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Views of Reproductive-Aged Female Cancer Patients on Oncofertility Care

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Introduction

- In recent years, there have been many advancements in detection and treatment that have allowed individuals to survive cancer at much higher rates than we have seen in the past. These types of advancements have given patients the opportunity to prioritize issues such as financial burden and overall quality of life when assessing their options for disease management.
- Cancer treatments can disrupt hormonal balances in female patients leading to a decrease in primordial follicles and hinderance of function of reproductive tissues.
- Despite the importance of appropriate counseling, only a fraction of patients are referred to a specialist to discuss fertility preservation before they undergo cancer treatment.
- There is minimal data on the patient perspective and what the patients deem to be important when considering the burden of fertility preservation.

The present project reviews a survey assessment of local reproductive-aged female cancer patients to evaluate their views on preserving fertility and management of their cancer diagnosis.

Methods

- Female patients within reproductive age (< 40 years of age at time of diagnosis)
- 20-item survey (created through RedCap online software)
- Discuss the study with the patient during an in-patient or telemedicine visit
- Patient has access to consent form and may opt out at any point
- A resident physician or medical student will then administer the survey in person.

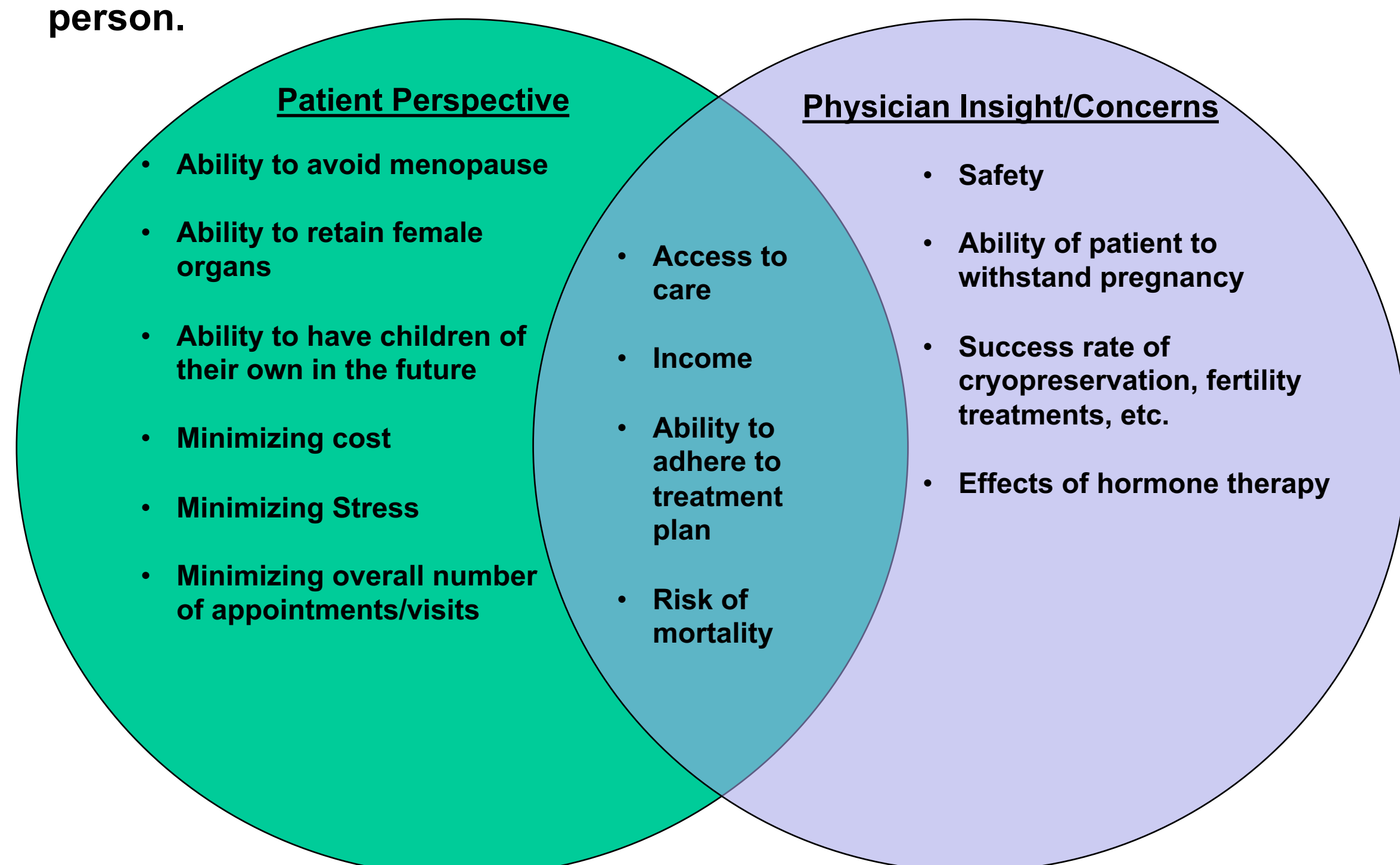


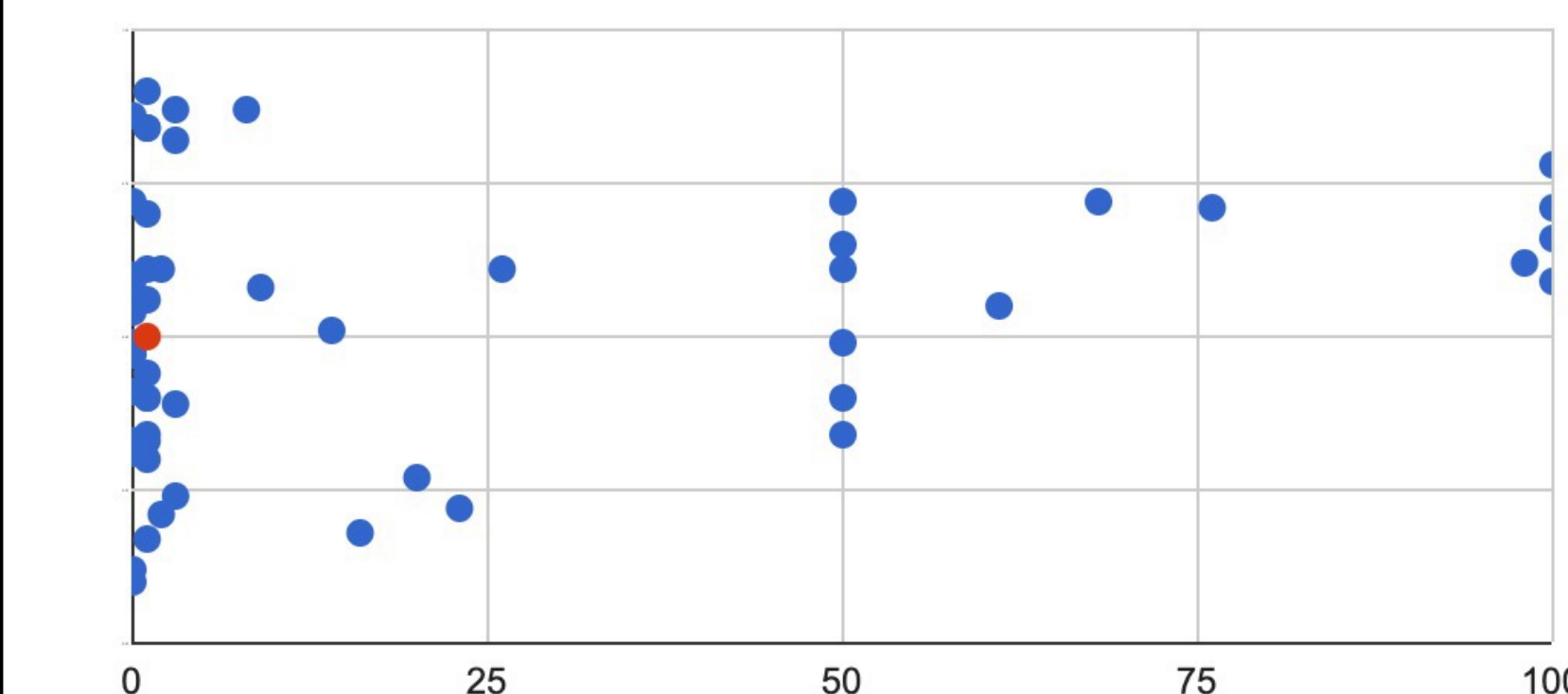
Figure 1. Overview of the factors that should be considered by the patient and the physician when considering fertility treatment options

