

# Feedback form

Please provide your contact details below.

Name:	Iain Middleton
If this feedback is on behalf of an organisation, please name the organisation:	Humanist Society of New Zealand (Inc.)
Please provide a brief description of the organisation if applicable:	The Humanist Society of New Zealand is a society interested in ethics, Human Rights, education, and science, representing non-theist people in New Zealand.
Address/email:	P O Box 3372, Wellington 6140, New Zealand ibmiddleton@live.com
Interest in this topic (e.g. user of fertility services, health professional, researcher, member of public):	The Humanist Society of New Zealand (HSNZ) has a long standing interest in Human Rights and Ethical issues including Assisted Human Reproduction.

Please refer to page v for information about:

- Publication of feedback on ACART's website
- Official Information Act requests – possible release of you feedback
- Official Information Act requests – possible release of you name and contact details

We will acknowledge all feedback.

- ☐ I **request** that my feedback be withheld in full or part from publication on ACART's website. (If you wish a part to be withheld, please clearly indicate which part.)
- ☐ I **do not** give permission for my name to be published on ACART's website.
- ☐ I **do not** give permission for my contact details to be published on ACART's website.

If you consider that your feedback, or your name and contact details (if you are submitting on behalf of an organisation), should be withheld under the Act, please state the reasons here:

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# Questions for response

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## Question 1

*Refer to sections 3 and 4.*

- (a) Do you agree with ACART's assessment of the known risks and benefits to health associated with the use of cryopreserved ovarian tissue to restore ovarian function?

Yes ☒ No ☐

Please give reasons for your views.

The Humanist Society of New Zealand (HSNZ) agrees that the known risks associated with the use of cryopreserved ovarian tissue are low and outweighed by the benefits.

- (b) Are there any risks and/or benefits associated with the use of cryopreserved ovarian tissue to restore ovarian function that ACART has not identified or assessed?

Yes ☐ No ☒

If yes, please list below.

HSNZ is not aware of any risks or benefits that have not been identified.

## Question 2

*Refer to section 4.*

- (a) Do you agree with ACART's conclusion that the risks associated with the use of cryopreserved ovarian tissue to restore ovarian function falls within a level that is acceptable in New Zealand?

Yes ☒ No ☐

Please give reasons for your views.

HSNZ agrees that the risks as currently known fall within a level that is acceptable in New Zealand.

- (b) Please note any other comments below.

HSNZ is not in a position to identify risks that might be discovered in the future but considers that present knowledge indicates that any such risks are unlikely to be found so agrees with the contention that based on current knowledge the risks fall within a level that is acceptable in New Zealand.

### Question 3

*Refer to section 4.*

- (a) Has ACART identified all the relevant areas to monitor the use of cryopreserved ovarian tissue to restore ovarian function?

Yes ☒ No ☐

Please give reasons for your views.

HSNZ agrees that ACART has identified all the relevant areas.

- (b) Are there any other areas ACART should monitor?

Yes ☐ No ☒

Please give reasons for your views.

HSNZ is not aware of any other areas that should be monitored.

## Question 4

Refer to section 5.

- (a) Has ACART identified all the ethical issues relevant to the use of cryopreserved ovarian tissue to restore ovarian function?

Yes ☒ No ☐

Please give reasons for your views.

HSNZ agrees that ACART has identified all significant ethical issues.

- (b) Do you agree with ACART's ethical analysis that there are no significant ethical issues associated with the use of cryopreserved ovarian tissue to restore ovarian function?

Yes ☒ No ☐

Please give reasons for your views.

HSNZ is not aware of any other significant ethical issues associated with the use of cryopreserved ovarian tissue that require consideration.

HSNZ would argue, however, that preventing the use of cryopreserved ovarian tissue to restore ovarian function would create significant ethical issues.

## Question 5

Refer to section 6.

- (a) Do you agree that the use of cryopreserved ovarian tissue to restore ovarian function should become an established procedure?

Yes ☒ No ☐

Please give reasons for your views.

HSNZ can see no reason why each procedure should require individual ethical approval, so considers that that in the interests of efficiency the use of cryopreserved ovarian tissue to restore ovarian function should become an established procedure.

- (b) Please note any other comments below.

No other comment.

## Question 6

Refer to section 6.

Do you agree with ACART's position that the scope for the use of cryopreserved ovarian tissue to restore ovarian function be limited to the woman from whom the tissue was excised, for her own treatment?

Yes ☐ No ☒

Please give reasons for your views.

HSNZ has reservation regarding an absolute restriction as there may be cases where a transfer of cryopreserved ovarian tissue to another woman is warranted and desirable; for instance, a transplant from a healthy woman to her monozygotic (identical) sibling who has been treated for cancer (See further discussion under question 7).

Transplants between other close relatives, such as siblings, may also be worthy of consideration in some circumstances.

HSNZ considers that with present knowledge a restriction might apply in other cases, but recommends that any restriction should be subject to periodic review, perhaps at five year intervals, as future medical developments may make such procedures desirable for medical reasons. Rather than an outright ban now it may be better to subject each procedure for a transplant to an unrelated woman to ethical review.

## Question 7

*Refer to section 6.*

Do you have any further comments to share with ACART?

HSNZ is in general agreement with ACART but recommends that there should be no restriction on the use of cryopreserved ovarian tissue to restore ovarian function to a monozygotic twin (identical twin) and that ACART should allow for possible future developments that may make the use of ovarian tissue to restore ovarian function desirable between siblings or other close relatives.

The transplant of fresh ovarian tissue between monozygotic twins is already a well established practice and pregnancies have resulted with good results (see A6 page 39 (49) of the ACART Consultation Document). While it may be considered that the use of ovarian tissue to restore ovarian function in a monozygotic twin would not normally require cryopreservation, there may be circumstances where cryopreservation is either desirable or necessary and where a restriction on this procedure would create unnecessary problems.

For instance, one woman suddenly requires treatment for cancer without the opportunity to cryopreserve her ovarian tissue and then soon after her monozygotic twin dies in an accident. The only means of restoring ovarian function in the first woman after her treatment is to cryopreserve ovarian tissue from her monozygotic twin.

Consideration might also be given to the possibility that it will soon be possible for a very small sample of ovarian tissue taken from one monozygotic twin to be grown or multiplied outside her body before being cryopreserved and then used at a later time to restore ovarian function to her twin.