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P-526 Fertility preservation in transgender patients: reproductive intentions, experiences and outcomes

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Study question: What are the reproductive intentions, experiences and outcomes in male and female transgender individuals counseled for fertility preservation (FP) before undergoing gender-affirming therapy?

Summary answer: Although no participant regrets FP, barriers were identified including heightened gender dysphoria, concerns about efficiency of FP, need for future assisted reproduction and financial constraints.

What is known already: Transgender individuals make up a small, underserved yet growing patient group in reproductive medicine. Undergoing gender-affirming treatment has a negative impact on fertility and may impair future options for genetic parenthood. Even though parental desire in transgender population is high, FP rates remain low. There is currently no standard questionnaire to assess the psychosocial well-being and reproductive intentions of transgender individuals seeking FP, which makes evidence-based research challenging. No previous studies have investigated the outcomes of transgender individuals who inquired for FP.

Study design, size, duration: The transgender population, both males and females, who underwent FP counseling in Brussels IVF between 2010 and 2022 to preserve their gametes before undergoing gender-affirming treatment was surveyed prospectively using an online questionnaire created specifically for this study.

Participants/materials, setting, methods: An online survey was created using Qualtrics including questions regarding demographics, medical history, sexual and gender identity, gender expression, transitioning, transition-related healthcare, FP and family-building intentions.

Both female and male transgenders seeking FP in our IVF-clinic between January 2010 and December 2022, aged between 18 and 40 at time of FP counselling, were invited to participate. Participants who did not respond after two weeks received a reminder email with a second reminder one month later.

Main results and the role of chance: Our questionnaire was sent out to 53 transgender individuals. 29 completed surveys were returned (58.5%: 9 female-to-male, 20 male-to-female participants).

Our analysis focused on 3 main categories: barriers to FP, experiences with FP and perception on child wish and outcomes. The main barriers were the financial costs and the use of hormones that may negatively impact their gender dysphoria, especially in female-to-male participants. This group also reported greater pain during the FP procedure as compared to male-to-female participants. These factors likely contribute to the lower FP rates observed among transgender men, aligning with previous research on this disparity.

Despite these negative experiences, transgender individuals reported feeling more appeasement regarding their transition after undergoing FP.

Concerning the outcomes, 1/21 transgender women and 4/9 transgender men eventually conceived a child through ART at our fertility clinic.

This aligns with previous research indicating a lower child wish as compared to cisgender populations.

Interestingly, our survey showed that most transgender individuals learn about FP independently through internet searches, highlighting a significant gap in the counseling provided during their diagnostic phase.

Limitations, reasons for caution: Our study included relatively small groups, which may limit the strength and generalizability of our conclusions. Larger sample sizes would be needed to draw more robust inferences. Despite our efforts, it became clear that this population is difficult to reach and less likely to participate in studies.

Wider implications of the findings: Our research highlights the need for standardized tools to assess the psychosocial well-being, experiences and reproductive outcomes of transgender individuals seeking FP. Addressing these gaps will enable healthcare providers to offer comprehensive support, ensuring transgender individuals to have the necessary resources and information to make informed reproductive health decisions.

Trial registration number: No