Survey and Results

Hypothetical situation: If your cancer had no cure, what are the chances you would want to become pregnant? (cf_2)

Total Count (N)	Missing*	Unique	Min	Max	Mean	StDev	Sum	Percentile						
								0.05	0.10	0.25	0.50 Median	0.75	0.90	0.95
56	15 (21.1%)	17	0	100	20.50	32.32	1,148	0	0	0	1	32	72	100

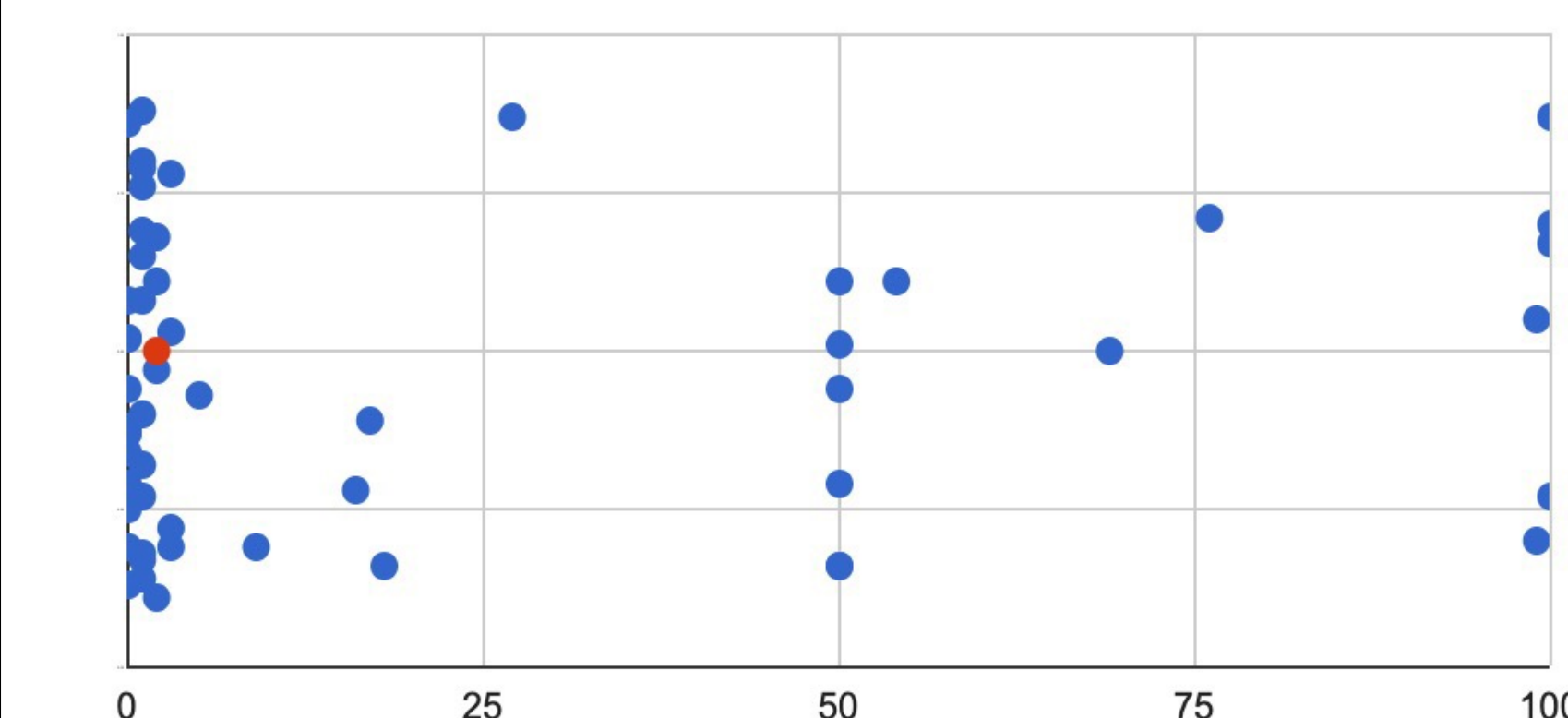
Lowest values: 0, 0, 0, 0, 0
Highest values: 98, 100, 100, 100, 100



