SickKids
THE HOSPITAL FOR SICK CHILDREN

September 16, 2025

Re: "Implementation of the Ontario Ovarian Tissue Cryopreservation (OOTC) Centre of Excellence: A mixed-methods implementation science study to improve fertility preservation access for pediatric and adolescent cancer patients"

Dear Drs. Michaeli and Greenblatt,

I am writing to provide strong support for your Implementation Science proposal to scale up ovarian tissue cryopreservation (OTC) services across Ontario. As a pediatric oncologist and current Co-Director of the Fertility Preservation Program at the Hospital for Sick Children (SickKids) in Toronto, Ontario, I have witnessed firsthand the critical need for systematic fertility preservation services for our pediatric and adolescent cancer patients. Fertility concerns are consistently identified as one of the most prominent challenges for pediatric oncology patients and survivors, often ranking among their top long-term worries related to cancer treatment effects.

At SickKids we diagnose approximately 275 new pediatric oncology cases annually, with ~100 female patients requiring high-risk gonadotoxic treatment who would be eligible for ovarian tissue cryopreservation. Based on our patient population analysis, we anticipate completing 60 OTC procedures annually once systematic implementation is complete. This represents a significant unmet clinical need, as many of these patients who are receiving lifesaving gonadotoxic therapies, currently have no viable fertility preservation options.

Over the past year, our institution has demonstrated substantial commitment to fertility preservation program development. We have established multidisciplinary working groups with members from oncology, gynecology, endocrinology, health informatics, and psychosocial care teams, and organized oncofertility rounds to educate clinical staff on fertility preservation protocols and referral pathways. Clear referral pathways for OTC and engagement with diverse stakeholders within SickKids have led to an increase in utilization of referral pathways and increased uptake of OTC procedures. Educational sessions with physicians, nurses, and allied health professionals have been well-received by our clinical teams, with high attendance rates and positive feedback regarding the systematic approach to fertility preservation. We have developed institutional guidelines for fertility risk assessment, patient counselling, referrals, and procedural and tissue transportation logistics.

Since the launch of our systematic OTC care pathway in May 2025, through our collaboration with the Mount Sinai Fertility, we have successfully completed 5 ovarian tissue cryopreservation procedures. These successful cases have provided valuable experience in coordinating urgent fertility preservation procedures with urgent oncology therapy timelines. The seamless collaboration between our clinical teams and the Mount Sinai Fertility specialists has been exemplary and has built confidence in our ability to scale up services systematically.

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Our clinical staff have expressed enthusiasm for participating in standardized implementation protocols and contributing to this mixed-methods evaluation. I am pleased to confirm our institution's full participation in this provincial initiative, including implementation of standardized referral pathways and coordination with the centralized cryobank at Mount Sinai Fertility.

This initiative represents a transformative opportunity to eliminate geographic disparities in fertility preservation access, while generating the evidence base necessary for sustainable provincial integration through the Ontario Fertility Program.

Sincerely,

Dr. Kriti Kumar MD FRCPC
Pediatric Oncologist
Co-Director of SickKids Fertility Preservation Program
The Hospital for Sick Children

Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

September 14, 2025

Re: "Implementation of the Ontario Ovarian Tissue Cryopreservation (OOTC) Centre of Excellence: A mixed-methods implementation science study to improve fertility preservation access for pediatric and adolescent cancer patients"

Dear Drs. Michaeli and Greenblatt,

I am writing to provide strong support for your Implementation Science proposal to scale up ovarian tissue cryopreservation services across Ontario. As a pediatric oncologist at CHEO, I have witnessed firsthand the critical need for systematic fertility preservation services for our pediatric and adolescent cancer patients.

At CHEO, we diagnose approximately 100 new pediatric oncology cases annually, with about one third to one half of female patients requiring high-risk gonadotoxic treatment who would be eligible for ovarian tissue cryopreservation. Based on our patient population analysis, we anticipate 25 OTC procedures annually once systematic implementation is complete. This represents a significant unmet clinical need, as many of these patients currently have no viable fertility preservation options.

Over the past year, our institution has demonstrated substantial commitment to fertility preservation program development. We have established multidisciplinary working groups, including oncology and gynecology, and have put in an automated referral to gynecology for all female newly diagnosed oncology patients. These patients are seen quickly by the gynecology team, and fertility risks and options are reviewed.

