

NATIONAL CANCER INSTITUTE
THE LITHUANIAN ACADEMY OF SCIENCES
VILNIUS UNIVERSITY

ACTA MEDICA LITUANICA

2022

Vol. 29, No 2 / Supplement

Published since 1994

Assessment of Fertility Care in Childhood Cancer Patients

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Background. A five-year survival rate of childhood cancer exceeds 80%. However, most survivors develop late effects including infertility. It is recommended to discuss fertility issues before the start of treatment. However, most survivors perceive the information on fertility as insufficient. The aim of this study was to assess the experience of the fertility care (FC) in childhood cancer patients (CCP) within the framework of the EU-Horizon 2020 TREL project.

Material and Methods. All parents of CCP and patients aged 12-17.9 years were invited to complete validated oncofertility-care-questionnaires. A triage system was developed to stratify patients according to their infertility risk. Demographic and treatment data was retrieved from medical records and assessed using descriptive statistics, a risk of gonadal damage was evaluated using the triage.

Results. Forty-four of 86 distributed questionnaires (51.2%) were completed. A majority (26, 59.1%) of respondents was exposed to low, 18 (40.9%) – to high risk of gonadal damage. Most (15, 83.3%) high infertility risk respondents were not counseled by a fertility specialist (FS). Four boys were counseled. More than half (27, 61.4%) of respondents did not know their infertility risk. Only 4 (10.5%) respondents informed on fertility by a pediatric oncologist received supportive material (vs 75% counseled by a FS), 11 (28.9%) had to ask information on fertility themselves (vs 0%), 19 (50%) still had questions about fertility (vs 0%). All respondents counseled by a FS thought they know enough about fertility (vs 14, 37.8%), and all knew fertility preservation options (vs 13, 35.1%).

Conclusions. A majority of high infertility risk respondents was not counseled by a FS. Respondents counseled by a FS perceived the quality of FC better than those informed by a pediatric oncologist only. FC should be improved, thus the patients should be triaged on their risk of gonadal damage at the moment of diagnosis.

Keywords. Childhood cancer; fertility counseling; late effects; questionnaire; reproductive health