

FertiTOX Main Assembly

15 & 28 January 2026

FertiTOX
Fertility after gonadotoxic treatments



Overview

- *Review of published studies*
- *Data presentation (update 27.01.2025, only eligible records)*
- *Recruitment 2023 – 2025*
- *Follow-up (12-18 months after gonadotoxicity)*
- *Laboratory parameters*
- *Preliminary results*
- *PredictAYA (HORIZON grant)*
- *Next meetings, 15 & 24 June 2026*
- *FertiPROTEKT Berlin, 24 – 25 April 2026*

Review of Published Studies

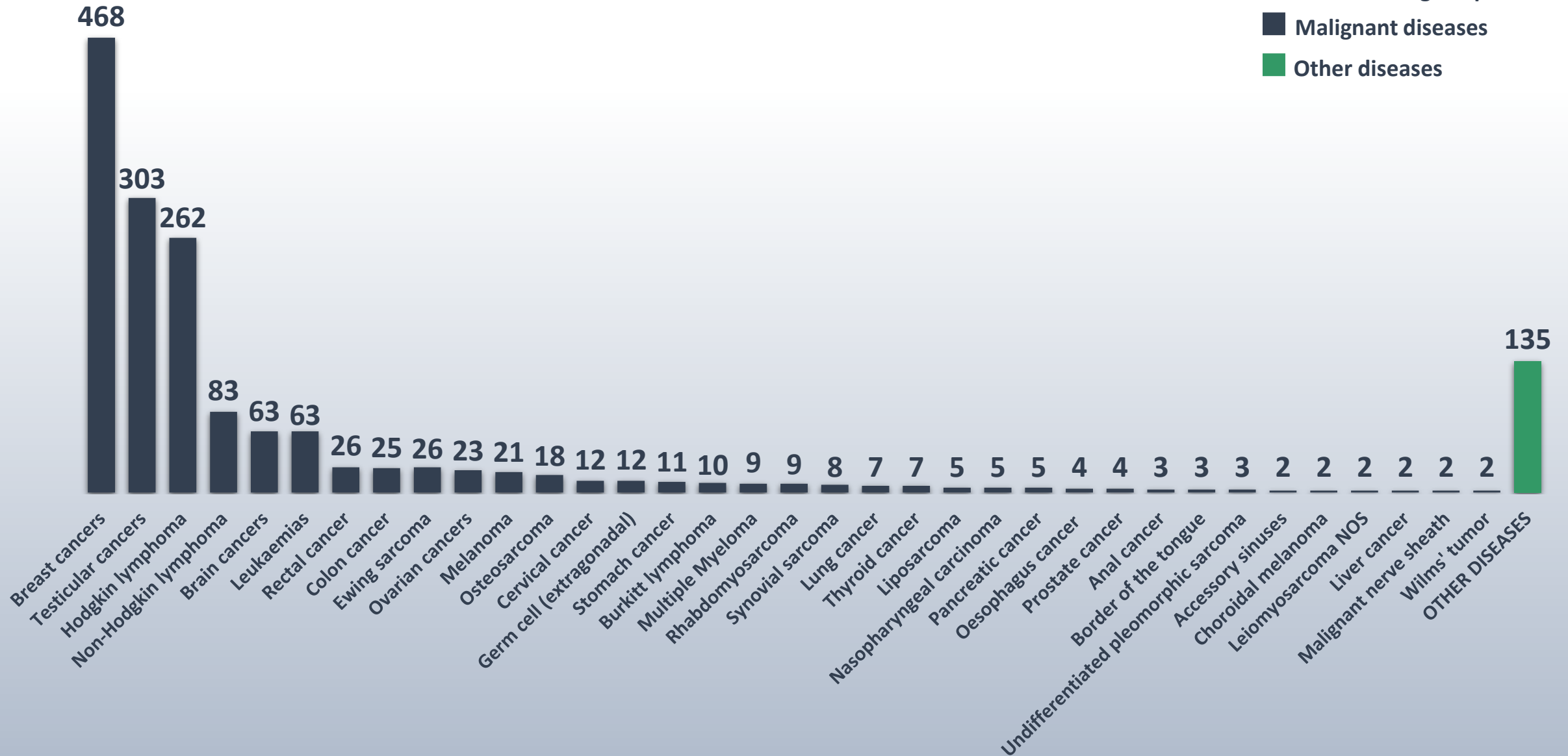
11 Systematic Reviews and Meta-Analyses (<https://fertitox.com>) Risk/prevalence of infertility (95% CI)

■ Osteosarcoma	Female 5% , Male 52
■ Ewing's sarcoma	Female 13% , Male 89%
■ Soft tissue sarcoma	Female 71% , Male 60%
■ Testicular cancer	14% (9 – 21%)
■ Cerebral cancer	20% (10 – 34%)
■ Bone marrow transplant	Female 65% (58 – 71%), Male 41% (32 – 51%)
■ Colorectal cancer	Female 27% (11 – 54%), Male 18% (13 – 26%)
■ Breast cancer	53% (41 – 64%) for AMH <0.5 ng/mL
■ Hodgkin lymphoma	Female 21% (15 – 28%), Male 49% (36 – 62%)
■ Non-Hodgkin lymphoma	Female 23% (14 – 35%), Male 35% (27 – 44%)
■ Leukaemia (+ HSTC)	Female 70% (5 – 83%), Male 59% (28 – 85%)
■ Leukaemia (Ø HTSC)	Female 6% (1 – 40%), Male 18% (6 – 39%)
■ Uterine damage	Radiochemotherapy reduces uterine perfusion, size of the uterus and increases abortion rate

