

<b>Significantly Increased Risk of Infertility</b>		
	<b>Male</b>	<b>Female</b>
<b>Alkylators CED (gm/m<sup>2</sup>)</b>	≥ 4	Prepubertal: > 12 Pubertal: > 8
<b>Heavy Metals mg/m<sup>2</sup> (Cisplatin/Carboplatin)</b>	Cisplatin > 500 is significantly increased risk	Minimally increased risk
<b>Hematopoietic Stem Cell Transplant</b>	Alkylator +/-Total body irradiation Myeloablative and Reduced intensity regimens	Alkylator +/-Total body irradiation Myeloablative and Reduced intensity regimens
<b>Radiation Exposure</b>	Testicular ≥ 4.0 Gy Hypothalamus > 40 Gy	Ovarian: ≥ 15 Gy (Prepubertal) ≥ 10 Gy (Pubertal) Hypothalamus > 40 Gy
<b>Surgery</b>	<ul style="list-style-type: none"> <li>• Orchiectomy (bilateral)</li> <li>• Retroperitoneal lymph node dissection (RPLND)</li> </ul>	Oophorectomy (bilateral)
<b>Fertility Preservation Options</b>		
	<b>Male</b>	<b>Female</b>
<b>Post-Pubertal</b>	Sperm banking: prior *any* chemotherapy	Embryo cryopreservation
	Testicular sperm extraction (TESE)	Oocyte cryopreservation
<b>Pre-Pubertal (or Post- Pubertal)</b>	Testicular tissue cryopreservation (TTC) – experimental	Ovarian tissue cryopreservation (OTC) – no longer experimental
		Ovarian transposition in patients receiving pelvic radiation
<b>GnRH agonists</b>	Not effective and Not recommended	Can be offered to women with breast cancer for protection from ovarian insufficiency but should Not replace oocyte or embryo cryopreservation

**Table 1.** Key educational points related to significantly increased risk of infertility adapted from Meacham *et al*[5] and fertility preservation options for pre and post pubertal patients based on the 2019 ASRM guidelines[9]. CED: cyclophosphamide equivalent dosing.