Our clinical staff have expressed enthusiasm for participating in the standardized implementation protocols and contributing to the mixed-methods evaluation. I am pleased to confirm our institution's full participation in this provincial initiative, including implementation of standardized referral pathways and coordination with the centralized cryobank at Mount Sinai Fertility.

This initiative represents a transformative opportunity to eliminate geographic disparities in fertility preservation access while generating the evidence base necessary for sustainable provincial integration through the Ontario Fertility Program.

Sincerely,

Donna Johnston, MD, FRCPC, FAAP
Pediatric Hematologist/Oncolgist, Children's Hospital of Eastern Ontario
Professor of Pediatrics, University of Ottawa

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Soumitra Tole, MD, FRCPC
Marta Wilejto, MD, FRCPC
Shayna Zelcer, MD, FRCPC
Alexandra Zorzi, MD, FRCPC

September 11, 2025

Re: "Implementation of the Ontario Ovarian Tissue Cryopreservation (OOTC) Centre of Excellence: A mixed-methods implementation science study to improve fertility preservation access for pediatric and adolescent cancer patients"

Dear Drs. Michaeli and Greenblatt,

I am writing to provide strong support for your Implementation Science proposal to scale up ovarian tissue cryopreservation services across Ontario. As the medical director of the Adolescent and Young Adult (AYA) Oncology program at the Children's Hospital, London Health Sciences Center, I have witnessed firsthand the critical need for systematic fertility preservation services for our pediatric and adolescent cancer patients.

At Children's Hospital, we diagnose approximately 70-80 new pediatric oncology cases annually, with 5-6 female patients requiring high-risk gonadotoxic treatment who would be eligible for ovarian tissue cryopreservation (OTC). Based on our patient population analysis, we anticipate 2-5 OTC procedures annually once systematic implementation is complete. This represents a significant unmet clinical need, as many of these patients currently have no viable fertility preservation options.

Over the past year, our institution has demonstrated substantial commitment to fertility preservation program development. We have established a dedicated AYA Oncology program with multidisciplinary provider input including adult and pediatric oncology, gynecology, and supportive care teams. The creation of a dedicated program has allowed our team to develop expertise in the area of fertility preservation, allowing us to offer OTC across the age spectrum for eligible patients. This month, we are conducting multiple institutional onco-fertility rounds to educate clinical staff on fertility preservation protocols and referral pathways. These efforts have been well-received by our clinical teams, with positive feedback regarding the systematic approach to fertility preservation. We have also developed internal policies for fertility risk assessment and patient counselling, and allocated resources for staff training and program coordination.

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Through our collaboration with the Mount Sinai Fertility OTC program, we have successfully completed 2 pediatric and 2 adult ovarian tissue cryopreservation procedures, all cases involving tissue transportation from our region to the centralized cryobank. These successful cases have demonstrated the feasibility of the "patient stays-tissue moves" model and have provided valuable experience in coordinating urgent fertility preservation procedures with oncology treatment timelines. The seamless collaboration between our clinical teams and the Mount Sinai Fertility specialists has been exemplary and has built confidence in our ability to scale up services systematically.

Our clinical staff have expressed enthusiasm for participating in the standardized implementation protocols and contributing to the mixed-methods evaluation. I am pleased to confirm our institution's full participation in this provincial initiative, including implementation of standardized referral pathways and coordination with the centralized cryobank at Mount Sinai Fertility.

This initiative represents a transformative opportunity to eliminate geographic disparities in fertility preservation access while generating the evidence base necessary for sustainable provincial integration through the Ontario Fertility Program.

Sincerely,

Marta Wilejto, MD FRCPC MScCH (HPTE)
Assistant Professor, Division of Hematology/Oncology
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Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Re: "Implementation of the Ontario Ovarian Tissue Cryopreservation (OOTC) Centre of Excellence: A mixed-methods implementation science study to improve fertility preservation access for pediatric and adolescent cancer patients"

Dear Drs. Michaeli and Greenblatt,

I am writing to provide strong support for your Implementation Science proposal to scale up ovarian tissue cryopreservation services across Ontario. As a staff pediatric hematologist/oncologist and Division Head of the Division of Pediatric Hematology/Oncology at Kingston Health Sciences Centre and Queen's University, I have witnessed firsthand the critical need for systematic fertility preservation services for our pediatric and adolescent cancer patients.

