

**Erin N. Boudoin**

L2

Louisiana State University Health Sciences Center, New Orleans, LA

Akshay Goswami MD, MPH, Amelia Jernigan MD  
LSUHSC-NO Department of Obstetrics and Gynecology

### **“Views of Reproductive-Aged Female Cancer Patients on Oncofertility Care”**

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 burdens and overall quality of life when assessing their options for disease management. Aggressive treatment options have led to higher survival rates but the side effects of said treatments often render female patients infertile due to premature ovarian insufficiency (Northern Children’s Oncology Group, 2017). During the tense period of receiving a diagnosis and treatment/management plan, patients must also weigh their options for fertility preservation. Fertility preservation proves to be challenging for individuals suffering with hematologic and malignant conditions.

Cancer treatments can disrupt hormonal balances in female patients leading to a decrease in primordial follicles and hinderance of function of reproductive tissues. These treatments include surgery, radiation, chemotherapy (systemic therapies) and combined therapies. Each of these treatments come with their own risks and dangers associated with fertility maintenance. Physicians that are treating younger patients should be fully aware of the multitude of adverse effects associated with cancer therapies and the ways to minimize those effects. Female patients of reproductive age should be informed about the safe and effective options for fertility preservation that are available to them.

After an initial diagnosis is made, patients are entitled to a consultation in which they are informed of the risk of infertility associated with cancer treatment, followed by a discussion of their options. 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 (Fertility Preservation in Women. 2017). This may be due to the emotional nature of these initial encounters, lack of interest and time, financial burden, or the lack of knowledge exhibited by healthcare workers in regard to current options for fertility preservation.

The need for fertility preservation must be weighed carefully against the morbidity and mortality rates associated with cancer. This further emphasizes the need for multidisciplinary collaboration between oncologists, reproductive health specialists and the patient. Furthermore, there is minimal data on the patient perspective and what the patients deem to be important when considering the burden of fertility preservation in light of a cancer diagnosis. The present paper reviews a survey assessment of local reproductive-aged female cancer patients to evaluate their views on preserving fertility and management of their cancer diagnosis.