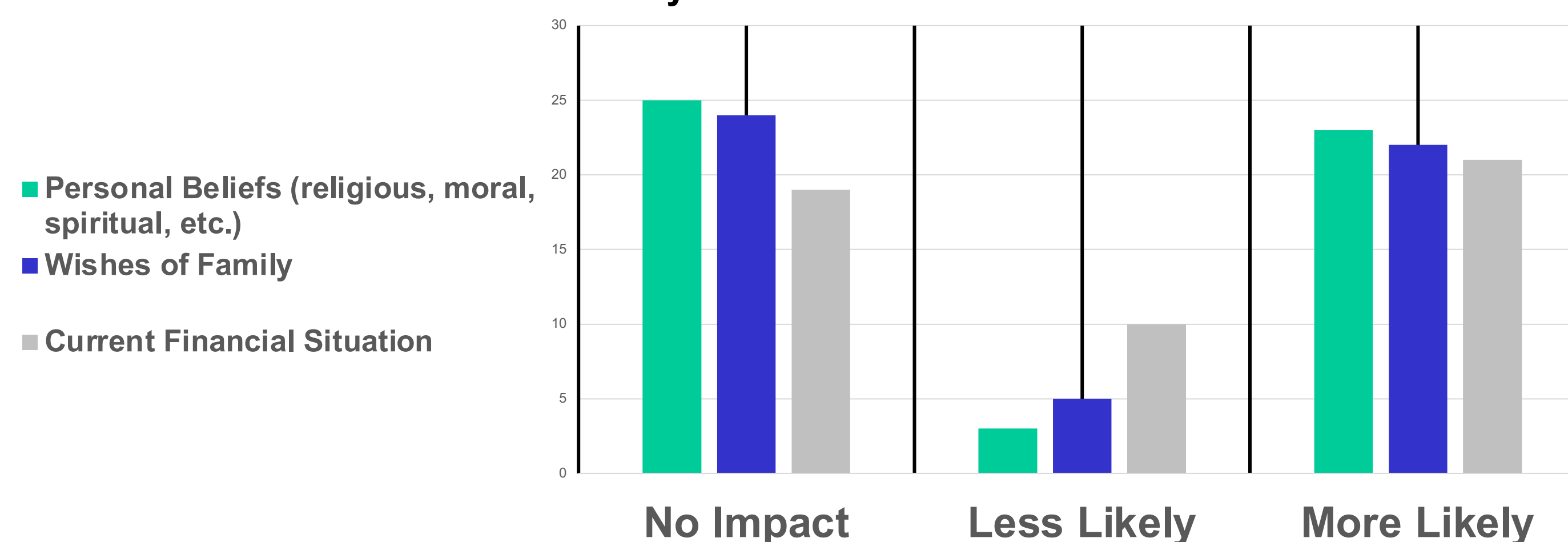
Hypothetical situation: If your cancer had no cure, what are the chances that you would want to become pregnant and deliver a baby OVER starting cancer treatment? (cf_3)

Total Count (N)	Missing*	Unique	Min	Max	Mean	StDev	Sum	Percentile						
								0.05	0.10	0.25	0.50 Median	0.75	0.90	0.95
55	16 (22.5%)	16	0	100	22.22	34.07	1,222	0	0	1	2	50	89.80	100

