



Offering Fertility Preservation in Children Facing Gonadotoxic Therapy - A Multi-Disciplinary Approach

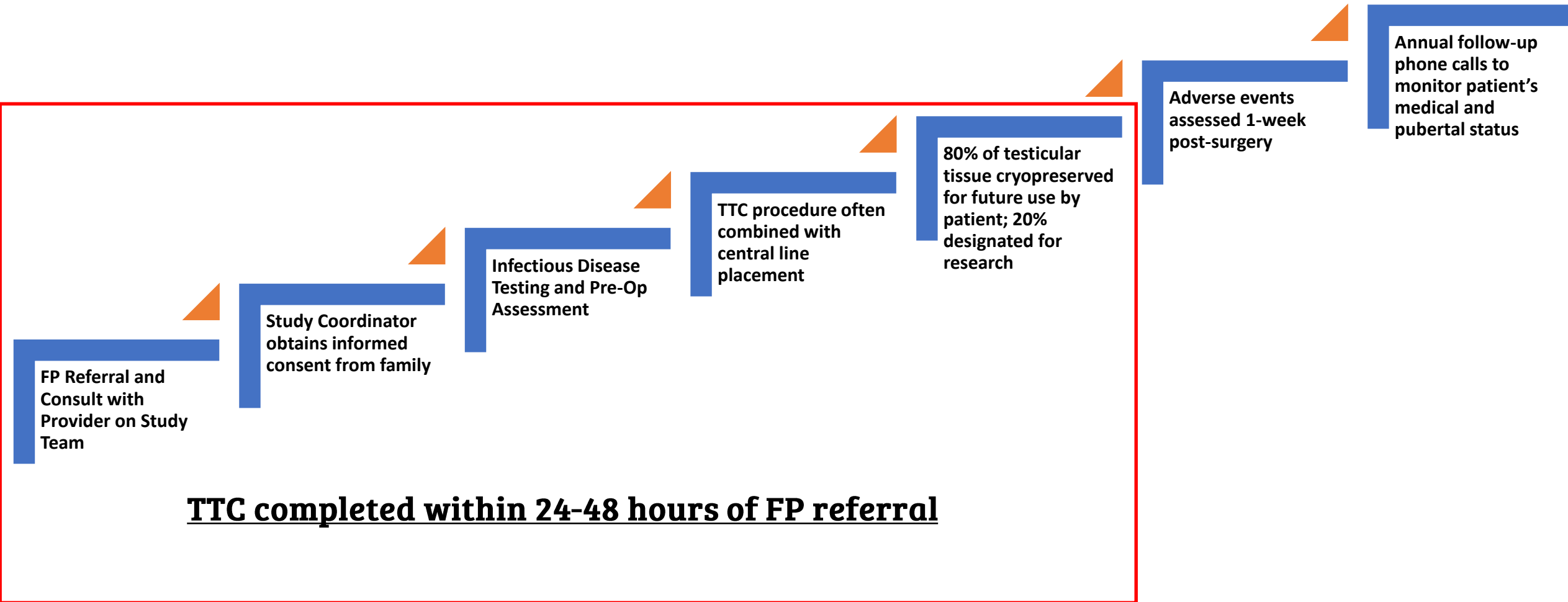
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Oncofertility – Background

- ~1 in 3 male childhood cancer survivors will suffer from fertility impairment.¹
- Several fertility preservation (FP) counselling guidelines available:
 - NCCN, ASCO, AAP, American Society for Reproductive Medicine, Endocrine Society²
- Too few programs exist due to barriers to program development:
 - Lack of institutional support and research funding for TTC
 - Difficulty obtaining IRB approval
 - Inadequate access to REI/Urology
 - Low referral rates
 - Gaps in provider knowledge and/or provider discomfort with discussing fertility
 - Cost and insurance coverage issues for patients

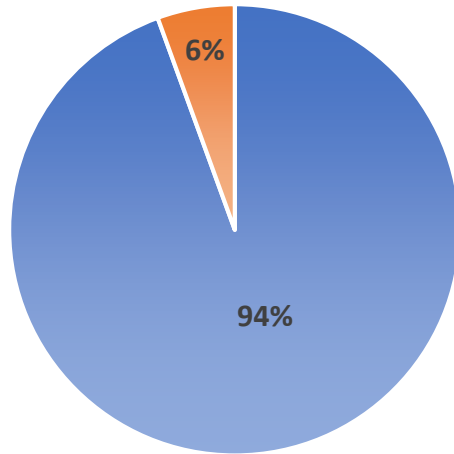
Mayo Clinic FP Program - Workflow



Patient Satisfaction Survey

Most Positive Aspect of the Decision

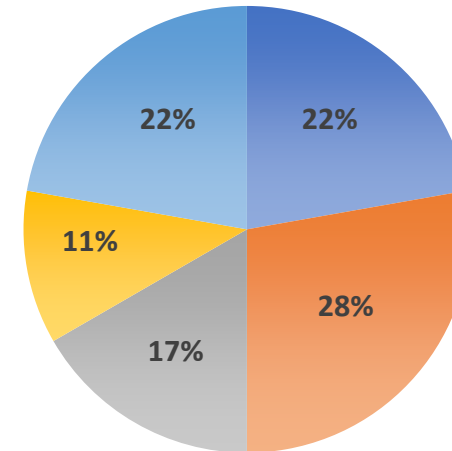
N = 18



- Grateful to have the option for the future
- Combined with other surgical procedure

Most Difficult Aspect of Decision

N = 18



- Cost
- Medical complications/risk/pain
- Difficult explaining to child
- No concerns
- Chances of future success

Conclusions

- FP must be offered routinely to eligible patients in the childhood cancer setting in order to improve the quality of long-term care that is provided.
- We are providing TTC procedures in a safe, high-quality, and affordable manner.
- In the childhood cancer setting, patient responses suggest that FP improved family perspectives on the quality of comprehensive care provided.
- Our program is uniquely poised in the Midwest to offer this procedure to children that would not otherwise have options to protect future reproductive potential.