Egg Cryopreservation Is Now Widely Available

VITALS

Major Finding: Oocyte cryopreservation is being offered in more than half of assisted reproductive technology (ART) clinics responding to a national survey, even though the practice is still considered experimental.

Data Source: A prospective survey of 282 ART programs in the Centers for Disease Control and Prevention database across 48 states.

Disclosures: None reported.

BY PATRICE WENDLING

ATLANTA — Egg freezing is being offered in more than half of assisted reproductive technology clinics responding to a national survey, even though the practice is still considered experimental.

Moreover, the majority of programs that perform oocyte cryopreservation for cancer indications offer it for elective purposes as well.

Investigators prospectively surveyed 442 assisted reproductive technology programs in the Centers for Disease Control and Prevention database, with 282 (64%) programs across 48 states responding to the survey.

Of these, 143, or 51%, currently offer oocyte cryopreservation. Of those that do not, another 55% said they plan to in the near future, Dr. Briana Rudick and her colleagues reported in a poster at the annual meeting of the American Society for Reproductive Medicine (ASRM). The majority of programs (73%) are community based, while 27% are academic.

In all, 64% of the clinics offering egg freezing do so for elective and/or any indications, 18% for cancer-related purposes, and 18% for any indication, except elective. Independent of whether a clinic currently offers cryopreservation, 66% of all programs felt it could be offered electively.

Almost all (99%) clinics accept patients under the age of 35 for elective indications, 87% accept those aged 35-37 years, 49% consider age 38-40 years acceptable, while only 26% cryopreserve oocytes beyond age 40 years.

"Although oocyte cryopreservation is still considered to be experimental, these data suggest a growing acceptance for this technology within our field," Dr. Rudick and her colleagues in the division of reproductive endocrinology at the University of Southern California in Los Angeles wrote.

Notably, a willingness to offer egg freezing for elective reasons was significantly associated with location. Clinics in the East are most likely to offer it for nonelective reasons (45.2%), while those in the West are most likely to do so for elective reasons (81.4%), the investigators reported.

According to ASRM, egg and ovarian tissue freezing should not be marketed or offered to healthy women as a means to defer reproductive aging. Because data relating to clinical outcomes are limited, egg and ovarian tissue freezing should be considered experimental techniques only to be performed under investigational protocol under the auspices of an Institutional Review Board (Fertil. Steril. 2006;86[suppl. 1]:S142-7).

More recently however, the group issued a report by its practice committee detailing the "essential elements" of informed consent for elective oocyte cryopreservation (Fertil. Steril. 2008;90[suppl. 1]:S134-5). The document is an effort to ensure patients are adequately informed about the experimental nature of egg freezing, Sean Tipton, ASRM director of public affairs, said in an interview. "We want them to have realistic expectations about the potential use of these oocytes in the future and know the statistics regarding chances for these to result in a child."

"It still assumes that the clinic has IRB approval or a waiver from the IRB to freeze eggs," he added.

Outcomes reported for 140 clinics in the current study show that there have been 337 live births resulting from 857 thawed cycles.

The mean fertilization rate was 63% (range, 0%-100%), and the mean pregnancy rate was 37% (range, 0%-100%). The clinics have been offering the procedure for as short as 3 months and as long as 10 years (mean, 2.4 years). ■