

Adolescents and Young Adults With Cancer: Oncology Nurses Report Attitudes and Barriers to Discussing Fertility Preservation

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Background: Fertility issues have been found to be an important topic for adolescents and young adults (AYAs) with cancer. Medical technology has made fertility preservation (FP) increasingly effective for postpubertal patients whose treatment course may inhibit their future ability to achieve biologic parenthood. Oncology providers' recommendations have been shown to vary, potentially affecting patients' decision-making processes regarding FP.

Objectives: This study was designed to assess oncology nurses' recommendations for patients to consider FP options and to explore what patient-related factors may influence discussion of FP with AYAs with cancer.

Methods: 116 oncology nurses participated in this study and were randomized to read one of four vignettes about a patient whose proposed treatment course could affect his or her fertility. Participants' recommendations to partake in FP were analyzed to test for differences by patient age and gender. Open-ended responses to questions about their experiences as oncology nurses were analyzed descriptively.

Findings: Nurses strongly recommended that all patients explore FP options before the start of treatment. Oncology nurses endorsed stronger opinions that young adult female patients should be given independent decision-making power to delay treatment for FP, compared to male and female adolescent patients and young adult male patients. Participants mentioned barriers to discussions that included concerns about exacerbating negative emotions and the decision-making capacity of young patients.

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Adolescents and young adults (AYAs) with cancer, as well as survivors, have noted that discussing treatment risks associated with fertility and fertility preservation (FP) options with the oncology treatment team is important (Gorman et al., 2014; Gupta, Edelstein, Albert-Green, & D'Agostino, 2013; Ruddy et al., 2014). Various professional associations have recommended that, because of the potential negative impact of chemotherapy or radiation therapy on reproductive functioning, the risks of treatment to fertility and FP options be communicated to all patients of reproductive age, regardless of diagnosis or treatment plan, prior to the onset of treatment (Hayes & Bublely, 2015; Sathyapalan & Dixit, 2012). However, what remains unclear is how these discus-

sions are initiated, whether these discussions occur with all patients, and which members of the oncology team are responsible for communicating with patients about these risks and available options.

Background

Late effects of some cancer treatments have been associated with azoospermia (the absence of sperm) and premature ovarian failure (de Luyk et al., 2012; Green et al., 2009; van Dorp et al., 2012). Young adults with Hodgkin lymphoma (de Luyk et al., 2012), survivors of childhood Hodgkin lymphoma (van Dorp et al., 2012), and women treated with high doses