Overall Data by Disease

Total of 1645 eligible patients

- Malignant diseases
- Other diseases

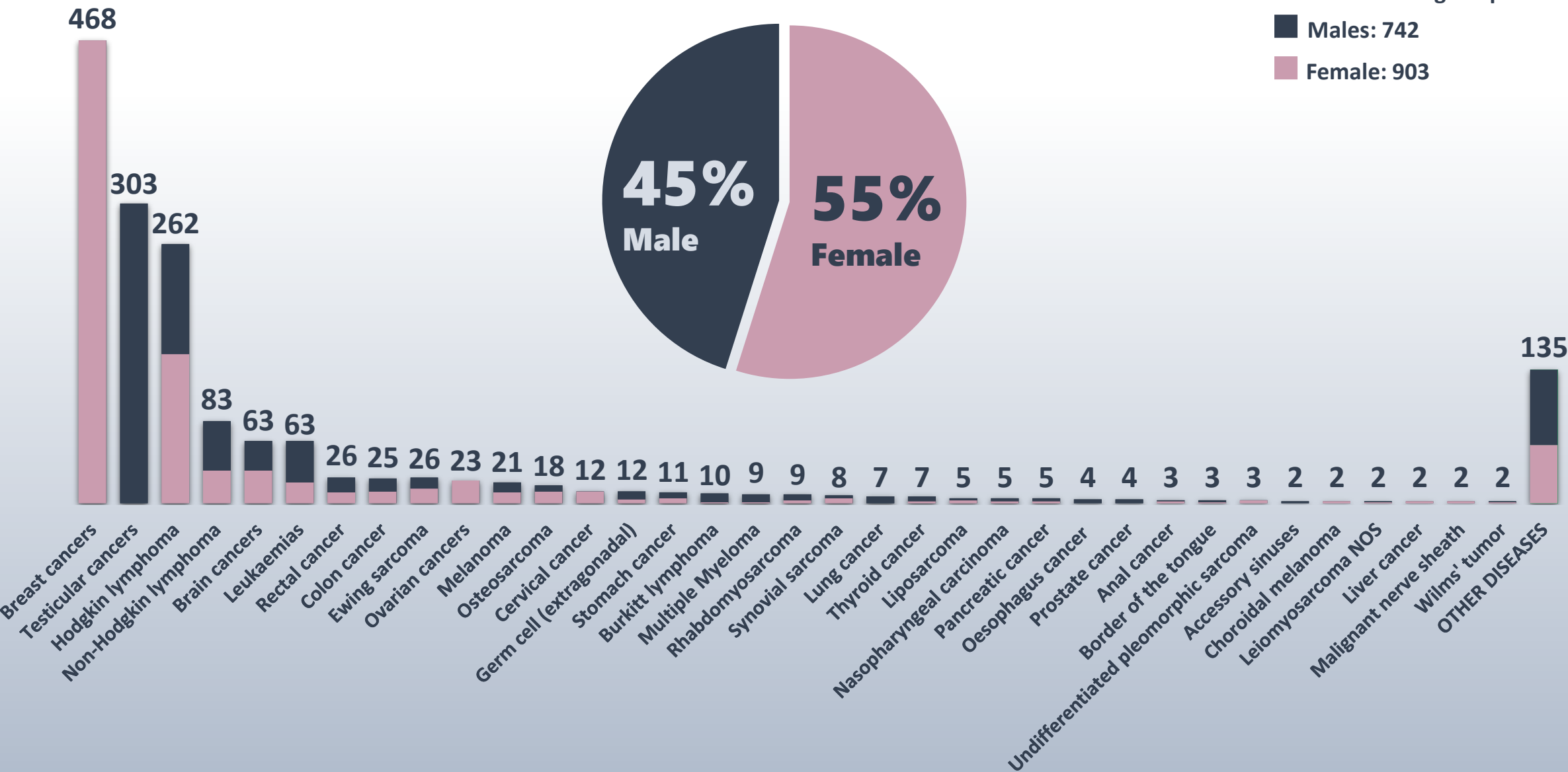


Overall Data by Sex

Total of 1645 eligible patients

■ Males: 742

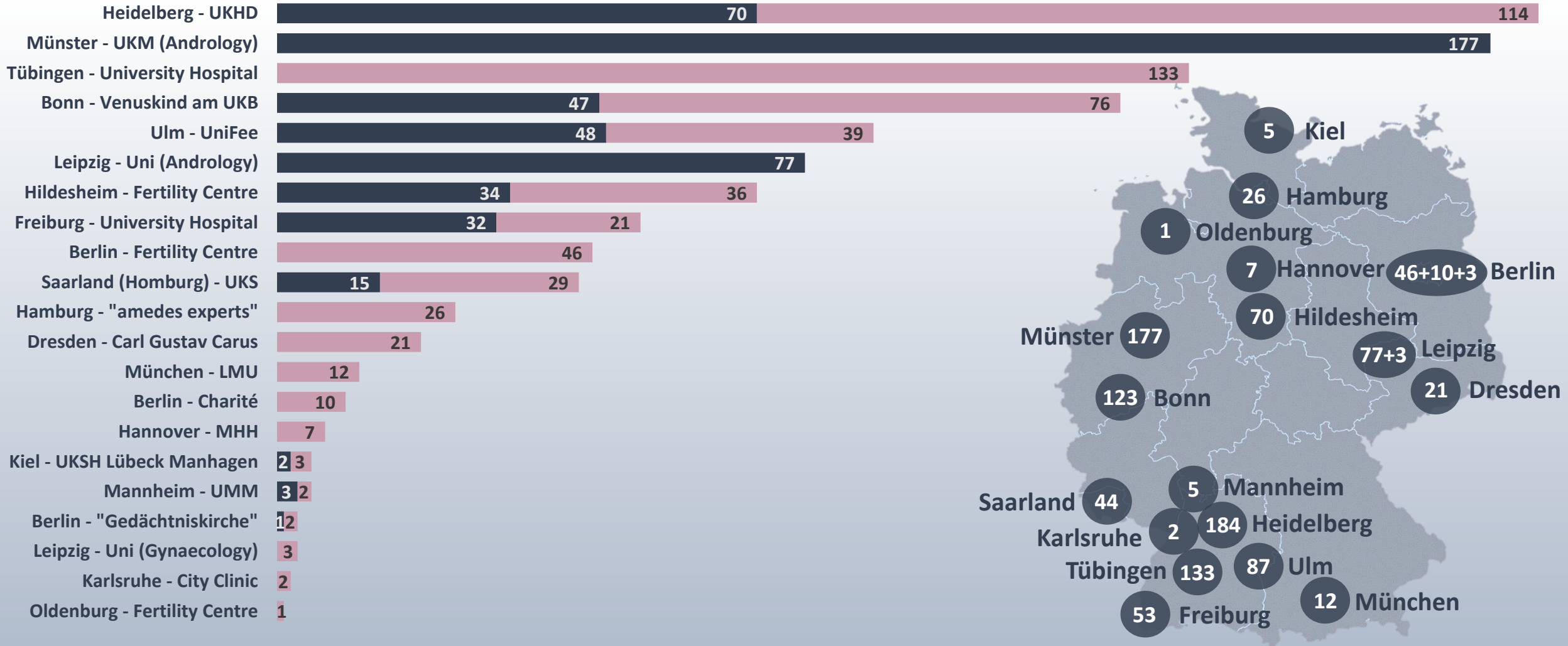
■ Female: 903



Analysis of Overall Data by Sex from **21** German Centres

Total of 1089 eligible patients

