

Views of Reproductive-Aged Female Cancer Patients on Oncofertility Care

Shakira Harding, Brandi Sun, Akshay Goswami MD, Amelia Jernigan MD
LSUHSC-NO Department of Obstetrics and Gynecology



Abstract

- Due to advancements in treatment options, the rate of survivorship from gynecological cancer has improved over recent years. This has allowed patients to have the opportunity to prioritize many quality of life issues.
- Naturally, one such issue among reproductive-aged females is preservation of fertility following management of their cancer diagnosis. Since many cancer treatment options have the potential to negatively impact future fertility, including loss of fertility, it is important for patients to be informed on the matter and have appropriate discussions with their physician.
- Unfortunately, studies show that almost 50% of women with cancer are unaware about how their cancer therapy can impact their ability to have kids in the future. There is some data analyzing the physician perspective on this issue and sheds light on reasons why preservation of fertility is not discussed at length with patients. These reasons include perceived lack of patient interest, lack of time, inadequate knowledge on the topic, perceived patient financial hardships, and perceived poor rate of success.
- However, there is currently minimal data discussing the patient's perspective on this issue and what they deem important when it comes to preserving fertility in light of a cancer diagnosis. In order to improve patient counseling after the diagnosis of cancer, we propose pursuing a survey assessment of local reproductive-aged female cancer patients to evaluate their views on preserving fertility and management of their cancer diagnosis.

Introduction

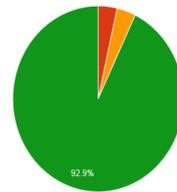
- The increase in malignant disease incidence along with more aggressive treatments has led to better survival rates. This has led to more cancer survivors with side effects of premature ovarian insufficiency and hence, infertility.
- International clinical practice guidelines advocate for discussing potential fertility loss with all female cancer patients and making referrals to fertility specialists if the patient desires. In response to the increasing demand for oncofertility procedures, the Polish Society of Oncological Gynecology issued recommendation guidelines underlining that it is possible to preserve fertility regardless of the age of the patient, and that the available methods should be discussed as early as possible, prior to the commencement of treatment.
- Professional-level barriers center around a lack of time and knowledge. Oncologists do not know the array of fertility preservation (FP) methods and tools for different types of cancer. Oncologists also assume that older patients with children, or patients with poor prognoses, do not need FP counseling. They can feel rushed in the first consultation with a patient due to the need to prioritize the extensive information regarding the cancer diagnosis, rather than fertility preservation.
- Patient-level barriers include narrowing their focus to survive cancer rather than preserve fertility, and some patients desire starting cancer treatment as soon as possible. These barriers could be lessened by providing more information to patients online and in informational pamphlets. Patients may not be fully aware of the gonadotoxic effects of cancer treatment, and this could be aided by national campaigns from cancer associations about the risks of fertility loss.
- In order to improve patient counseling after cancer diagnosis, we propose pursuing a survey assessment of local reproductive-aged female cancer patients to evaluate their views on preserving fertility and management of their cancer diagnosis.**

Figure 1

Minimizing chances of death (cfd)

Total Count (N)	Missing*	Unique
28	10 (26.3%)	3

Counts/frequency: Not important (0, 0.0%), Indifferent (1, 3.6%), Important (26, 92.9%)

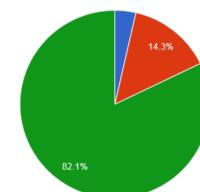


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Minimizing stress of cancer treatment (msct)

Total Count (N)	Missing*	Unique
29	9 (23.7%)	4

Counts/frequency: Not important (1, 3.4%), Indifferent (0, 0.0%), Important (23, 79.3%)



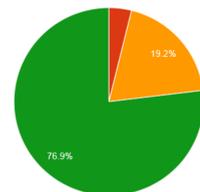
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Figure 2

Minimizing time before starting cancer treatment (bsc)

Total Count (N)	Missing*	Unique
28	10 (26.3%)	4

Counts/frequency: Not important (0, 0.0%), Indifferent (5, 17.9%), Important (20, 71.4%)

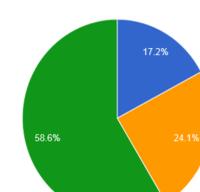


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Ability to avoid menopause (am)

Total Count (N)	Missing*	Unique
29	9 (23.7%)	3

Counts/frequency: Not important (5, 17.2%), Indifferent (7, 24.1%), Important (17, 58.6%)



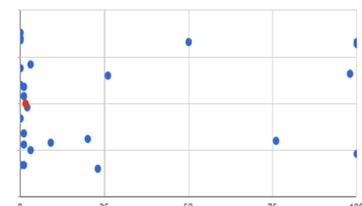
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Figure 3

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
26	12 (31.6%)	12	0.00	100.00	23.69	37.42	616.00	0.00	0.00	0.25	1.50	25.25	99.00	100.00

Lowest values: 0, 0, 0, 0
Highest values: 76, 98, 100, 100, 100

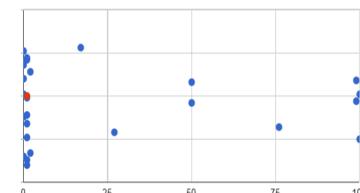


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Hypothetical situation: If your cancer had no cure, what are the chances that you would want to become pregnant and deliver a baby OVER starting cancer treatment? (cf,3)

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
26	12 (31.6%)	9	0.00	100.00	24.23	38.02	630.00	0.00	0.00	0.25	1.00	44.25	99.00	99.75

Lowest values: 0, 0, 0, 0
Highest values: 76, 99, 99, 100, 100



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Methods

- We have created a survey using the RedCap online software.
- Subjects will be identified by the attending physicians, who will determine if they are eligible based on their age (under 40 years old at diagnosis) and presence of a cancer diagnosis.
- The attending physician of the patient responsible for her cancer management will first discuss the study with the patient during an in-patient or telemedicine visit.
- If the patient accepts being part of the study, a resident physician or medical student will then administer the survey in person.
- The patient will have access to the consent form and can opt out of the study at any point.
- If the patient's first language is not English, then the UMCNO Home Call translator phone will be used.

Future

- A clear benefit of our study is an improved understanding regarding barriers to fertility discussion from a patient perspective.
- This understanding will help improve patient counseling and usage of appropriate fertility referrals to ensure patients have awareness about and access to fertility-preserving resources.
- As survivorship of cancer patients improves, it is crucial for these patients to have access to resources that improve their quality of life.
- Hence, the outcomes of this project will allow physicians to better prepare their reproductive-aged female cancer patients to retain a healthier quality of life.
- We hope to interview >200 patients.