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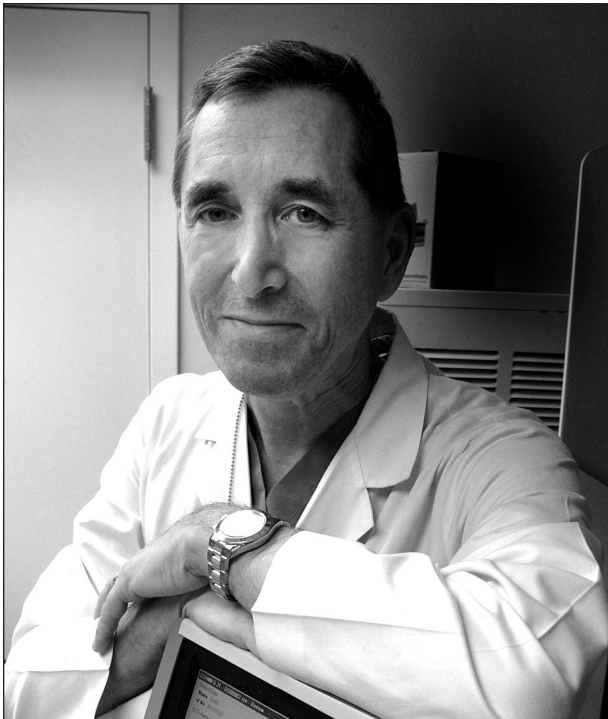
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A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the January-February 2019 Editor-in-Chief's page. This editorial column will address a significant clinical issue in one of the articles published in the current issue.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- *Role of Demographics and Diagnosis on Fertility Preservation Decision-Making Among Female Cancer Patients of Reproductive Age*
E. R. Cardozo, M. M. Longacre, A. E. Karmon, and M. E. Sabatini

The authors conducted a retrospective review of a 4-year experience at their institution with patients diagnosed with cancer and referred for consideration of fertility preservation. Their primary goal was to assess whether any demographic or cancer-related variables would predict which patients would choose fertility preservation and which would decline this option. Single—i.e., unpartnered—status was the only variable that was significantly associated with decisions on fertility preservation, and this association was related to a lower likelihood of pursuing this treatment option. The investigators concluded that all reproductive-aged women who receive a diagnosis of cancer should be offered consultation on fertility preservation.

Editorial Comment

Oncofertility is the current term for an interdisciplinary collaboration between oncologists and reproductive medicine subspecialists (usually reproductive endocrinologists) that offers pretreat-

ment consultation and possible therapy options to reproductive-aged women who have received a diagnosis of cancer. As cancer treatments have advanced significantly over the past few decades, survivorship and cure rates for many of the cancers that affect female patients have significantly increased. With parallel advances in assisted reproductive technologies, there are now options for female cancer patients to maintain the possibility of having their own biological offspring either through cryopreservation of fertilized embryos, oocytes, or ovarian tissue strips performed prior to undergoing cancer treatments that may prove deleterious or utterly destructive to germ cells.

There is a growing number of Oncofertility programs like the one described in this report, both in the United States and around the world, where such consultations are regularly performed. It should be appreciated that preservation of a patient's potential to have her own children is not a guarantee that she will success-

fully achieve this goal since in vitro fertilization is not a foolproof process. It is also important to note the type and stage of cancer for which the patient is to be treated, its likely prognosis, and the potential short-term and long-term effects of the agents used in its treatment. From the authors' experience, while it may not be possible to predict patient decisions regarding fertility preservation, it is important for oncologists to at least enter into a discussion with their reproductive-aged female patients about their future desires for childbearing before initiating their therapies. Readers wishing to explore this relatively new field of medical endeavor are encouraged to seek out *Oncofertility*,¹ a comprehensive textbook co-authored by Clarisa Gracia, M.D., and Teresa K. Woodruff, Ph.D., one of the well-recognized pioneers in this discipline.

Reference

1. Gracia C, Woodruff TK: *Oncofertility Medical Practice: Clinical Issues and Implementation*. New York, Springer, 2012