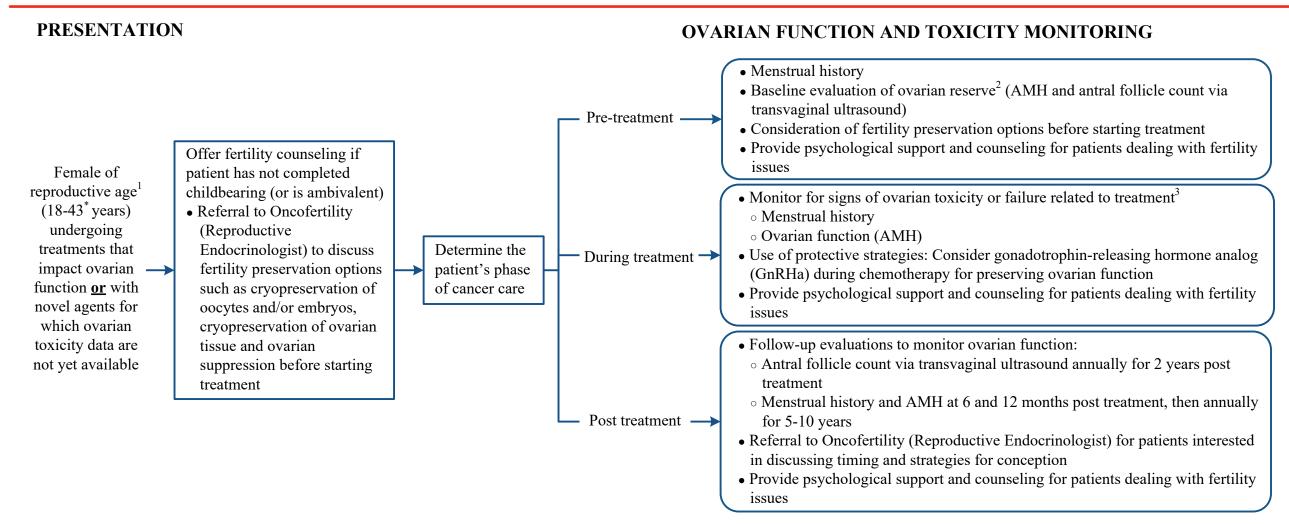
# MDAnderson Ovarian Toxicity Monitoring

Making Cancer History®

THE UNIVERSITY OF TEXAS

Cancer Center

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women. For transgender men assigned female at birth, determine if ovarian tissue remains intact.



AMH = anti-müllerian hormone

 $^*$  Upper age limit of 43 years selected as live birth rate (with own oocytes harvested after age 43) is less than 5%

<sup>1</sup> Premenopausal women with at least a portion of one ovary

<sup>2</sup>Concomitant medications such as GnRHa, hormonal contraceptives and endocrine therapy, and surgical procedures (hysterectomy, endometrial ablation, tubal ligation or salpingectomy, and bilateral oophorectomy) can affect the interpretation of ovarian reserve markers

<sup>3</sup> For agents with sparse data on the mechanism and extent of ovarian toxicity, assessment of clinical and biochemical markers is recommended every 6-12 months while on treatment

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### SUGGESTED READINGS

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## **DEVELOPMENT CREDITS**

This survivorship algorithm is based on majority expert opinion of the Ovarian Toxicity workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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Clinical Effectiveness Development Team

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