Lowest values: 0, 0, 0, 0, 0
Highest values: 99, 100, 100, 100, 100

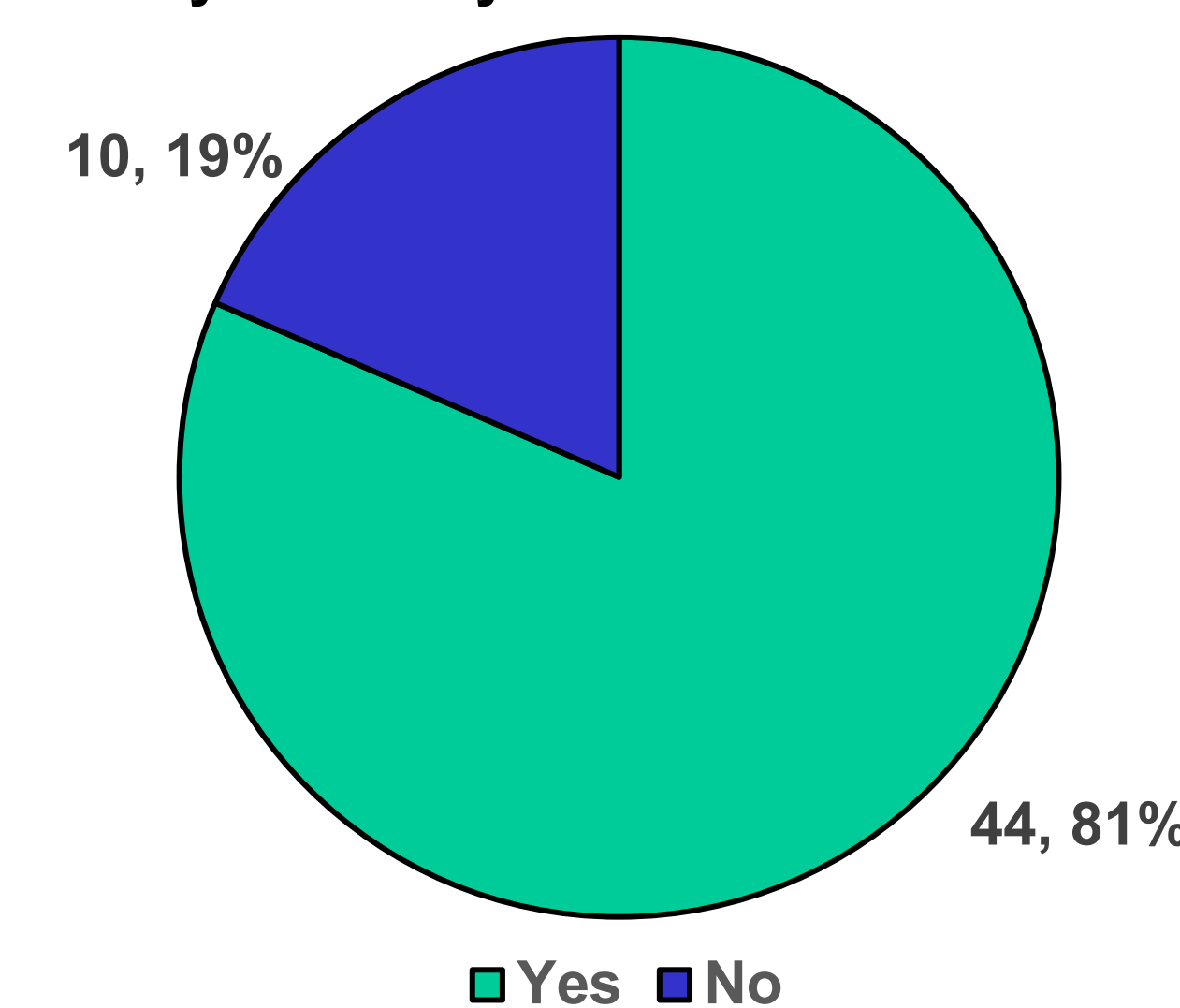


"How do the Following Things Make You Feel About Taking Steps to Protect Your Ability to have Children in the Future?"



Figures 2-4: Responses to various excerpts of the survey with statistical analysis

"Did your doctors talk to you about the effects of your cancer treatment on your ability to have children?"



"Did you have a discussion about ways to preserve your ability to have kids in the future?"

