National survey of physicians practice patterns: Fertility preservation and cancer patients

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The treatment of cancer often poses a threat to fertility for young patients of child-bearing age. Approximately 450,000 cancer survivors in the U.S. are of reproductive age, and therefore addressing the impact of cancer treatment on fertility is a high priority in providing quality care to these patients. Previous studies show that less than 50% of patients receive adequate information of fertility preservation (FP) before the initiation of cancer treatment. Some factors that affect infertility in patients receiving cancer therapy include age, sex, diagnosis, chemotherapy used, and radiation fields. FP options include sperm cryopreservation for men and embryo cryopreservation, egg freezing, or ovarian transposition for women.

In 2005, ASCO published guidelines on FP that recommended that “oncologists should address the possibility of infertility with patients treated during their reproductive years and be prepared to discuss possible fertility preservation options or refer appropriate and interested patients to reproductive specialists, as part of education and informed consent before cancer therapy.” The purpose of this study was to assess oncologist’s practice concerning discussions with their patients regarding fertility preservation.

The survey inquired about knowledge, attitude and perception, barriers, and behaviors in practice of physicians related to fertility preservation in patients of child-bearing age. Six hundred thirteen physicians completed the survey.

The findings included:

- Those who reported higher knowledge of FP options were 2.6 times as likely to discuss the impact of cancer therapy on fertility with patients.
- If the physician had a favorable attitude towards FP, he or she was 4.9 times more likely to have these discussions.
- Gynecologic and Medical Oncologists were 2.1 times more likely to discuss FP compared to other specialists. The same was true for female oncologists compared to male oncologists.
- If patients asked about FP, physicians were twice as likely to have the discussion.
- 77% of oncologists in this study reported discussing fertility preservation, but despite having the discussions with their patients, less than 25% of oncologists report referring patients for fertility preservation options.
● Only 38% report knowing about the ASCO guidelines (mentioned above) which recommend discussing fertility preservation and referring patients of childbearing age to a fertility specialist.

● Reported barriers to discussion were:
  ● patients being too ill and needing to start treatment within 24 hours, did not want to delay treatment (primary barrier identified)
  ● affordability of fertility preservation options
  ● time constraints during consultation
  ● patients not wanting to have the discussion

● This study reiterates the need for FP to be part of medical education and to be offered as continuing education for practicing physicians. Knowledge of options appears to improve discussion rates among physicians. ASCO guidelines are not well known and despite having FP discussions, most physicians do not refer to fertility specialists.

Patients must be advocates for their fertility wishes! They need to ask about fertility risks related to their treatment, request to meet with a fertility specialist and review FP options. Organizations such as Fertile Hope offer many resources for patients and physicians, including information about FP options, specialist referrals and financial assistance.

Also see Interpreting a Cancer Research Study