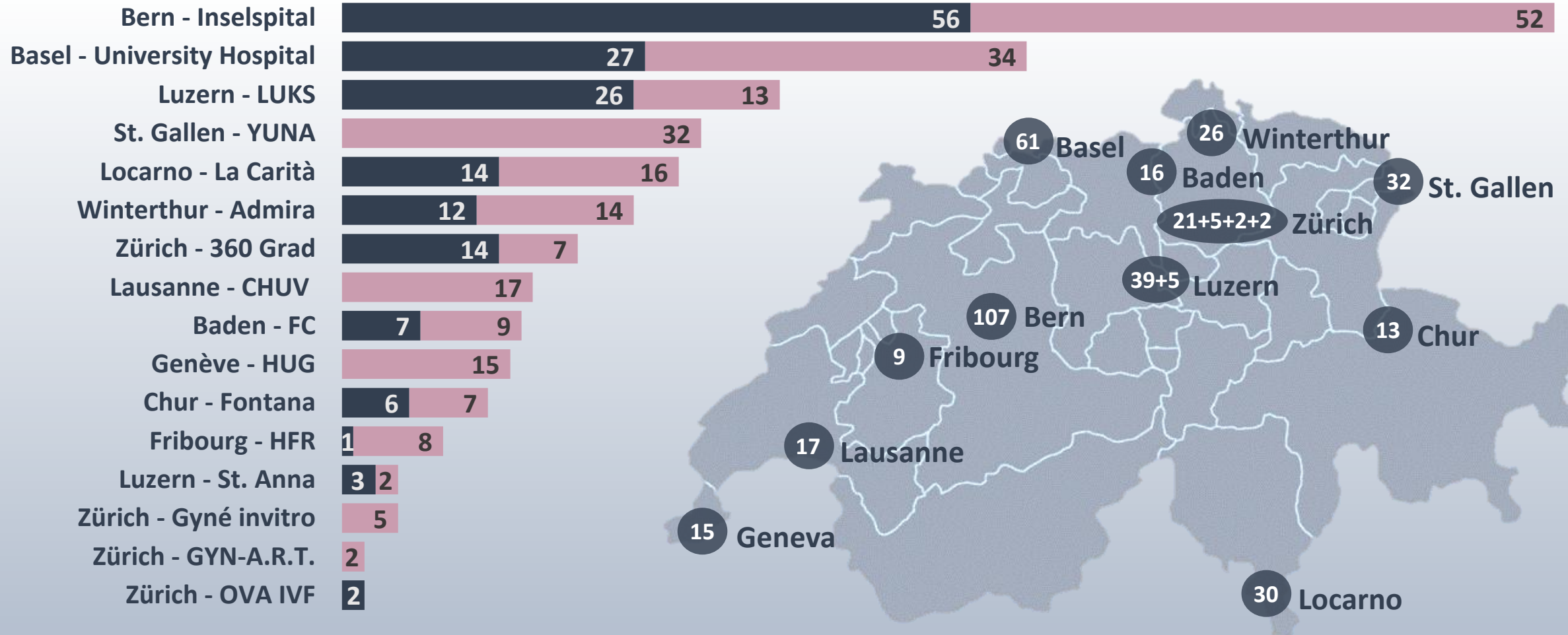
■ 506 males ■ 583 females



Analysis of Overall Data by Sex from **16** Swiss Centres

Total of 401 eligible patients

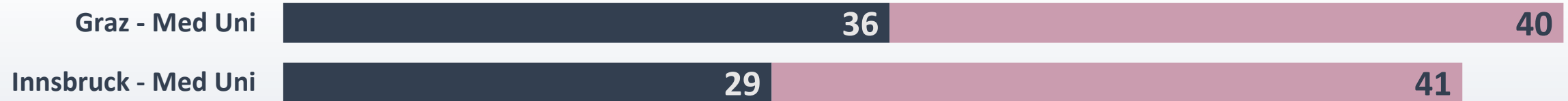
■ 168 males ■ 233 females



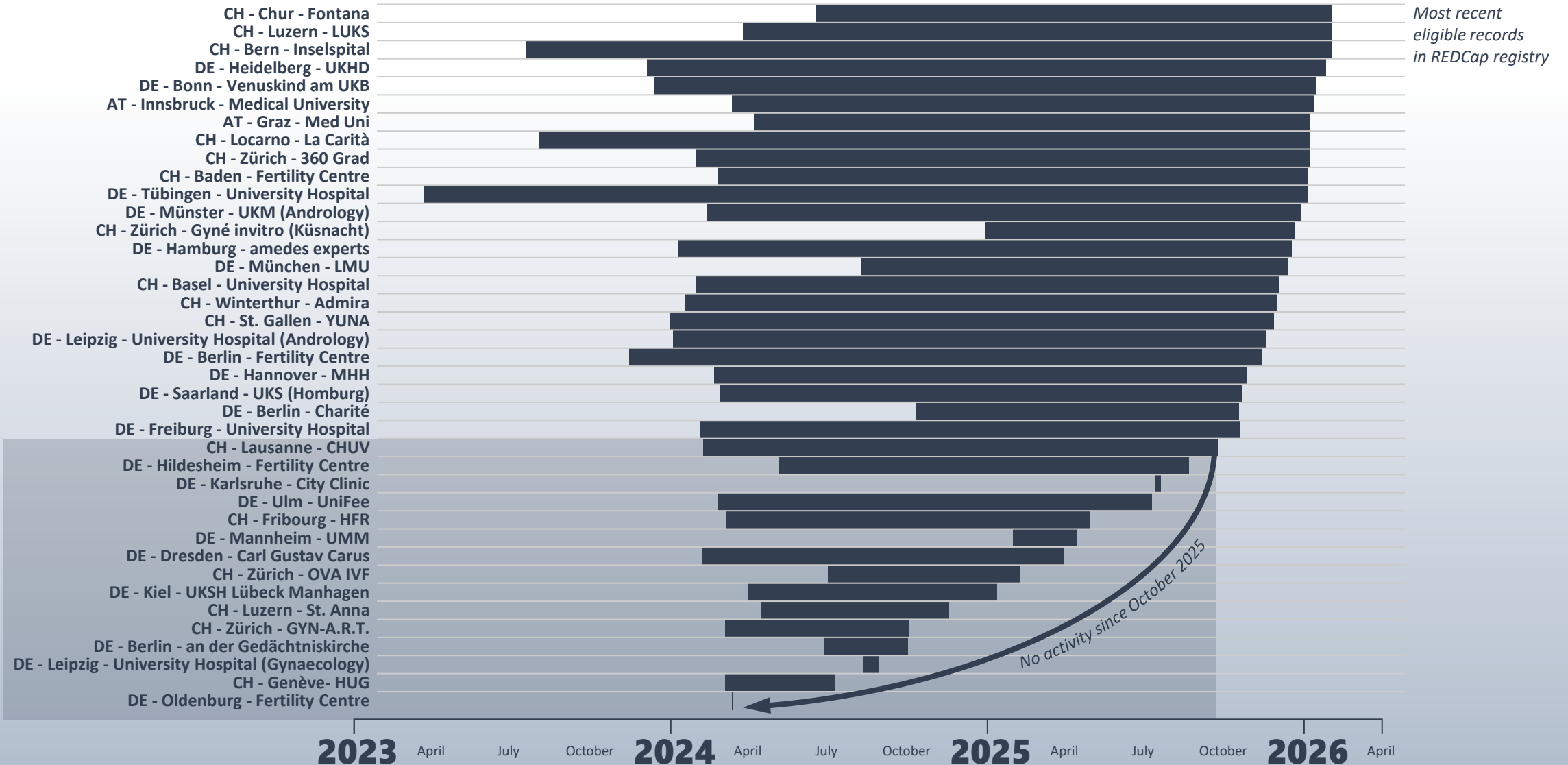
Analysis of Overall Data by Sex from 2 Austrian Centres

