

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/impact-of-infertility-elective-fertility-among-female-oncologists/15461/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Impact of Infertility & Elective Fertility Among Female Oncologists

Announcer Introduction

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Emily MacDuffie, who's a resident physician in the Department of Radiation Oncology at Perelman School of Medicine at the University of Pennsylvania. Dr. MacDuffie will be discussing her presentation from the 2023 ASCO Annual Meeting on infertility and elective fertility among female oncologists.

Dr. MacDuffie:

At ASCO, this year, we were asked to present our abstract looking at fertility and infertility in oncologists. This was a very broad survey. So we encompass oncologists from every field from surgical to pediatric to Medical to Radiation Oncology to gynecological oncology. And we asked about women's experience with fertility and infertility.

There are about 80% of respondents who were in practice, about 60% were in academic medicine, and 20% were trainees, a total of 32% of respondents had experienced infertility that they also had some type of treatment for. So this was quite a high number compared to that 25% that had been reported previously. When we asked people about the costs that were associated with their infertility treatment 9% had no out of pocket costs, presumably there was covered by insurance, 40% though spent more than \$10,000 and incredibly 20%, one in five spent over \$30,000 of out of pocket costs. And these are presumably physicians who have insurance coverage. We also asked about side effects, and about 22% of women said that they had some type of side effect, physical side effect that prevented them from going to work. So these treatments were not without their physical drawbacks. And when we asked about mental health, a quarter of women said that they had mental health concerns that were associated with their diagnosis and treatment of infertility. So female oncologists really are being impacted by this infertility that they're experiencing when they tried to have families. We also asked about fertility preservation. So this often the freezing of eggs or embryos, we call cryopreservation. A very few number of physicians had done this about 5% In total, so they had done this in the past. When we asked women looking back, would this have been helpful if it had been available and affordable? About 20% said that it might have been. When we specifically looked at women who had had infertility concerns about half of them said that they would have considered doing some type of cryopreservation in the past if it had been available. And if it had been affordable.

There were three main categories of action items that came from this survey. So the first I would say is education, people felt like there wasn't enough education during medical school during residency training. So folks don't really have a sense of what is the real timeline of infertility? How can they take measures to prevent future infertility or counteract that with something like cryopreservation. So I think there needs to be an advocacy piece there at the graduate medical education level, to teach medical students to teach residents about these things so that they can make decisions that are going to be the ones that are right for them going into the future. I think the second piece of this is economic support. So there were many people who paid a lot of out of pocket costs for infertility treatment, and often elective cryopreservation is not covered. So I think we really need to advocate for insurance coverage for these issues, or some type of outside benefits that can be brought in on top of insurance. I think the last thing that is probably one of the most important things is culture change. Women are often delaying having their families starting in medical school and residency because of the demands of their training. And this is something that isn't likely to change anytime soon. But I would say that cryopreservation and infertility treatments shouldn't be the norm. Really, women should be able to be in a training environment that allows them to have families whenever they want. And that's going to take a big shift of programs to really accommodate women in their time whenever they're feeling like they need to start a family.

Announcer Close

That was Dr. Emily MacDuffie discussing infertility and elective fertility options among female oncologists. To access this and other episodes in our series, visit ReachMD dot com slash Project Oncology, where you can Be Part of the Knowledge. Thanks for listening!