



Ovarian Suppression

Ovarian suppression involves the use of GnRH agonists (e.g, leuprolide, goserelin) to suppress the recruitment of follicles to undergo maturation, to minimize blood flow to the ovaries, or to potentially directly protect eggs within the ovaries. While the exact protective mechanism is unclear, the aim is to potentially minimize the destruction of eggs from chemotherapy. GnRH agonist is administered by injections either monthly or every three months. It should be started two to four weeks before the first chemotherapy treatment and continued throughout the duration of treatment.

Who is Eligible?

Post-pubertal to pre-menopausal females who are planning for gonadotoxic chemotherapy (not protective with radiation exposure).

What are the Potential Risks/Concerns?

This procedure will cause menopausal like symptoms, which may be intolerable for some patients; add-back therapy may alleviate some of these symptoms. The use of GnRH agonist will decrease bone density but this is largely reversible if used for no longer than six months.

Future Use and Success Rates

Ovarian suppression is an experimental procedure. It has been studied primarily in women with breast cancer and lymphoma and results evaluating effectiveness in preserving fertility are conflicting. The retention of ovarian function is not guaranteed and patients should also be offered egg or embryo freezing before treatment if there are no medical contraindications.

What are the Costs?

The cost for ovarian suppression is \$350/mo.

References

1. Bedoschi G, Turan V, Oktay K. Utility of GnRH-agonists for fertility preservation in women with operable breast cancer: is it protective? *Curr Breast Cancer Rep.* 2013;5(4):302–308. [PMC free article] [[PubMed](#)]
2. Turner NH, Partridge A, Sanna G, Di Leo A, Biganzoli L. Utility of gonadotropin-releasing hormone agonists for fertility preservation in young breast cancer patients: the benefit remains uncertain. *Ann Oncol.* 2013;24(9):2224–2235. [[PubMed](#)]

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