

Radiation oncologists are discussing infertility risks with young cancer patients

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More than 80 percent of radiation oncologists discuss the impact of cancer treatments on fertility with their patients of childbearing age, which can lead to improved quality of life for young cancer patients who are living much longer after their original diagnosis thanks to modern treatment options, according to a study in *Practical Radiation Oncology* (*PRO*), the official clinical practice journal of the American Society for Radiation Oncology (ASTRO).

In the past, the clinical focus for young [cancer patients](#) was strictly survival. With the success of today's [treatment options](#), these same patients are going into cancer remission and living long, cancer-free lives; this has shifted the clinical focus from strictly survival to survival plus long-term quality of life issues.

A cancer patient's risk for [infertility](#) increases after [chemotherapy](#), [radiation therapy](#) and sometimes surgery. For the large percentage of cancer patients of reproductive age, this is an important quality of life issue. There have been great advances in the field of fertility preservation, but these options must be considered before [cancer treatment](#) begins.

Recent research suggests that less than 50 percent of adult cancer patients of childbearing age receive adequate education about their options before cancer treatments and less than 35 percent of women recall discussing the risks of infertility during or after cancer treatments.

Researchers in this study sought to determine the fertility preservation discussion and referral patterns among oncology specialists (i.e., medical oncologists, radiation oncologists and surgical oncologists). Physicians were asked if they always/often, sometimes or rarely/never discussed the impact of cancer treatments on future fertility with their patients.

Radiation oncologists always/often discussed fertility 83 percent of the time and sometimes 17 percent of the time (rarely/never was at zero percent). Medical oncologists discussed fertility options 84 percent of the time and admitted to never discussing it 4 percent of the time. Surgical oncologists always discussed it 51 percent of the time and never discussed it 20 percent of the time.

Despite the wide range in how often each specialty discussed the impact of treatments on fertility, all specialties referred patients for fertility preservation at approximately the same low rate. Radiation oncologists reported always/often referring patients 40 percent of the time, medical oncologists 45 percent and surgical oncologists 46 percent.

"These findings are important particularly for radiation oncologists, who may have a unique role in communicating fertility preservation options to their patients since their patients have daily interaction with staff and weekly treatment exams with the [radiation oncology](#) physician and nurse," Gwendolyn P. Quinn, PhD, senior author of the study and an associate member and director of the Survey Methods Core Facility at Moffitt Cancer Center in Tampa, Fla., said. "There is a notable opportunity to implement provider education about fertility preservation and to improve quality of life and quality care for patients of reproductive potential."

Provided by American Society for Radiation Oncology

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