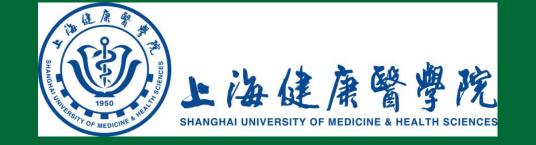
Oncofertility Awareness and Attitudes Among





Health Care Providers and Breast Cancer Patients in a Chinese Academic Setting¹ (§

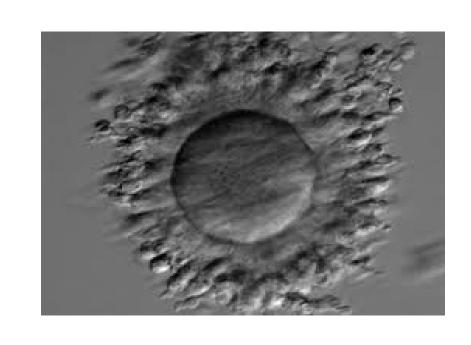
Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

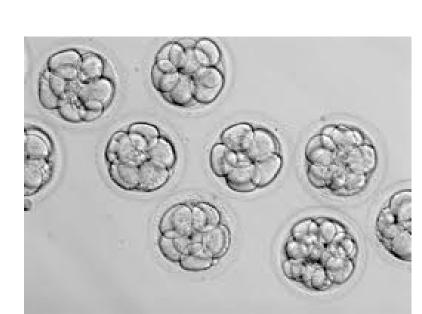
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BACKGROUND

- •Cancer incidence and mortality continue to increase worldwide, fortunately mortality has decreased due to advancements in treatment regimens.²
- •.There are a large number of cancer types in Adolescents and Young Adults (AYA), which have led to a rise in AYA cancer survivors many of which are infertile due to the same treatment regimens.²
- Fortunately, many options to preserve fertility are now available including oocyte and embryo banking (oncofertility).³





- Specific to China, cancer poses challenging issues due to:
 - Large population
 - Increase incidence of all cancer types,
 - Severe regional disparities in cancer epidemiology.
 - Oncofertility is an underutilized service for AYA cancer survivors in the Chinese healthcare setting.⁴

OBJECTIVE

• To identify gaps in knowledge, communication, and oncofertility referrals among medical and surgical oncologists and breast cancer patients (BCPs) in Shanghai academic settings.

MATERIALS AND METHODS

- IRB approval by the Ethics Committee of Zhongshan Hospital, Fudan University (2019-B099) and conducted in compliance with privacy-act guidelines.
- An online questionnaire regarding oncofertility assessing 3 main themes: 1. Knowledge 2. Attitudes 3. Utilization was distributed via Wechat-based program to medical and surgical oncologists and BCPs in 5 academic hospitals in Shanghai from June to August 2019.

Statistics

- Chi-square, Fisher-exact test and Spearman's rank correlation used to assess differences between HCPs and BCPs and logistic regression models used to predict the influence of demographic characteristics on experiences and attitudes.
- Significance was set at 0.05.