Total of 146 eligible patients

■ 65 males ■ 81 females

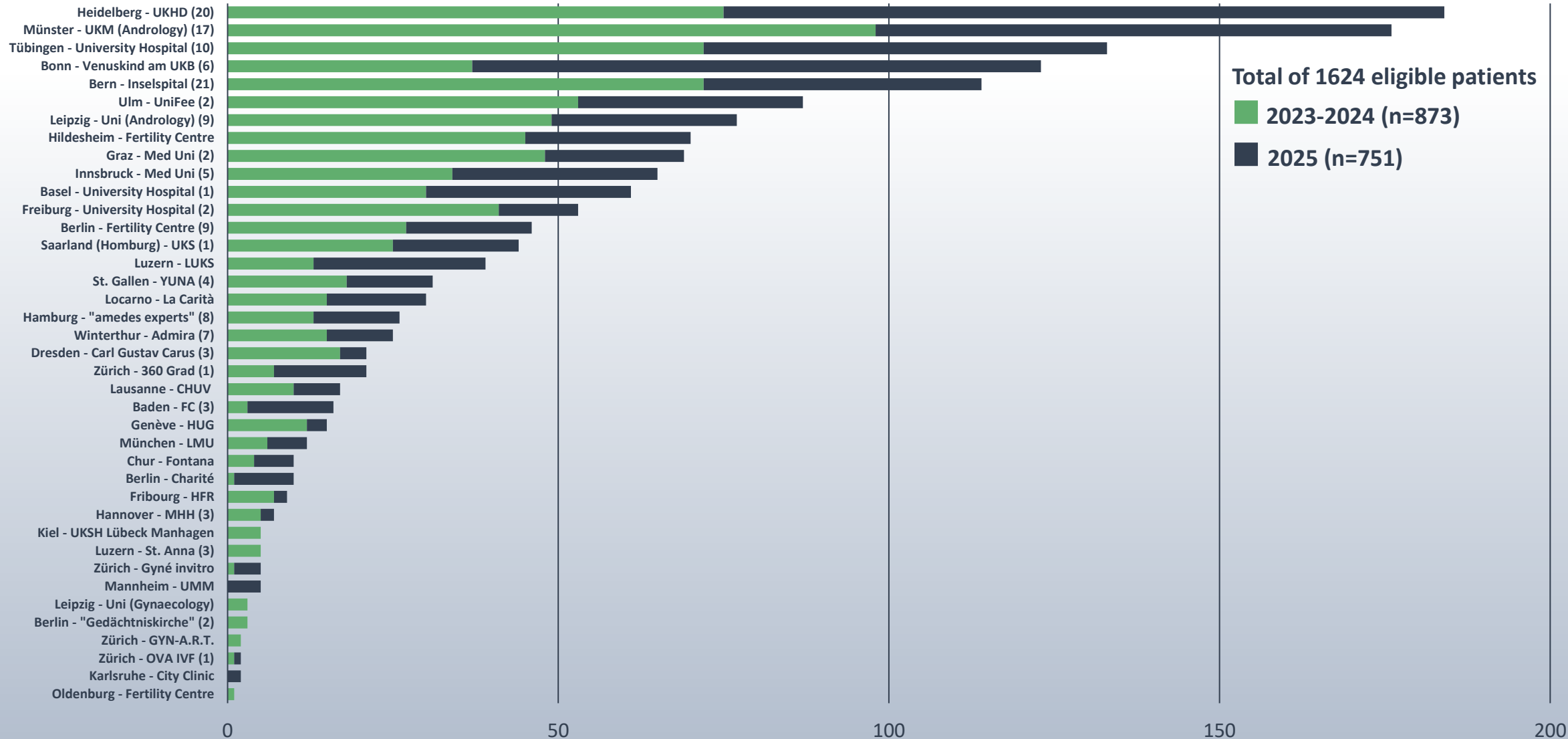


Centre Activity in REDCap

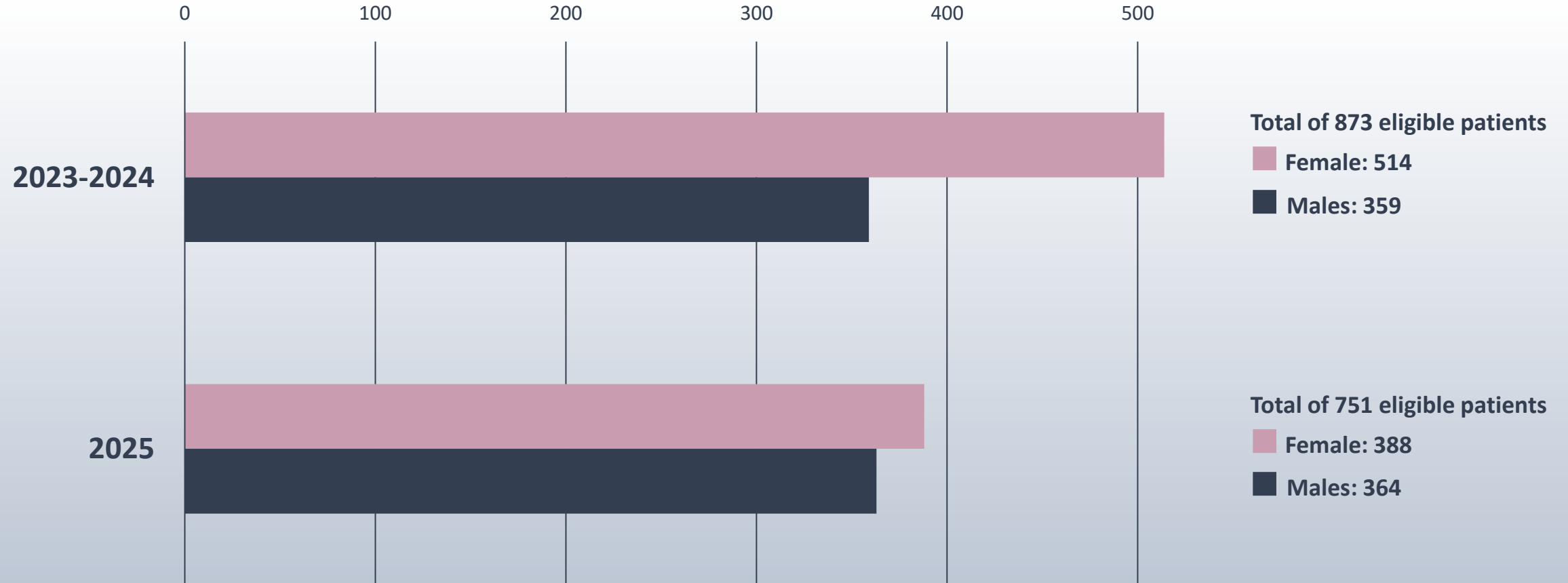


Centres Activity by Year

Follow-up numbers in brackets

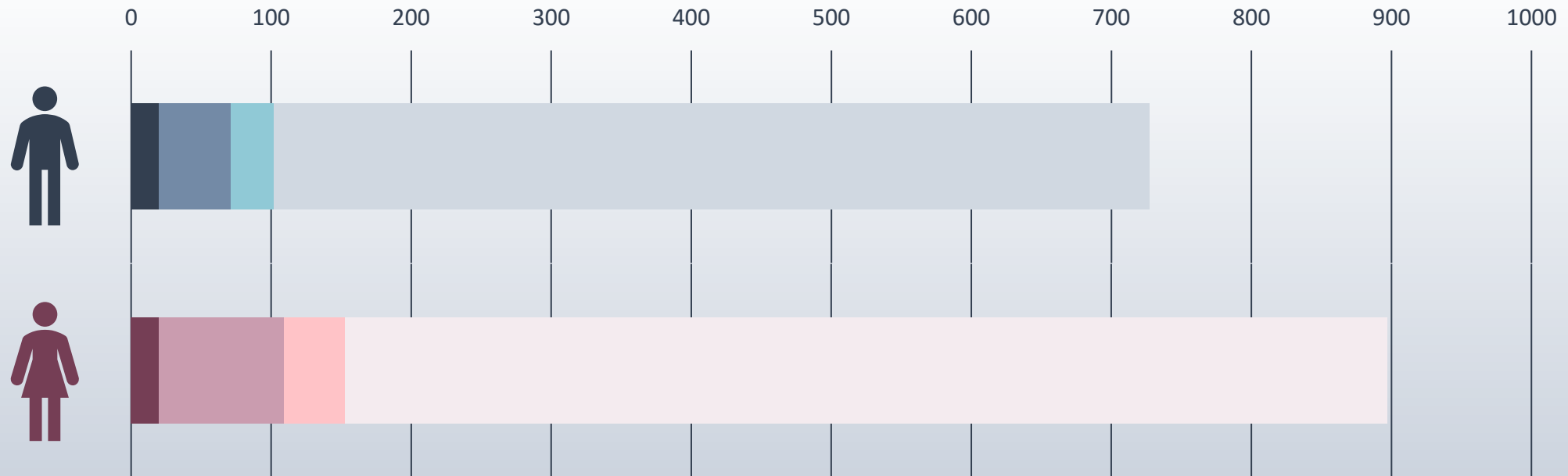


Recruitment by Year



Follow-up

■ Non-completion ■ Done ■ Pending ■ Future



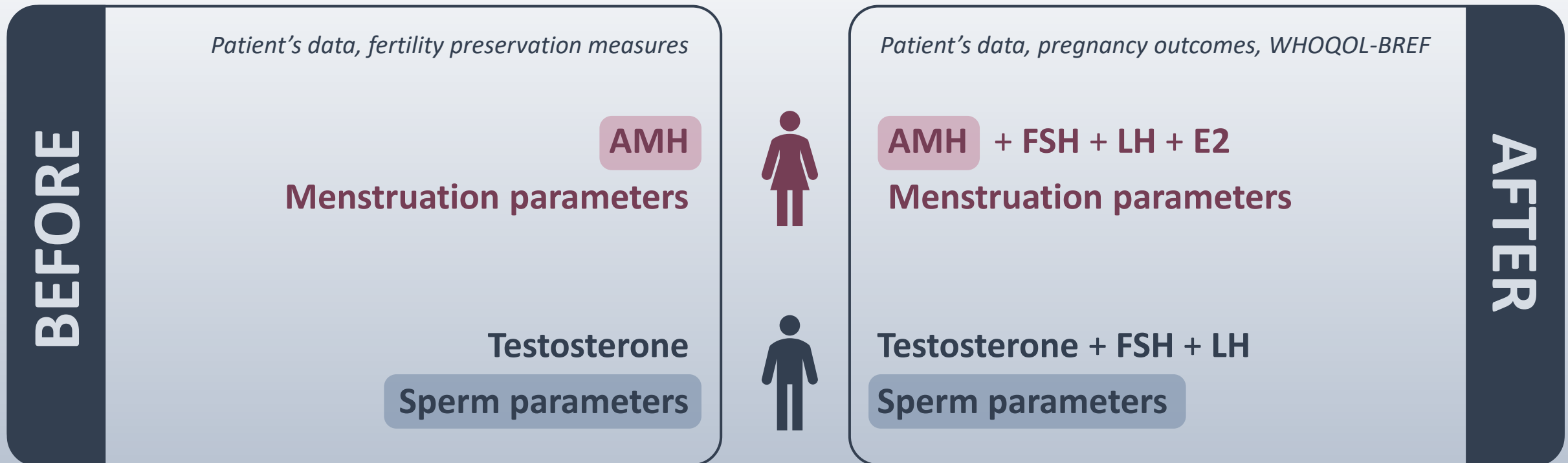
Reasons for non-completion:

- Patient died
- Patient withdrew consent
- Patient was lost to follow-up
- Other reason (palliative, benignancy etc)

Laboratory Parameters

Primary endpoints that must be provided: **AMH concentration** and **SPERM concentration**.
The absence of other parameters is not a reason to exclude patients.

GONADOTOXICITY



Follow-up (12-18 months after)

Organization of the 2nd Consultation

- **To centres:** Excel table with records with their estimated dates and any missing data
- **From centres:** medical letter from oncologist

Documentation of the 2nd Consultation → <https://fertitox.com/>

- Compact versions of the paper sheets (with ICD-10 list and WHOQOL-BREF)
- Translations (German, French, Italian, English)



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Hodgkin Lymphoma – Groups

(n = 24)
± Immunotherapy

ABVD

Anthracycline based chemotherapy

Doxorubicin Anthracycline
Bleomycin Antibiotic
Vinblastine Vinca alkaloid
Dacarbazine Alkylating agents



BrECADD

Mixed chemotherapy with targeted therapy

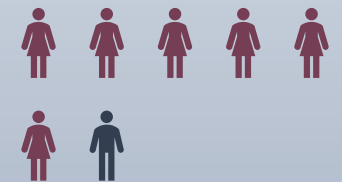
Etoposide Topoisomerase II inhibitor
Cyclophosphamide Nitrogen
mustard
Doxorubicin Anthracycline
Dacarbazine Alkylating agents



