PSYCHO-SOCIAL ISSUES SURROUNDING YOUNG CANCER ADULTS

ISAR FERTILITY PRESERVATION SPECIAL INTEREST GROUP

What are the psychological issues of fertility preservation in cancer patients?

Young individuals affected by cancer are confronted with a life crisis in two respects: the cancer diagnosis itself and the threat of impaired fertility. Cancer is a life-threatening disease and can evoke fear of death and furthermore; infertility might compromise self-esteem, identity, sexuality and self-image. The inability to procreate can be experienced as a narcissistic wound resulting in feelings of emptiness and defeat, and being deprived of parenting tasks can evoke feelings of loss.

- ***Cancer survivors might have higher infertility distress, with adolescents being more distressed than adults, and women more often distressed than men.***
- ***Those with inheritable cancers more frequently are distressed than those with non-inheritable cancers.***
- ***Lower quality of life might be associated with less concern with regard to infertility.***
- ***Cancer survivors might see the relationship with children more positively and be more likely to prefer adoption or third party donation.***
- ***Overall, they may lack accurate risk knowledge.***
- ***The feelings about possible infertility seemed to be variable over time and to depend on the current life period.***
- ***Most childhood cancer survivors expressed a desire to have children in the future, although they were uncertain about their fertility, and judged family and parenting as very important.***

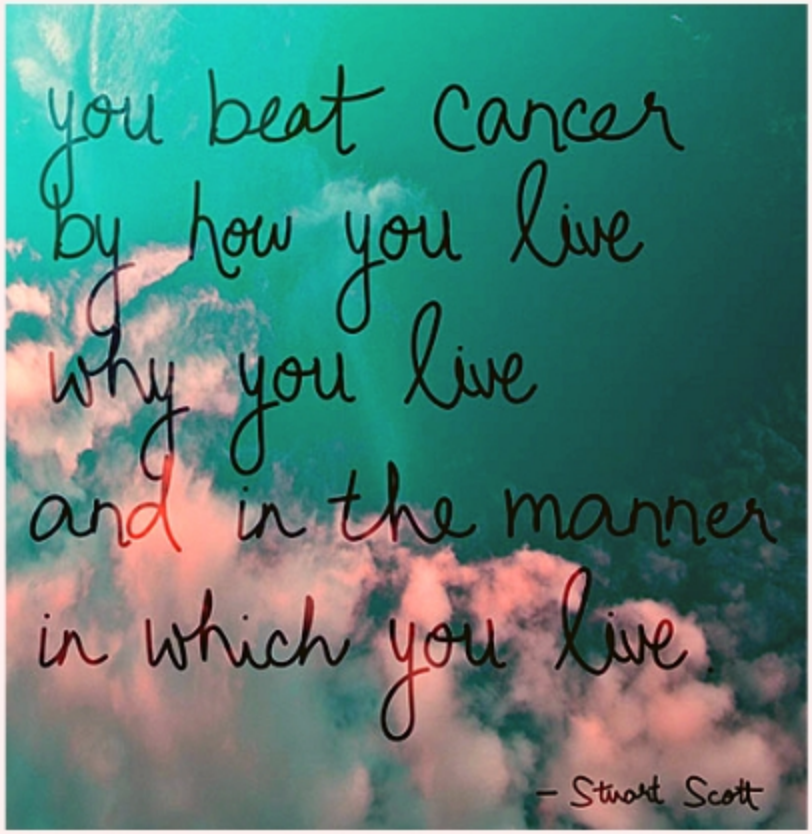
What are the psychosocial distresses a cancer patient undergoes?

In the early stages of coping, patients would be overwhelmed with the diagnoses of cancer.

They are likely to be worried about mortality due to cancer, future recurrences, possible genetic transmission to their offspring, concerns about body image, sexuality, current and future relationships, as well as other illness-related adjustment difficulties such as depression and/or anxiety. The long-term psychosocial consequences such as distress, fear, and anxiety, which could affect various aspects of their life including worries about a new relation/dating, internal conflict about disclosing about their illness and its related consequences, relating/comparing with their peers, devastation following confirmation of infertility, and difficulty coping with uncertain reproductive capacity after the treatment of cancer. Anxiety symptoms can be associated with the time-sensitive decision about participating in the fertility preservation (FP). FP can add to the financial constraints as it is not covered by insurance policies. Worries about possible risk of miscarriage, possible relationship changes after embryo cryopreservation, posthumous reproduction, and regret for not opting FP have been noted in about 30%–50% of the cancer survivors. These reproductive concerns assume more importance when the young survivors progress through their development stages to consider long-term relationship and family building.

What are the Attitudes towards fertility preservation?

Cancer is life threatening, and may evoke fear of death; furthermore, it has implications of individual suffering, pain, dependence, loss and a challenge to self-confidence and self-esteem. To the contrary, fertility is associated with new life, hope, joy, pride, strength, optimism, sense in life and growth. Therefore, fertility preservation represents, in many respects, the opposite of cancer. At first glance, fertility preservation is a promising option. There are deficits in knowledge with regard to advanced fertility preservation techniques, limited interdisciplinary interchange, e.g. with infertility specialists. Similarly, oncologists of adult patients also revealed a lack of knowledge on fertility preservation resources as a major barrier to discussion. Lack of information was the most common reason for failing to preserve fertility. More than 80% were interested in pursuing research-based fertility preservation techniques. All parties involved, were shown to have knowledge and information deficit. Parental support is important and required regarding this issue. Furthermore, depending on the course of cancer therapy, undergoing a fertility preservation strategy may not always be in the best interest of a patient. Besides this, a promising technique may not be available for all patients who could profit from it. Therefore, many patients will ultimately have to adjust to the fact that they will not be able to produce a biological child, and will need support and assistance to grieve this loss.



What are the future directions?

It is necessary to improve the skills of health-care providers about FP through awareness programs. Information about FP should be readily available in the form of brochures for the patients to understand.Most of the existent guidelines in the area of FP are not culture sensitive, to address the various religious beliefs on artificial reproduction across the countries and religions.Hence, there is a need for guidelines to focus on culture-sensitive issues in onco-fertility. Special focus is needed on the psychosocial issues among cancer survivors in the context of FP, which are generally neglected during the routine clinical care. There are no structured specific psychosocial interventions to address the needs of this unique population of cancer survivors with respect to fertility preservation.

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