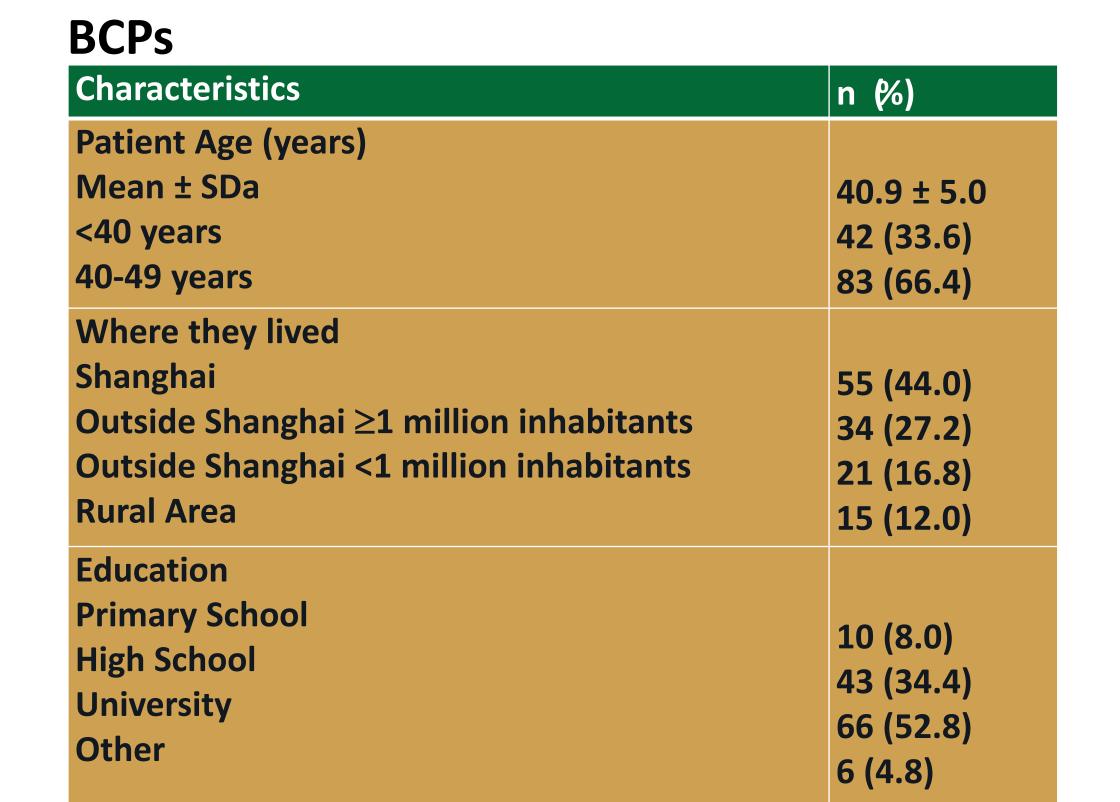
RESULTS

■ In total, 101 HCPs (Medical Oncologists-n=33, and Surgical Oncologists-n=28) and 153 BCP responded to survey