BEACOPP

Anthracycline & cyclophosphamide -based chemotherapy

Bleomycin Antibiotic
Etoposide Topoisomerase II
inhibitor
Doxorubicin Anthracycline
Cyclophosphamide Nitrogen
mustard
Vincristine Vinca alkaloid
Procarbazine Alkylating agent
Brentuximab vedotin Antibody-
drug conjugate



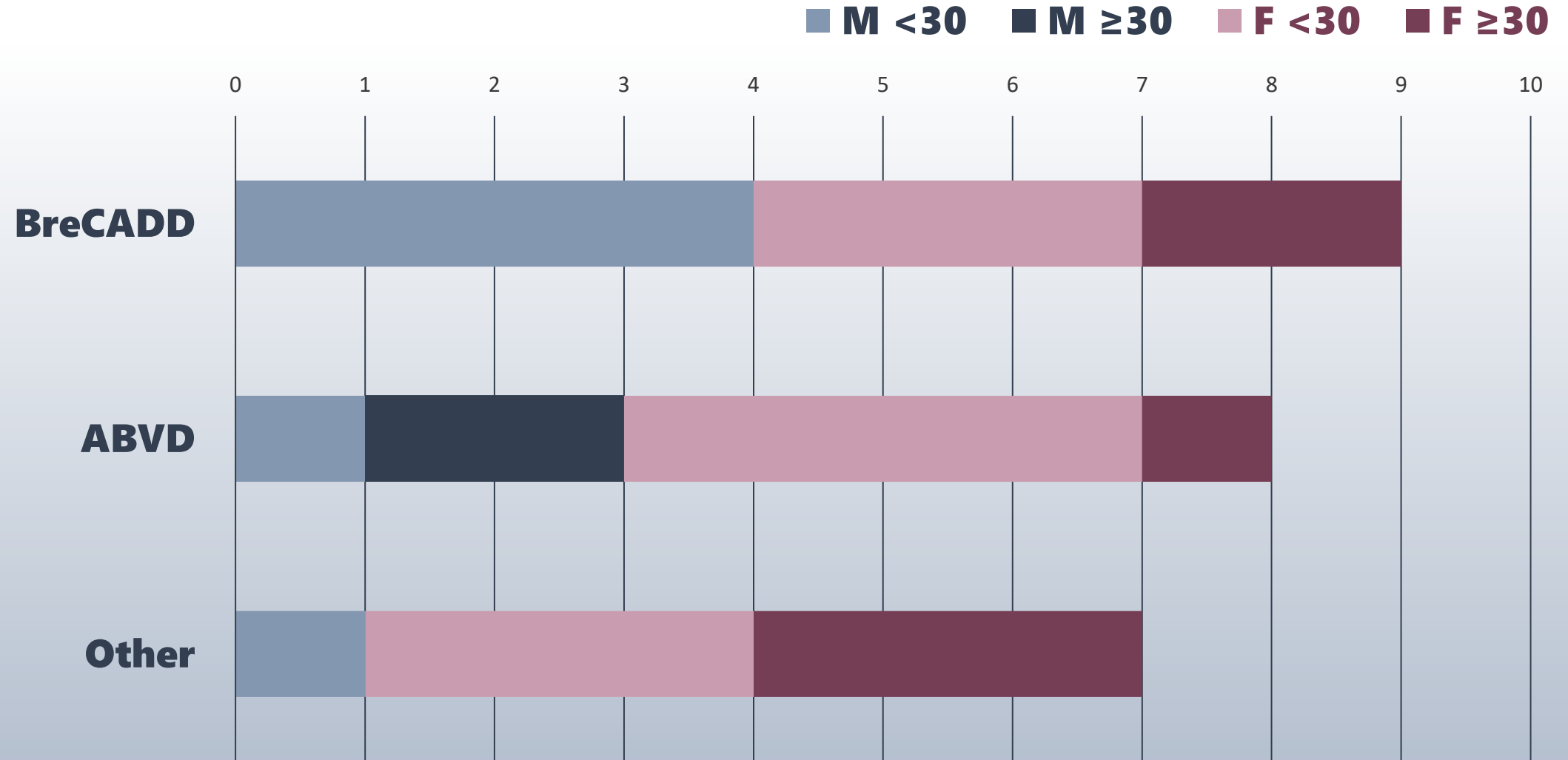
Other

*ABVD plus OPPA, COPP, MOPP,
LOPP, Br*

*Mixed protocols such as ABVD,
then dose escalation to BEACOPP*

Hodgkin Lymphoma – Groups

(n = 24)
± Immunotherapy



Breast Cancer – Groups

(n = 54)
± Immunotherapy
± Endocrine therapy

EC-Tax

Anthracycline & cyclophosphamide-based chemotherapy

*Epirubicin and Cyclophosphamide (EC) followed by a **taxane**, such as*

- *either paclitaxel (Taxol)*
- *or docetaxel (Taxotere)*



EC-Tax + Carbo

Anthracycline, cyclophosphamide & platinum-based chemotherapy



Carbo-Tax

Taxane & platinum-based chemotherapy (TC or PC)



Other

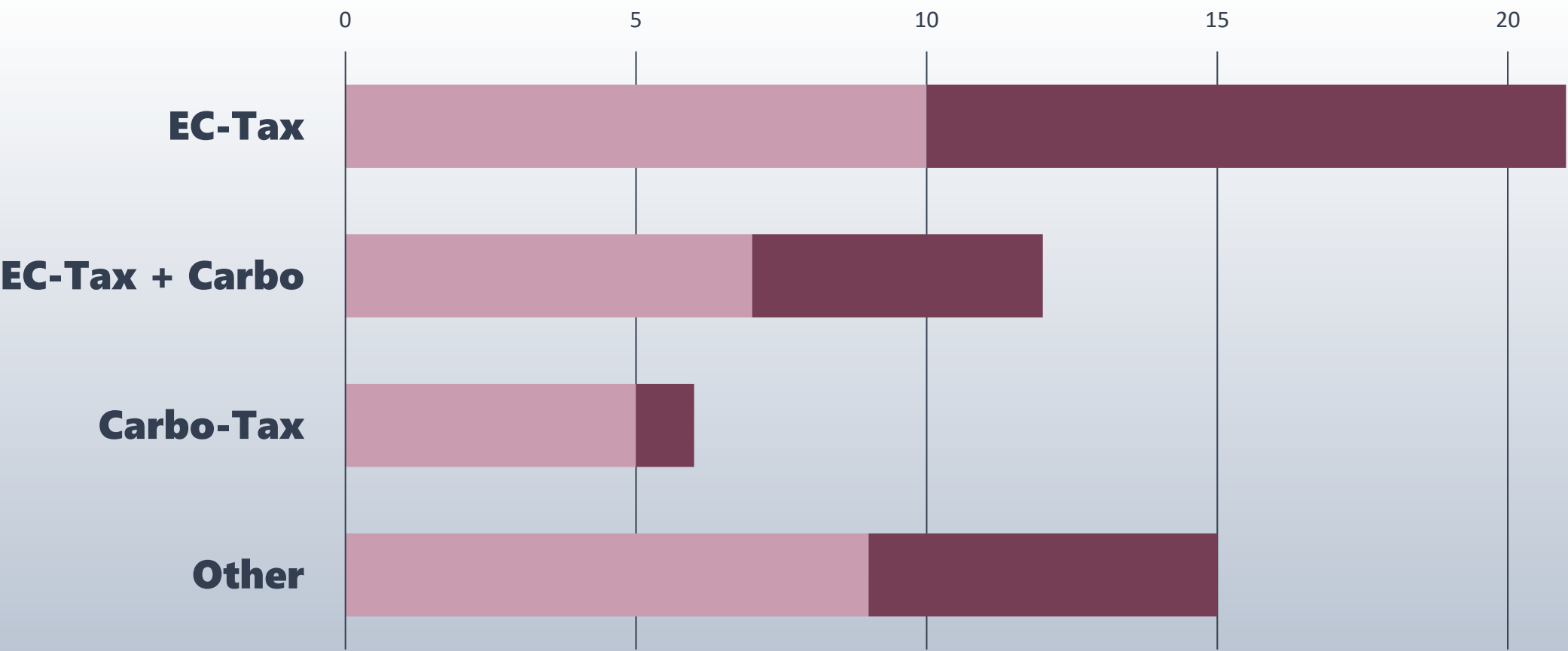
*Other combinations
CDK4/6 Inhibitor Ribociclib*