At Kingston Health Sciences Centre, we diagnose approximately 15 new pediatric oncology cases annually, with 8-10 female patients requiring high-risk gonadotoxic treatment who would be eligible for ovarian tissue cryopreservation. Based on our patient population analysis, we anticipate 8 OTC procedures annually once systematic implementation is complete. This represents a significant unmet clinical need, as many of these patients currently have no viable fertility preservation options.

Over the past year, our institution has demonstrated substantial commitment to fertility preservation program development. We have established multidisciplinary working groups including oncology, gynecology, and supportive care teams, and are planning institutional oncofertility rounds to educate clinical staff on fertility preservation protocols and referral pathways. These initiatives have been well-received by our clinical teams, with high attendance rates and positive feedback regarding the systematic approach to fertility preservation. We are also developing internal policies for fertility risk assessment and patient counselling, and allocated resources for staff training and program coordination.

Through our collaboration with the Mount Sinai Fertility OTC program, we are looking forward to offering ovarian tissue cryopreservation procedures for all eligible patients. Successful cases in other institutions have demonstrated the feasibility of the "patient stays-tissue moves" model and have provided valuable experience in coordinating urgent fertility preservation procedures with oncology treatment timelines. The seamless collaboration between our clinical teams and the Mount Sinai Fertility specialists has been exemplary and is building confidence in our ability to scale up services systematically.

Our clinical staff have expressed enthusiasm for participating in the standardized implementation protocols and contributing to the mixed-methods evaluation. I am pleased to confirm our institution's full participation in this provincial initiative, including

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

implementation of standardized referral pathways and coordination with the centralized cryobank at Mount Sinai Fertility.

This initiative represents a transformative opportunity to eliminate geographic disparities in fertility preservation access while generating the evidence base necessary for sustainable provincial integration through the Ontario Fertility Program.

Sincerely,

Laura Wheaton
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Re: "Implementation of the Ontario Ovarian Tissue Cryopreservation (OOTC) Centre of Excellence: A mixed-methods implementation science study to improve fertility preservation access for pediatric and adolescent cancer patients"

Dear Drs. Michaeli and Greenblatt,

I am writing to provide strong support for your Implementation Science proposal to scale up ovarian tissue cryopreservation services across Ontario. As Division Head and Head of Clinical Service at McMaster Children's Hospital (MCH), I have witnessed firsthand the critical need for systematic fertility preservation services for our pediatric and adolescent cancer patients.
At MCH, we diagnose approximately 80-90 new pediatric oncology cases annually, with 30 female patients requiring high-risk gonadotoxic treatment who would be eligible for fertility preservation. Based on our patient population analysis, we anticipate 5-10 ovarian tissue cryopreservation procedures annually once systematic implementation is complete. This represents a significant unmet clinical need, as many of these patients currently have no viable fertility preservation options.

Over the past year, our institution has demonstrated substantial commitment to fertility preservation program development. We have established multidisciplinary working groups including oncology, gynecology, and supportive care teams, and conducted institutional oncofertility rounds to educate clinical staff on fertility preservation protocols and referral pathways. These educational sessions have been well-received by our clinical teams, with high attendance rates and positive feedback regarding the systematic approach to fertility preservation. We have also developed internal policies for fertility risk assessment and patient counselling, and allocated resources for staff training and program coordination.

Through our collaboration with the Mount Sinai Fertility OTC program, we have successfully developed a protocol for ovarian tissue cryopreservation procedures. With this new protocol, we will demonstrate the feasibility of the "patient stays-tissue moves" model and gain valuable experience in coordinating urgent fertility preservation procedures with oncology treatment timelines. The seamless collaboration between our clinical teams and the Mount Sinai Fertility specialists has been exemplary and has built confidence in our ability to scale up services systematically.

Our clinical staff have expressed enthusiasm for participating in the standardized implementation protocols and contributing to the mixed-methods evaluation. I am pleased

to confirm our institution's full participation in this provincial initiative, including implementation of standardized referral pathways and coordination with the centralized cryobank at Mount Sinai Fertility.

This initiative represents a transformative opportunity to eliminate geographic disparities in fertility preservation access while generating the evidence base necessary for sustainable provincial integration through the Ontario Fertility Program.

Sincerely,

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