

# Fertility Preservation

## Improving access through nurse-advocated financial assistance

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**BACKGROUND:** Young adult patients and survivors may face impaired fertility or infertility as a result of their cancer treatment, and many will need costly assisted reproductive technology to build their families. Fertility nurse specialists (FNSs) can play a role in alleviating the distress associated with the co-occurrence of financial toxicity and impaired fertility/infertility.

**OBJECTIVES:** This article describes a nurse-led oncofertility program that offers counseling to patients of any age, with any diagnosis, and at any stage of treatment.

**METHODS:** An overview of the literature and a description of a clinical practice, including relevant case studies, are presented.

**FINDINGS:** FNSs can seek to lessen the financial burden associated with family building before and after cancer treatment by developing a network of reproductive specialists who will provide discounted services and by sharing information on available resources that might reduce the costs.

### KEYWORDS

fertility preservation; young adult; family building; survivorship; nurse specialist

### DIGITAL OBJECT IDENTIFIER

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**YOUNG ADULT PATIENTS WITH CANCER AND SURVIVORS**, or those aged 18–40 years, experience financial toxicity at higher rates than their older counterparts (Fidler, Frobisher, Hawkins, & Nathan, 2019; Guy et al., 2014; Keegan et al., 2012). Cancer diagnosis and treatment during young adulthood may delay or preclude developmental transitions and milestones, which can impede educational and career advancement and, therefore, potentially limit long-term earnings and financial outlook (Fardell et al., 2018; Guy et al., 2014; Parsons et al., 2012). This financial toxicity has been shown to have a negative impact on young survivors' quality of life and psychosocial well-being (Thom & Benedict, 2019; Zafar, 2016).

Cancer treatment may also impair fertility or leave patients infertile, which also is a source of distress for patients (Benedict, Thom, et al., 2018; Gorman, Su, Roberts, Dominick, & Malcarne, 2015). Patients face substantial costs to preserve fertility before treatment or to start a family after treatment. These costs may be associated with assisted reproductive technology (e.g., in vitro fertilization [IVF], gamete intrafallopian transfer, intracytoplasmic sperm injection); adoption; or surrogacy (Benedict, McLeggon, et al., 2018). In the United States, costs range from \$40,000 to \$60,000 per live birth using IVF (Devine et al., 2015), from \$15,000 to \$50,000 for adoption (Child Welfare Information Gateway, 2016), and from \$100,000 to \$150,000 for surrogacy (RESOLVE: The National Infertility Association, n.d.), although this varies by state and circumstance.

Patients have reported a clear, consistent need for counseling related to fertility, and financial costs and implications should be a component of such discussions (Deshpande, Braun, & Meyer, 2015). Studies suggest that oncology nurses recognize the importance of fertility-related discussions but report a lack of general oncofertility knowledge and the tools to initiate fertility-related discussions (Keim-Malpass et al., 2018; Nobel Murray, Chrisler, & Robbins, 2016; Wright, Norton, & Geary, 2018). Specialized training programs, including the ENRICH program (Educating Nurses about Reproductive Issues in Cancer Healthcare), have been created to provide nurses with relevant education and to train nurses to facilitate these discussions through the building of communication skills (Vadaparampil et al., 2016). Such training, as well as the development of a fertility nurse specialist (FNS) role, can help alleviate the distress experienced at the intersection of