Gaps in Oncofertility Care and Mental Health Implications for Female Cancer Survivors

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Target conference 1: Sigma Theta Tau 46th Biennial Convention
Link to guidelines: https://www.sigmanursing.org/docs/default-source/events-documents/abstracts/guidelines_for_electronic_abstract_submission.pdf?sfvrsn=94363ff2_12

Target conference 2: The Nurse Practitioner Association of New York State
Link to guidelines: https://www.thenpa.org/page/CallforPresenters

Target conference 3: 2021 AANP National Conference
Link to guidelines: https://www.aanp.org/call-for-presentations-2021-aanp-national-conference

Abstract

Certain cancer treatments such as chemotherapy, radiation, and gynecological surgeries can affect the fertility and quality of life of female cancer survivors. Female cancer survivors are often left at a significant disadvantage as only a small minority receive fertility counseling or education about preservation options prior to treatment. The purpose of this literature review is to highlight the effect that fertility counseling, or lack thereof, can have on female cancer survivors' quality of life and mental health and to review current guidelines in order to identify gaps in the implementation of fertility counseling and fertility preservation for female cancer patients. Findings show that quality of life among female cancer survivors was significantly lower amongst those who did not receive fertility counseling, especially from oncology fertility specialists. The lack of explicit oncofertility guidelines result in negative psychosocial health outcomes in survivorship. Providers are often ill-equipped to discuss fertility or make assumptions about a patient's interest which serve as additional barriers to care. A standardized clinical guideline is essential to inform care and improve quality of life of female cancer survivors.

Keywords: oncofertility, fertility counseling, fertility preservation, quality of life

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Background

- Female cancer survivors of reproductive age face a unique stress of post-treatment infertility that can negatively impact self-esteem, body image, and quality of life.
- Despite guidelines recommending early conversations about treatment-related infertility and fertility preservation shortly after cancer diagnosis, only 34-72% of female cancer survivors of reproductive age recalled discussion of treatment effects on fertility.

Objective

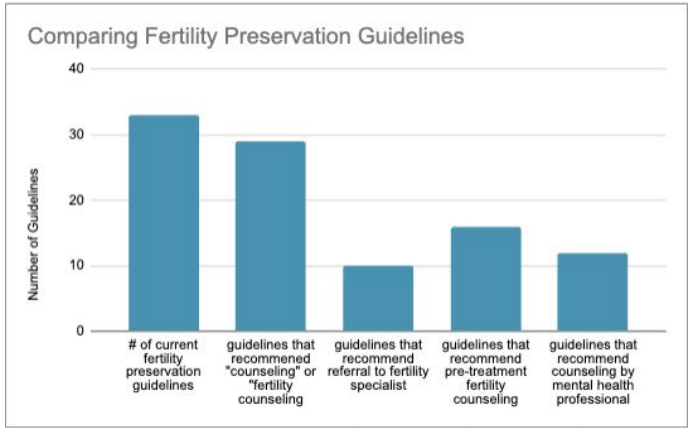
- The purpose of this literature review is to highlight the effect that fertility counseling, or lack thereof, can have on female cancer survivors' quality of life and mental health and to review current guidelines in order to identify gaps in the implementation of fertility counseling and fertility preservation for female cancer patients.

Methods

- Databases searched: PubMed, CINAHL, and Embase.
- Key words: fertility counseling, fertility preservation, cancer, quality of life, psychological outcomes
- **Inclusion criteria**:
  - Primary and secondary research articles
  - Assesses the effect of fertility counseling on psychological outcomes and/or perceived quality of life
  - Study population includes reproductive age females who have received a cancer diagnosis
  - Published within the last 10 years in peer reviewed journals
  - English language
- 8 articles met the inclusion criteria for the literature review
  - 4 primary research articles
  - 4 secondary research articles

Results

- Cancer survivors of reproductive age report negative feelings such as negative body image, feeling incomplete, insufficient or worthless, depression, anxiety, and decisional regret.
- Receiving fertility counseling prior to cancer treatment is associated with less reproductive concerns, decisional regret, distress, improved life satisfaction, and higher quality of life amongst female cancer survivors.
- Fertility counseling from an oncology team and a fertility specialist is associated with better mental health and reproductive outcomes than receiving counseling from oncologists alone.
- The American Society of Clinical Oncology released guidelines that require all oncology providers to counsel patients on fertility preservation but patient surveys indicate most providers are not discussing the possibility of infertility with their patients.
- Currently no guideline exists that outlines how to best conduct fertility counseling with cancer patients.



Implications for Nursing

- Oncology nurses and advanced practice nurses have an opportunity to collaborate with fertility specialists to ensure fertility counseling needs are met for female cancer survivors.
- Psychiatric-mental health nurse practitioners who specialize in reproductive or women's health play a unique role in providing psychological support to female cancer survivors struggling with fertility concerns prior to, during, or after treatment.
- Educational programs for nurses working with cancer survivors have led to increases in policy changes related to fertility care as well as increased involvement in fertility care, so nurses and nurse practitioners, can play an integral role in ensuring female cancer patients receive holistic care.

Conclusions

- **All women should be referred to a fertility specialist at time of cancer diagnosis or before treatment to discuss the effects of cancer treatment on their fertility, their ongoing reproductive concerns and fertility preservation options if wanted.**
- **There is a need for a universal guideline that outlines how oncologist best facilitate fertility counseling, when to begin the discussion and appropriate referrals.**
- **Female cancer patients can benefit from mental health counseling before, during, and after treatment.**

See printout for references

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