

# Many young cancer patients may have limited awareness of fertility preservation options

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A new study points to the need for increased awareness of fertility preservation options for young patients with cancer. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the study found that factors such as gender, education, and insurance status may impact whether patients and their physicians have discussions and take actions to preserve fertility during cancer treatment.

Cancer and the therapies used to treat it can cause some [patients](#) to become infertile. Therefore, it's important for clinicians and young cancer patients to have discussions about this issue and the available [fertility preservation](#) techniques that might be used to overcome it. Little is known about the extent to which these discussions take place, or patient and physician characteristics associated with these interactions.

To investigate, Margaret Shnorhavorian, MD, MPH, FAAP, FACS, of the University of Washington, Seattle Children's Hospital, and her colleagues asked 459 adolescents and young adults who were diagnosed with cancer in 2007 or 2008 to complete questionnaires. More than 70 percent of the patients reported being told that treatment may affect their fertility; however, male patients were more than twice as likely as female patients to report that fertility preservation options were discussed. Most striking, almost one-third of males reported making arrangements for fertility preservation, which was four to five times higher than the rate seen in females. The investigators also found that between 2007 and 2008, males and females both reported an increase in discussions regarding the impact of cancer therapy on fertility and fertility preservation options.

The questionnaires also revealed that discussion and action surrounding fertility preservation may be

linked with medical factors, patient socioeconomic status, and child-rearing status. For example, individuals without insurance, those who were raising children, and, among males only, those who received treatment posing no or low fertility risk were more likely not to discuss fertility preservation with clinicians. Also, among males, those without a college degree, those who lacked private insurance, and those who were raising children were more likely to not make fertility preservation arrangements; too few females had made fertility preservation arrangements for similar analyses.

"The access and health-related reasons for not making arrangements for fertility preservation reported by participants in this study further highlight the need for decreased cost, improved insurance coverage, and partnerships between cancer healthcare providers and fertility experts to develop strategies that increase awareness of fertility preservation options and decrease delays in [cancer therapy](#) as fertility preservation for adolescent and young adult [cancer](#) patients improves," said Dr. Shnorhavorian.

**More information:** "Fertility preservation knowledge, counseling, and actions among adolescent and young adult cancer patients: A population-based study." Margaret Shnorhavorian, Linda C. Harlan, Ashley Wilder Smith, Theresa H.M. Keegan, Charles F. Lynch, Pinki K. Prasad, Rosemary D. Cress, Xiao-Cheng Wu, Ann S. Hamilton, Helen M. Parsons, Gretchen Keel, Sarah Charlesworth, Stephen M. Schwartz, and the AYA HOPE Study Collaborative Group. *Cancer*, Published Online: July 27, 2015 ([DOI: 10.1002/cncr.29328](#)).

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