Chemotherapy

Table 1. The degree of gonadal failure associated with chemotherapeutic agents

High risk

Cyclophosphamide

Melphalan

Busulfan

Nitrogen mustard

Cholarambucil

Procarbazine

Intermediate risk

Cisplatin

Adriamycin

Paclitaxel?a

Low or no risk

Methotrexate

5-Fluorouracil

Vincristine

Bleomycin

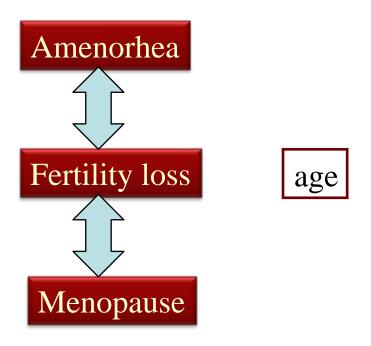
Actinomycin D

Chemotherapy-Associated Gonadotoxicity: Suggested Mechanism of GnRH "Rescue" Effect Cyclophosphamide or other alkylating agent) Follicular. Atresia Enhanced ↓E2 Recruitment ↓ Inhibin of Primordial Follicles GnRH-a Oncologist, Blummenfeld, 2008

^aConfirmation needed.

Treatment impact on fertility

Tableau 1. Risque d'aménorrhée définitive après chimiothérapie selon l'ASCO ⁷ ASCO: American society of clinical oncology. A: doxorubicine; C: cyclophosphamide; E: épirubicine; F: 5-fluorouracile; M: méthotrexate.		
Risque d'aménorrhée	Age	Schémas de chimiothérapie
Elevé (>80%)	≥ 40 ans	CMF, CEF, CAF (6 cycles)
Intermédiaire (20-80%)	30-39 ans ≥ 40 ans	CMF, CEF, CAF (6 cycles) AC (4 cycles)
Bas (<20%)	< 30 ans < 40 ans	CMF, CEF, CAF (6 cycles) AC (4 cycles)
Risque incertain		Taxanes, trastuzumab



Evaluation and follow-up of ovarian function
Capacity of recovery? How to predict? How to protect?
Dosage of Anti-Mullerian Hormone?