

CHRD 2024: Abstract Submission Form

Presenter Name

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Presenter Status

Undergraduate Students

Role in the project

Design

Write Abstract

Data Collection

Research Category

Clinical

Title

Fertility Discussions with Adolescents and Young Adults with Cancer: A Cross-Sectional Study

Background

Adolescent and Young Adult (AYA) cancer patients face risks of infertility due to cancer and its treatments, potentially impacting long-term quality of life. We hypothesize few AYA patients have these discussions, with even fewer referrals.

Objective

This study aimed to determine the rates of documented fertility discussions and subsequent referrals to fertility clinics for AYAs with cancer at CancerCare Manitoba (CCMB).

Methods

A retrospective chart review was conducted on patients aged 15 to 39 newly diagnosed with cancer at CCMB (2021 to 2022). Data on sociodemographic characteristics, cancer type, treatment details, and fertility-related information were collected, including documented fertility discussions, referrals, and preservation procedures. The primary outcome was the occurrence of fertility discussions at diagnosis. Descriptive analyses summarized the data, while univariable and multivariable analyses assessed factors associated with documented fertility discussions at diagnosis.

Results

We reviewed 263 charts, with a mean patient age of 32 years (15-39), and 65% were female. Most patients (85.9%) had solid tumours, and 31% received systemic treatment as their first therapy. Fertility discussions were documented for 32.7% (N=86) at diagnosis and 41.8% (N=110) overall. Of these, 24.6% (N=27) were referred to a fertility clinic, and 14.6% underwent either sperm, egg or embryo cryopreservation. Univariable analysis showed systemic therapy and oncologist type were associated with fertility discussions at diagnosis, while age, sex, cancer type, residence location, and the sex of the healthcare provider were not. The multivariable model revealed that only consultation with a medical or gynecological oncologist, as opposed to a radiation or surgical oncologist, was significantly associated with fertility discussions at diagnosis.

Conclusion

The study results support our hypothesis. Fertility discussions were documented for only one-third of AYAs with cancer at diagnosis and were more likely to occur with medical or gynecological oncologists. To ensure equitable care for AYAs, we must standardize fertility preservation discussions across all oncology specialties.

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No

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