Oncofertility: Standardizing Fertility Preservation Discussions and Referrals for Adolescents and Young Adults Newly Diagnosed with Breast Cancer

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BACKGROUND

- Breast Cancer is the most commonly diagnosed cancer among adolescent and young adult (AYA) patients under the age of 45.
- Increased incidence of breast cancer has led the NCCN and ASCO to publish guidelines for documented fertility preservation discussions before the initiation of chemotherapy
- Patients with documented fertility preservation discussions have better outcomes in the survivorship period.
- Evidence demonstrates that fertility is the second biggest concern for AYA patients newly diagnosed with cancer, just behind survival, when considering treatment
- Fertility preservation discussions and fertility specialist referrals are a critical, evidence-based component of care planning for these patients

LOCAL PROBLEM

- Project setting was a breast center with an NCI-designated cancer center in the Southeastern United States
- No standardized process existed for documenting fertility preservation discussions or placing referrals to reproductive specialists for AYA patients presenting for an initial breast cancer consultation and treatment planning
- The aims of this project were to 1) increase fertility preservation documentation by 50% within 6 months of implementation and 2) to increase completed fertility specialist referrals by 50% within 6 months of implementation

METHODS

- The Evidence-based Practice Improvement Model was used as the guiding framework of project design and implementation.
- Based on current workflow and in conjunction with synthesis of best available evidence, implementation of a standardized process for fertility preservation discussions and referrals using an EHR-based best practice advisory (BPA) was recommended and implemented for use with newly diagnosed AYA patients presenting for their initial consultation.

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Implementation of an EHR-based best practice alert increased oncofertility preservation discussions

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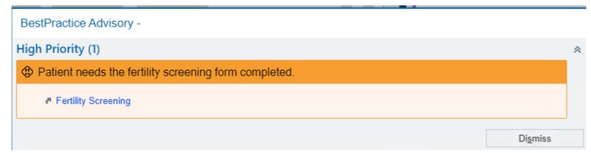
INTERVENTIONS



- The BPA populates for newly diagnosed AYA patients presenting for initial treatment consultation.
- The BPA directs providers to complete a fertility screening tool.
- Documentation for a discussion about fertility risk and preservation is prompted; if a patient is at risk and agreeable, a fertility specialist referral is placed for fertility preservation.

RESULTS

- Documented fertility discussions increased by 42%
- Completed referrals decreased.
- While project aims were not met, the increase in discussions is clinically significant

CONCLUSIONS

- Even though the aims of this project were not met, increased oncofertility discussions is a step in the right direction for meeting patients' needs and benchmarks for supportive care.
- The identified barriers during implementation included reduced physician staffing, tight timeline from consultation to treatments, and healthcare provider implicit bias in regards to financial feasibility, access, and efficacy of fertility preservation.
- To promote future progress toward goals and sustainability, increased efforts at provider education, identification of a physician champion, and fertility clinic collaborations are recommended.