Breast Cancer – Groups

(n = 54)
± Immunotherapy
± Endocrine therapy

■ <35 ■ ≥35



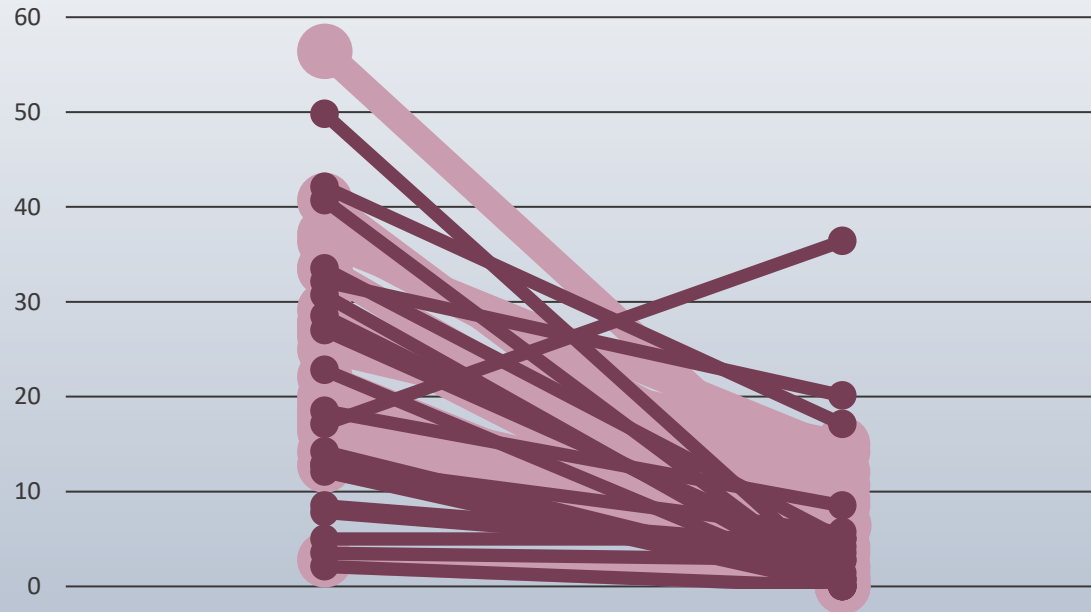
Before and After Gonadotoxicity

Breast Cancer (n=42)

■ Age <35 ■ Age ≥35

AMH

(pmol/L)

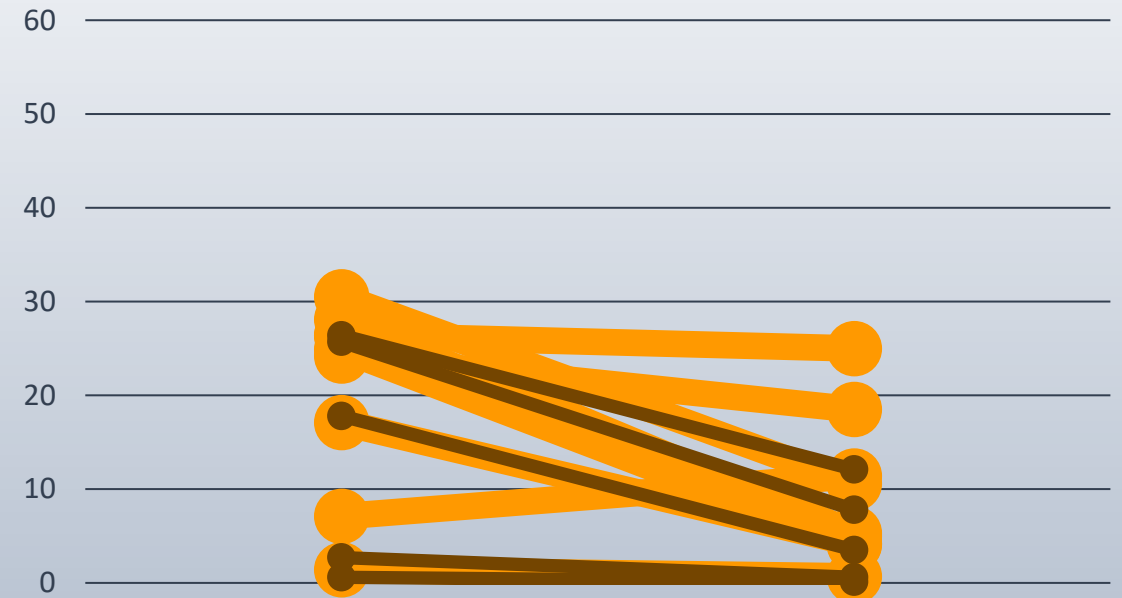


Hodgkin Lymphoma (n=14)

■ Age <30 ■ Age ≥30

AMH

(pmol/L)



Testicular Cancer – Groups

**Good prognosis
Stage I
No chemotherapy**



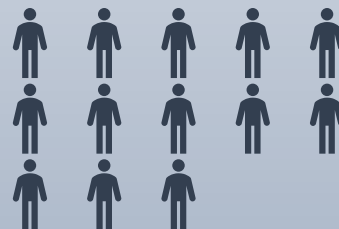
**Good prognosis
Stage I
1 cycle**

Seminoma

Carboplatin mono
Carboplatin Platinum agent

Non-seminoma

BEP
Bleomycin Antibiotic (not anthracycline)
Etoposide Topoisomerase II inhibitor
Carboplatin Platinum agent



