

# Young transgender people's attitudes to fertility preservation and practice

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**Introduction**

GnRH analogue and subsequent oestradiol are the treatments used in gender dysphoria for adolescent male to female young people (MtF; transgirls). Side effects include impairments in gonadal that may cause infertility. Current guidelines encourage professionals to address potential infertility risk and fertility preservation options with transgender youth and their families before starting these treatments.

Examine fertility preservation uptake and rate of sperm banking success among transgirls attending the GIDS endocrine clinic between 2015 and 2017.

**Objective**

Retrospective study of young people with DSM V codes for gender dysphoria. The choice of professional fertility clinic counselling was offered to all young people (YP)

**Methods**

**Results**

179 transgirls were referred to the GIDS endocrine clinic. **60 MtF (34%) requested referral** to our fertility laboratory. Mean age at referral was 16.4 ( $\pm 1.9$  years). 13 transgirls were younger than 15 years ( $13.4 \pm 0.8$ ) and 47 were 15 years and older ( $17.2 \pm 0.9$ ).

	<15 years n:13		≥15 years n:47	
<b>Hormonal treatment status</b>	No treatment started	9	No treatment started	31
	GnrH analogues	-	GnrH analogues	10
	Cross sex hormones	-	Cross sex hormones	1
	No data	4	No data	6
<b>Fertility preservation counselling</b>	11 (85%)		36 (75%)	
<b>Fertility preservation uptake</b>	10 (77%)		28 (58%)	
<b>Age at sperm banking</b>	13.4 years ( $\pm 0.8$ SD)		17.2 years ( $\pm 0.9$ SD)	
<b>Mean number of visits (SD)</b>	1.9 ( $\pm 1.1$ SD)		1.4 ( $\pm 0.6$ SD)	
<b>Future use of sample</b>	Unsure	10 (69%)	Unsure	18 (38%)
	Surrogacy/IVF/Partner	1 (8%)	Surrogacy/IVF/Partner	15 (31%)
	N/A	2	N/A	15 (31%)
<b>Sperm banking in referred</b>	Successful	7 (54%)	Successful	26 (54%)
	Unsuccessful	2 (15%)	Unsuccessful	7 (15%)
	Declined	2 (15%)	Declined	8 (17%)
	Waiting list	-	Waiting list	4 (8%)

**Conclusions**

1. Our cohort of transgirls had a good rate of sperm banking success, regardless of their age.
2. Developmentally appropriate fertility counselling is essential in in this population.
3. Lack of clarity regarding the future use of sperm among MtF decreased as the group got older.
4. If fertility preservation is handled sensitively, a high success rate can be obtained and should therefore be considered early in the transition process.
5. Guidelines and specific pathways are needed.



**References**

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