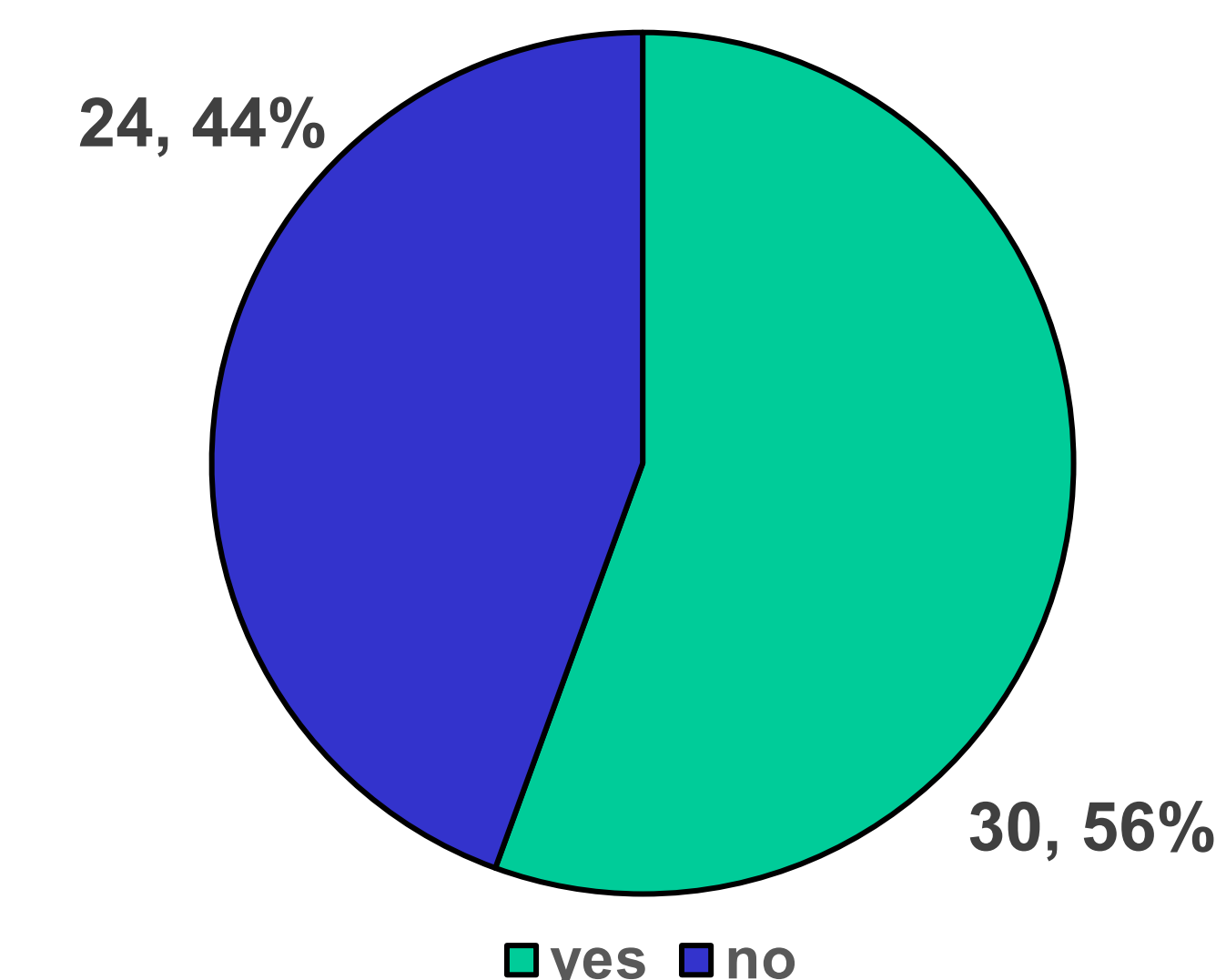


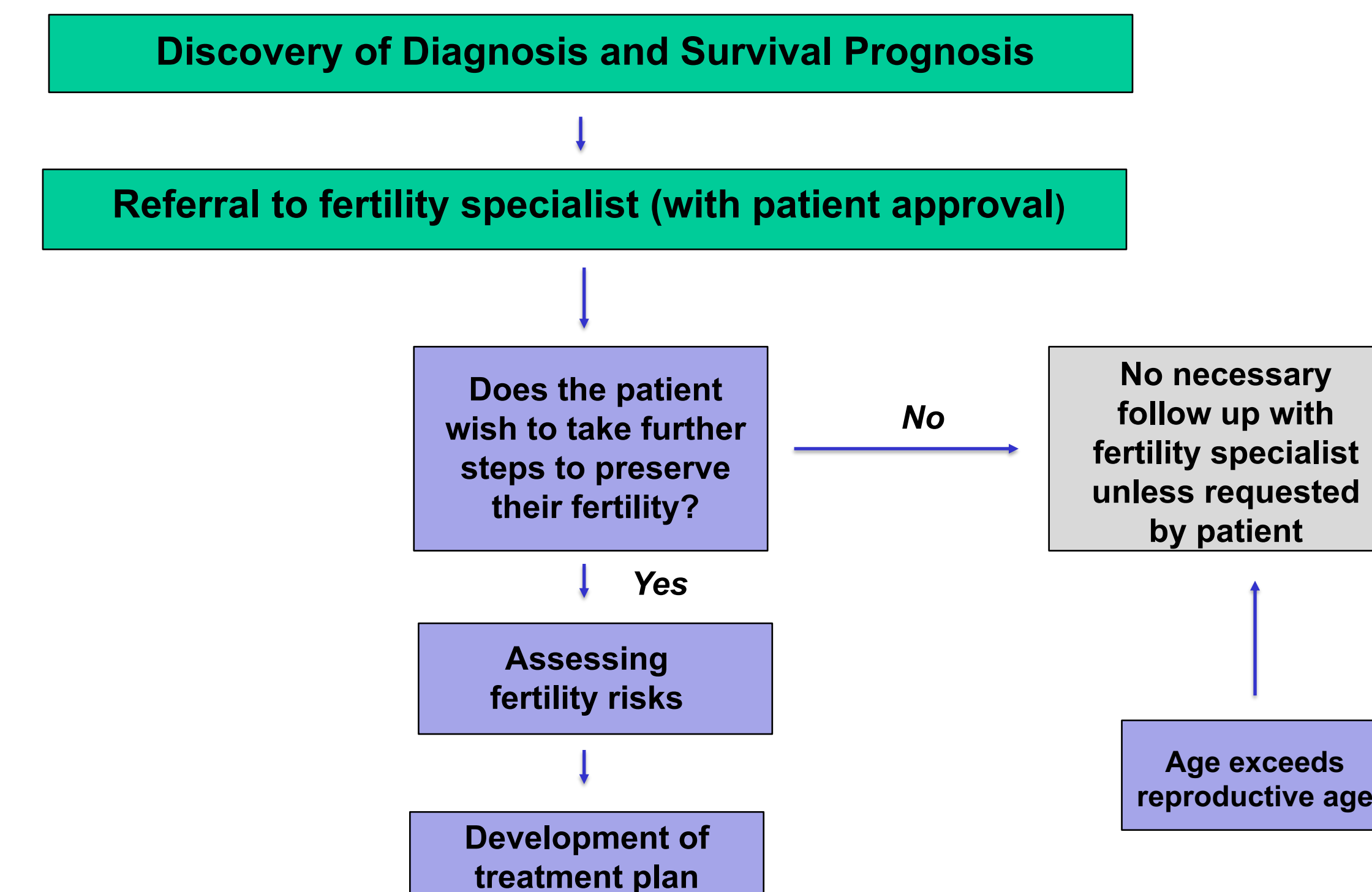
Figure 5-6: Percent of participants who discussed fertility preservation with their physician

Conclusion

- There is a proven interest among reproductive-aged female cancer patients to be counseled on fertility preservation.
- Many patients wish to explore these options regardless of their prognosis.
- Providers should take on a more patient-centered approach when informing the patient of their options in order to provide appropriate counseling and referrals for oncofertility care.

Future

Figure 7. A proposed timeline for discussion of fertility preservation



A standardized timeline will help improve patient counseling and usage of appropriate fertility referrals to ensure patients have awareness about and access to fertility-preserving resources.