**≥ Moderate prognosis
Stages II-III
>1 cycle**

**Germ Cell Tumor
(NSGCTs, seminoma)**

BEP

Bleomycin Antibiotic (not anthracycline)
Etoposide Topoisomerase II inhibitor
Carboplatin Platinum agent

EP

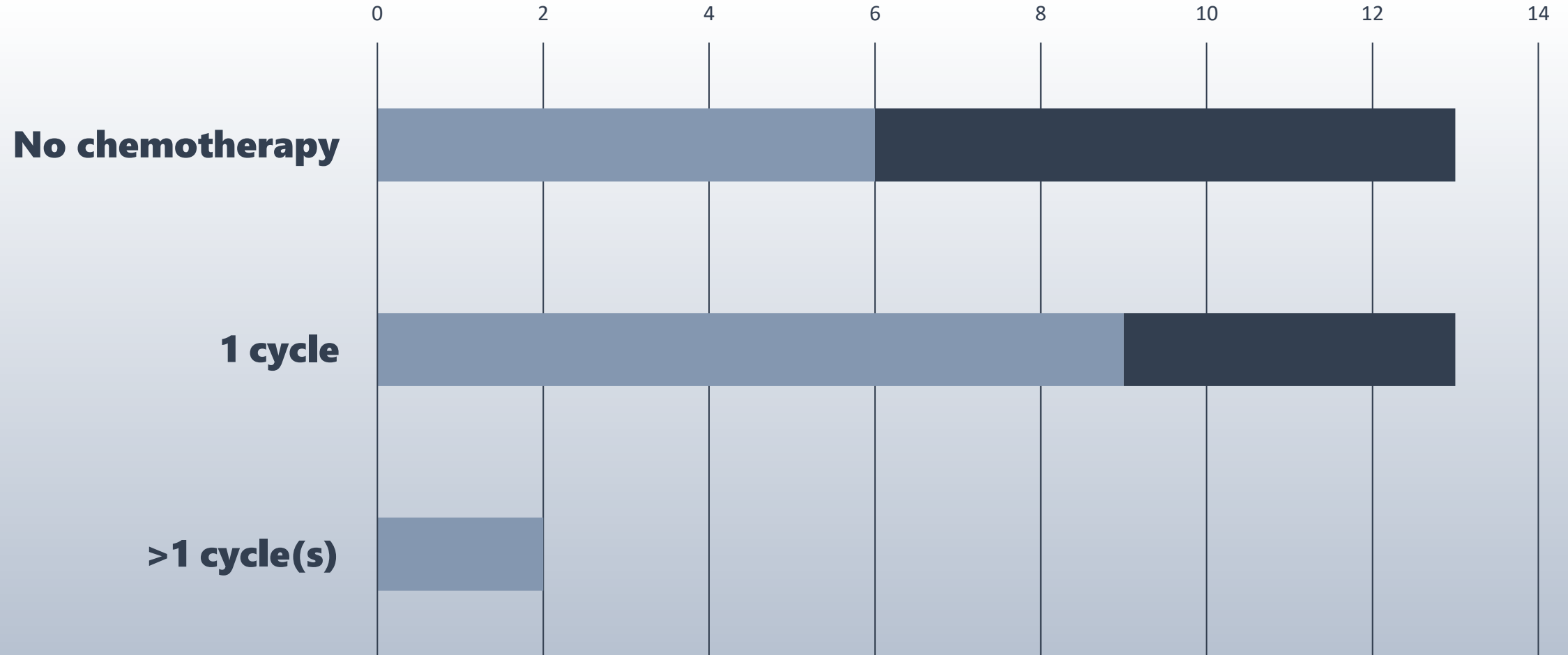
Etoposide Topoisomerase II inhibitor
Cisplatin Platinum agent



Testicular Cancer – Groups

(n = 28)

■ <35 ■ ≥35



Before and After Gonadotoxicity

Testicular Cancer (n=8, age: 25-37)

Hodgkin Lymphoma (n=6, age: 20-34)

Testosterone

(nmol/L)



Sperm Concentration

(10^6 /mL)



Sperm Motility

(%, WHO A+B)



Improving the understanding and management of late-effects in adolescents and young adults (AYA) with cancer
[HORIZON-MISS-2024-CANCER-01-05](#)

“Prediction and prevention of late effects in AYA cancer survivors – An effort to understand, predict and prevent late effects in AYAs 15-39 years of age, with a focus on infertility and reproductive health PredictAYA”

- The coordinator is **Prof Rodriguez** from Sweden
- There are **18 partners**, including Heidelberg, Innsbruck and Bern
- **8 work packages**
- **Total: € 7 millions**

The work packages you could get involved with, starting January 2026:

- **WP4** (around 1.1 Mio): Clinical research on ovarian toxicity from large cohorts across Europe (coordinated by FertiTOX members)
- **WP6**: Late effect of cancer therapies on fertility and reproduction in males

2 strategies:

- 1. Collection of data (**retrospectively**) from running 15 cohorts/11 countries of patients diagnosed with cancer **until December 31st 2025** (until June 2026?)
- 2. Collection of data (**prospectively**) in 11 countries of patients diagnosed with cancer **January 1st 2026**

Next meetings

(same content, different languages)

FertiTOX → Main Assembly



DEUTSCH

- 15. Juni 2026, Montag 18:00
- 24. Juni 2026, Mittwoch 16:00

FertiTOX → Main Assembly (Swiss)



ENGLISH

- 15 June 2026, Monday 16:00
- 24 June 2026, Wednesday 18:00

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Sponsors



krebsliga schweiz

Swiss cancer league



Deutsche Krebshilfe
HELFEN. FORSCHEN. INFORMIEREN.

Deutsche Krebshilfe



Caring Innovation

IBSA Institut Biochimique SA



Theramex
For Women, For Health

Theramex Switzerland GmbH

FERRING

PHARMACEUTICALS

Ferring Pharmaceuticals SA

Save the Date – FertiPROTEKT

Plus a free German book for participants



Berlin, 24. – 25. April 2026

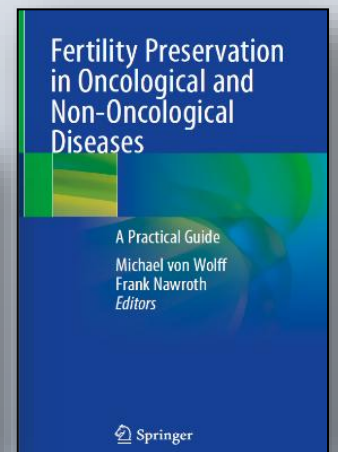
Registration & Program:

<https://soft-consult.org/fp-arbeitstreffen-2026/>

or

<https://fertiprotekt.com/19-arbeitstreffen-fertiprotekt-24-25-04-2026/>

**Completely
revised and
extended new
editions in
2026**



Edition 2020