repromed  
Pamela Hewlett, Waitemata DHB  
Margaret Merrilees, Fertility Plus  
Karen Buckingham, ACART  
Martin Kennedy, ACART Secretariat (scribe)

#### **Welcome**

1. Attendees introduced themselves and Karen summarised why ACART is doing this work. Karen commented that information is steadily becoming available on the outcomes of the use of cryopreserved ovarian tissue. However, there is not yet any evidence on the long term outcomes for children.

#### **Discussion**

2. The NRFS agreed with ACART's proposed advice. They were interested in discussing some particular matters in more depth. There was a discussion about whether there would be merits in having one "centre of excellence" providing the reimplantation service. It was noted that the freezing of the ovarian tissue is the procedure needing greater expertise — the reimplantation is comparatively straightforward.
3. There was a discussion about if and how the procedure could be funded if it becomes an established procedure. ACART commented that in the first instance the ethical and legal matters will be addressed. Funding would be a subsequent matter for the ministry and district health boards to consider.
4. Attendees noted that, if the procedure becomes an established procedure, women/girls would sometimes need to seek extensions to the 10 year storage limit as some of them would not be ready to have the tissue reimplanted within 10 years.
5. There was a brief discussion about the likely costs of the procedure and where it could be done.

6. Attendees noted that the reimplanted tissue would often become ineffective after two to three years and that subsequent reimplantation could be needed.
7. The group worked through the submission form, question by question and noted the following.
  - Q1a: the NRFS agreed with ACART's assessment. They commented on the usual risks of surgery such as bleeding and possible damage to surrounding tissue.
  - Q1b: all risks have been identified.
  - Q2a: the level of risk is acceptable.
  - Q3a: the NRFS believes the procedure should be monitored and suggested the Ministry could investigate how to do so.
  - Q3b: there are no matters to monitor other than those addressed in the consultation document.
  - Q4a: all ethical issues have been identified.
  - Q5a: the NRFS agrees that the use of cryopreserved ovarian tissue should be introduced as an established procedure.
8. The NRFS commented on the risk of tissue rejection, and the need for certain medications. That risk and the need for those medications do not exist if eggs are used rather than tissue. These matters reinforce the need to use cryopreserved ovarian tissue only if necessary.

**End.**