

# Key recommendations regarding counselling on reproductive options

This guideline has been drawn from the best available evidence and the consensus of experts in this area and is regularly updated to reflect changes in evidence.

The expectation is that clinicians will follow this guideline unless there is a compelling clinical reason to undertake different management, specific to an individual patient.



**European  
Reference  
Network**

for rare or low prevalence  
complex diseases



Genetic Tumour Risk  
Syndromes (ERN GENTURIS)



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## Key recommendations regarding counselling on reproductive options

Recommendations in this guideline are divided into 4 sections: 1. Reproductive decision making – content and framework of reproductive counselling, 2. Timing of reproductive counselling provision, 3. Presentation of reproductive option, 4. Range of assisted reproductive technologies.

Reproductive decision making - content and framework of reproductive counselling	Recommendation	Strength*
Reproductive counselling should be offered to all individuals with a cancer predisposition syndrome** and relevant family members.	1,2, 11	Strong (1,2), moderate (11)
Couples should have access to a multidisciplinary team of healthcare experts.	6, 13	Strong
Timing of reproductive counselling provision		
Reproductive counselling should be offered longitudinally with multiple opportunities for counselling throughout life, ideally starting before family planning	7, 8	Strong
Children at risk should be offered counselling once they reach adulthood, or earlier if appropriate	10	Moderate
Presentation of reproductive option		
Reproductive counselling should provide follow-up opportunities, and access to psychological support.	12, 13	Moderate (12), strong (13)
Range of assisted reproductive technologies		
Fertility preservation options should be included in reproductive counselling.	15, 16	Strong (15), moderate (16)

\* This grading is based on published articles and expert consensus: strong – expert consensus AND consistent evidence, moderate – expert consensus WITH inconsistent evidence AND/OR new evidence likely to support the recommendation, weak – expert majority decision WITHOUT consistent evidence.

\*\* Counselling is especially relevant in the reproductive age but can be relevant in other age group as well, such as adolescence and older individuals informing their relatives.