DEMOGRAPHICS

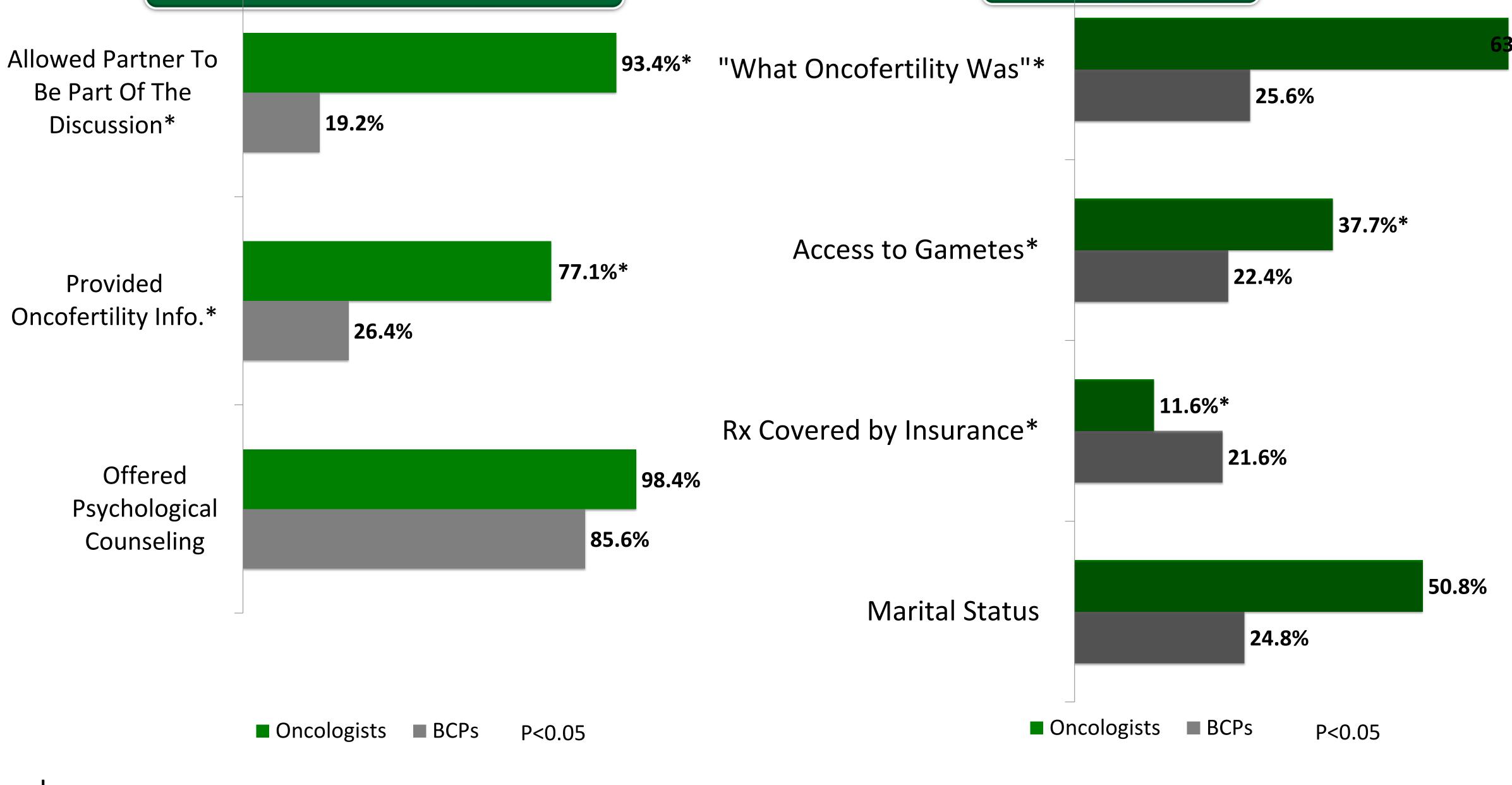
HCPs

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Characteristics	All Oncologists (61)	Medical Oncologists (28)	Surgical Oncologists (33)	p value
Physician Age (years) Mean ± SDa	35.7 ± 6.0	33.7 ± 6.3	37.4 ± 5.2	0.014
Experience of physician <5 years 5-10 years 11-20 years >20 years	15 (24.6) 20 (32.8) 22 (36.1) 4 (6.6)	13 (46.4) 8 (28.6) 6 (21.4) 1 (3.6)	2 (6.1) 12 (36.4) 16 (48.5) 3 (9.1)	0.002
Physician Sex Male Female	37 (60.7) 24 (39.3)	14 (50.0) 14 (50.0)	23 (69.7) 10 (30.3)	0.117



ATTITUDES AND SERVICES





COMPARISON OF MEDICAL VS SURGICAL ONCOLOGISTS

 No Significant Difference Was Noted With Respect To Knowledge Of Oncofertility, Marital Status Requirements, Access to Gametes, And Ability For Treatment To Be Covered By Insurance.

FACTORS ASSOCIATED WITH "KNOWING WHAT ONCOFERTILITY WAS" AMONG ONCOLOGISTS

	Univariate logistic regression		Multiple logistic regressiona		
	OR (95% CI)	p value	AOR (95% CI)	p value	
Age (years)	0.99 (0.90, 1.08)	0.755			
Sex: Male vs Female	0.42 (0.13, 1.30)	0.130	0.48 (0.15, 1.53)	0.213	
Specialty: Medical vs	2.65 (0.88, 7.97)	0.083	2.37 (0.77, 7.29)	0.133	
Surgical					

FACTORS ASSOCIATED WITH "DISCUSSING ONCOFERTILITY" WITH REPRODUCTIVE-AGED PATIENTS AMONG ONCOLOGISTS

	Univariate logistic regression		Multiple logistic regression	
	OR (95% CI)	p value	AOR (95% CI)	p value
Age (years)	0.98 (0.89, 1.09)	0.744		
Gender: Male vs Female	1.76 (0.53, 5.89)	0.355		
Specialty: Medical vs Surgical	1.72 (0.50, 5.92)	0.387		
"Knowing what oncofertility was": Yes vs No	7.08 (1.87, 26.9)	0.004	6.44 (1.59, 26.1)	0.009
Knowledge of oncofertility (for each 1-point increase)	1.81 (0.91, 3.61)	0.091	1.75 (0.84, 3.68)	0.138
Attitude towards oncofertility: Positive vs Negative	3.80 (0.95, 15.2)	0.060	2.19 (0.47, 10.1)	0.317

UTILIZATION

• Despite oncofertility knowledge and reported discussions, 64% HCPs reported referring < 10 BCp and 0% referred > 25 BCp in the past year.

Conclusion

- Most of surveyed Chinese medical and surgical oncologists have positive attitudes toward oncofertility.
- •However, a lack of fertility preservation knowledge for both healthcare providers and patients exists, which may hinder patient referrals.
- •Findings emphasize need for standarization of oncofertility education and training as well as need for a rapid and effective navigation mechanism between oncologists, cancer patients, and reproductive health specialists to optimize care.

References

- 1. Manuscript has been submitted for publication in the *J Frontiers in Oncology,* 2021
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- 3. Levine J et al.. *J Clin Oncol* 2010; 28(32):4831-41.
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