The American Cancer Society (2017) estimated that about 1.7 million people would be newly diagnosed with cancer in 2017. In 2015, an estimated 70,000 of those diagnosed with cancer were adolescents and young adults aged 15–39 years, still of childbearing age (National Cancer Institute, 2015). Individuals in their childbearing years have reported that fertility is of high concern and, at times, trivialized by clinicians (Peate, Meiser, Hickey, & Friedlander, 2009). Many cancer treatments reduce fertility, and some eliminate its possibility. A diagnosis of cancer is unexpected and life-changing. Healthcare providers fully understand the implications of treating the malignancy as soon as possible, but many overlook the options related to survivorship when treatments are effective (Ethics Committee of the American Society for Reproductive Medicine, 2005; King et al., 2008; Peate et al., 2009). Knowing that time to treatment is a factor in survival, therapy, including surgical resection, chemotherapy, systemic therapies, and radiation, is often started as soon as possible. The delivery of information about fertility may also be confounded by the type of cancer, insurance provider, and socioeconomic resources available to the patient and clinic (Loren et al., 2013).