Who needs surveillance?	
Premature ovarian dysfunction risk in CAYA cancer survivors	
Increased risk after *alkylating agents* vs. no alkylating agents	Level A
Increased risk after higher *alkylating agent dose* vs. lower dose	Level A
Increased risk after *cyclophosphamide* vs. no cyclophosphamide	Level C
Increased risk after higher *cyclophosphamide* dose vs. lower dose	No studies
Increased risk after *procarbazine* vs. no procarbazine	Level C
Increased risk after higher *procarbazine* dose vs. lower dose	No studies
Risk after *multiple alkylating agents and other chemotherapeutic agents* vs. single alkylating agents	No studies
Risk after *other alkylating agents*[*]	No studies
Risk after *platinum agents*[†]	No studies
Increased risk after *radiotherapy potentially exposing the ovaries* vs. no radiotherapy	Level A
Increased risk after higher dose of *radiotherapy potentially exposing the ovaries* vs. lower dose	Level A
Increased risk after *radiotherapy potentially exposing the ovaries and alkylating agents* vs. either treatment in the same dose alone	Level C
Increased risk after *treatment at older age* vs. younger age	Level B
Risk after *unilateral oophorectomy*	No studies
What surveillance modality should be used?	
Diagnostic value endocrine measurement and ovarian ultrasound to detect premature ovarian dysfunction in CAYA cancer survivors	
Diagnostic value of AMH	No studies
Diagnostic value of antral follicle count	No studies
Prognostic value endocrine measurements and ovarian ultrasound to predict POI in CAYA cancer survivors	
Prognostic value of FSH	No studies
Prognostic value of oestradiol	No studies
Prognostic value of AMH	No studies
Prognostic value of antral follicle count	No studies
Diagnostic value endocrine measurements to detect POI in general population	
Diagnostic value of AMH	No studies
Prognostic value endocrine measurements to predict POI in general population	
Prognostic value of AMH	No studies
Prognostic value endocrine measurements to predict menopause and ovarian reserve in general population	
AMH predicts time to menopause	Expert opinion
AMH correlates with ovarian reserve	Expert opinion
At what frequency should surveillance be performed?	
POI risk in CAYA cancer survivors	
Changes in POI risk (deterioration or recovery of gonadal function) during the fertile life span	No studies

Abbreviations: AMH, anti-Müllerian hormone; CAYA, childhood adolescent and young adult; FSH, follicle stimulating hormone; Level A, high level of evidence; Level B, moderate/low level of evidence; Level C, very low level of evidence.

* Busulfan, chlorambucil, mechloretamine, ifosfamide, melphalan, thiotepa, carmustine (BCNU), lomustine (CCNU).

[†] Carboplatin, cisplatin.