

Reproductive Endocrinologist's Perspective on Fertility Preservation

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Freedom of Choice

"I have been sent from the oncology clinic to see you, since my periods have stopped for 6 months. I have received chemotherapy to treat my lymphoma a year ago and the doctor told me that you can help." This statement was said by one of my patients, that has visited the Reproductive Endocrinology (RE) clinic in 2013. In the back of my mind, I was frustrated and livid. First, because I felt helpless since I knew that this young patient had chemotherapy that had affected her gonadal function. Second, I was wondering why the patient was not sent to the RE clinic before she received chemotherapy. Unfortunately, there are no standard protocols in our hospital to oblige oncologists to refer these patients to reproductive endocrinologists. Patients who are treated for cancer, and especially those who receive chemotherapy, get referred to reproductive endocrinologist depending on the treating physician's perspective. So, it really depends on the oncologists' preference whether to refer these patients or not.

I strongly believe that all patients in the reproductive age group should be sent to a reproductive endocrinologist before the commencement of chemotherapy. There are several guidelines and committee opinions that recommend discussing fertility issues with patients prior to chemotherapy [1,2].

Young patients diagnosed with cancer are usually devastated and try to fight with all their capability to stay alive; so here lays the physician's role where he guides patients to the right path and right decisions. This entails a holistic treatment approach considering the patient's psyche, health and future childbearing. This multidisciplinary approach involves oncologists, psychiatrists, reproductive endocrinologist and social workers. It has been found that cancer patients want to be informed about the available options of future reproduction [3]. Therefore, patients should be counselled about chemotherapy side effects in order for them to make an informed decision about their fertility options.

Oncologist, focus on the survival of the patients, which could lead to their forgetfulness in discussing an essential point, such as fertility [4]. In 2009, a survey was conducted among oncologists and it showed that few referrals are made by oncologists to reproductive endocrinologists since they thought that patients may be willing to sacrifice more in survival than they would [4]. Dissatisfaction in physician-patient relationships is the result of failure to discuss fertility concerns [5].

Oncologists have to overcome their personal discomfort which is usually manifested either in lack of knowledge, language/cultural barriers, perception that subject of fertility preservation adds more stress to the situation, or the general uncertainty about success of fertility preservation options [6]. Discussion of fertility preserving choices is emphasized in the ASCO guidelines [1] and other well

reputable oncology and reproductive medicine committees and societies [1,2], and therefore should be respected and included early in the management plan. In fact, a pilot study conducted among young female cancer survivors showed that early referral to a fertility specialist is important in the decision making process for fertility preservation, as it decreases the decision conflict [7]. It is therefore crucial to include referral to a reproductive endocrinologist as part of the routine plan for cancer patients whose fertility might be endangered.

Conclusion

Fertility preservation options such as sperm and embryo cryopreservation are widely available, and there are several other fertility preservation options. Each patient should have the adequate information about the available and alternative fertility options before undergoing chemotherapy. It is then and only then, that the patient decides whether to have it or not, and it is no one else's choice, including physicians. A fertility preservation plan can be personalized to each patient's circumstances.

Recommendation

On this note, I would thus call all adult, paediatric, radiation, gynaecology, and surgical oncologists to discuss fertility preservation options with oncology patients before embarking on treatment and give their patients the decision. It is therefore essential to include this step early on at the time of diagnosis, and it is also important to cooperate with reproductive endocrinologists to set-up a proper plan for each patient. It is also wise to set standard protocols to refer cancer patients and prevent inadvertent outcomes. It is important to refer a cancer patient whose fertility might be endangered to a reproductive endocrinologist as part of the routine plan. A fertility preservation plan can be personalized to each patient's circumstances.

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