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**ASSISTED REPRODUCTIVE TECHNOLOGY TREATMENT OUTCOMES IN
TRANSGENDERMALES WITH HISTORY OF GENDER AFFIRMING HORMONE THERAPY**

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OBJECTIVE:

There has been increased access to assisted reproductive technology (ART) treatment for transgender and gender diverse (TGD) patients. Yet, limited research has assessed fertility in patients who undergo gender affirming hormone therapy (GAHT). We evaluated the effect of testosterone (T) therapy in transgender males and ART treatment outcome.

MATERIALS AND METHODS:

The study included all transgender male patients who sought treatment at a single academic reproductive center between 2013-2021. For patients with a history of GAHT, T dose range, level at intake, time on/off treatment were collected. Primary outcome included ovarian reserve characteristics.

RESULTS:

77 transgender males were included. 82.1% of patients presented to care after 2016. 46 patients underwent fertility preservation counseling. Six patients proceeded to ART treatment (IVF, co-IVF, IUI, egg freezing, embryo freezing). 1 patient underwent IVF, 3 patients underwent co-IVF, 4 patients underwent IUI, 6 patients underwent egg freezing, and 2 patients underwent embryo freezing. The 1 patient that completed an IVF cycle achieved live birth. Of the 30 patients who completed co-IVF cycles, 1 achieved pregnancy. Of the 4 patients who completed IUI cycles, 1 achieved live birth and 1 achieved pregnancy.

CONCLUSIONS:

Transgender males with a history of prior GAHT can successfully achieve fertility preservation, pregnancy and live births. The number of transgender males who utilized fertility services



increased since our TGD care initiative in October 2016. With 12 major academic centers in New York City, a formal referral system would aid in a better understanding of the barriers that preclude access to fertility care for TGD patients.

IMPACT STATEMENT:

Multi-center studies that include a larger number of TGD patients could assess the impact of concurrent or prior T therapy on stimulation outcome and reduce the gender dysphoria associated with discontinuation of GAHT.

REFERENCES:

N/A