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Comment on 'Fertility preservation in cancer survivors: a national survey of oncologists' current knowledge, practice and attitudes' – Oncologists must not allow personal attitudes to influence discussions on fertility preservation for cancer survivors

N Young*[,1,2], A Leibowitz[2] and R Bowden[2]

[1]National Cancer Survivorship Initiative, Macmillan Cancer Support, 89 Albert Embankment, London SE1 7UQ, UK and [2]Macmillan Cancer Support, 89 Albert Embankment, London SE1 7UQ, UK

Sir,

We applaud Adams *et al* (2013) for raising the important issue of fertility preservation for cancer survivors, but we must question whether the finding that 97% of oncologists discuss fertility issues with their patients truly reflects clinical reality. In our exploratory work on holistic needs assessments (HNAs) we have seen that a significant proportion of patients have unanswered questions and unmet needs relating to sexuality and fertility. We are encouraged to hear that Macmillan Cancer Support is the primary source of written patient information on this issue, but disappointed that only 38% of oncologists usually or always provided this type of information.

As the authors highlight, patients may not be best placed to consider issues of fertility preservation during the emotionally charged aftermath of receiving a cancer diagnosis. Also, we know from experience that if the health-care professional does not raise the issue of sexuality, many patients who have questions feel too uncomfortable to ask them unprompted. Giving patients accurate and up-to-date written information enables them to review their options in their own time and can reduce the barrier presented by embarrassment. Macmillan has high-quality written information for both men and women available from our website that we would urge all oncologists to consider as a key resource for patients and their families.

We also have examples of HNAs that cancer care specialists can use for care planning. A major advantage of using an assessment tool such as an HNA is its objectivity. While clinicians must of course use their clinical judgment when assessing patients, they should not allow subjective attitudes about a patient's personal circumstances to decide whether the patient would want to discuss options for fertility preservation. For example, it is simply unacceptable that almost a third of oncologists may allow a patient's current relationship status to influence their decision to initiate such a discussion.

Some of the issues related to fertility do not arise until 6 months or more after diagnosis, so assessment should be repeated at the end of primary treatment as well as at or close to diagnosis.

We would also like to see oncologists give more attention to the issue of early menopause, which can have particularly distressing physical and emotional consequences for women in their 20s and 30s.

Maddams *et al* (2012) estimate that there will be more than 200 000 people under the age of 45 years living with cancer by 2030. Societal attitudes and trends relating to family structure are changing, and personal characteristics such as relationship status or sexual orientation should not prevent patients accessing the full range of appropriate care and support.

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*Correspondence: N Young; E-mail nyoung@macmillan.org.uk
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