

Complete Transcript of Oncofertility: Fertility Preservation and Gynecologic Considerations in Oncology Patients

[00:00:03] Welcome to SMA's Women's and Children's Health podcast, a publication of the Southern Medical Association. This podcast explores all aspects of care of the female patient across her lifespan. It will also explore the special and unique care of children and adolescents.

[00:00:24] Welcome to the Southern Medical Association's Women's and Children's Health podcast. I'm Lee Boughton. Today we are pleased to have Dr. Julie Rios on the line. Dr. Rios is an associate professor at the University of Cincinnati College of Medicine. She has experience in all areas of infertility and gynecologic surgery and her clinical and research interests focus on polycystic ovarian syndrome, implantation, and oncofertility. She is also a faculty member of SMA's 2019 Focus on Women's Health Conference in Kiawah, South Carolina. Welcome Dr. Rios.

[00:01:00] Thank you so much for having me today. I'm here to talk about oncofertility and what that means for our patients.

[00:01:08] Thank you for joining us today. Today we're going to discuss your talk that you'll be giving at this year's meeting which is called "Oncofertility: Fertility Preservation and Gynecologic Considerations in Oncology Patients".

[00:01:] So, I guess my first question is what is oncofertility?

[00:01:29] I think that's a great question. So oncofertility came out of the theory that life after cancer, or genotoxic treatments - which mean treatments that are toxic to the ovaries and your uterus, need to be considered in patients getting these therapies. And so the idea is if we can see these patients before they start treatments and at least talk to them about their risk of infertility and risk of issues with their ovaries that there also might be ways that we can preserve fertility before they start chemo and/or even potentially after they complete their treatment if there's not time to do it beforehand.

[00:02:08] What is the role of the primary OB/GYN in oncofertility?

[00:02:14] I think a lot of times the primary OB/GYN has the role of potentially diagnosing some of the cancers that are seen. In particular, we see a lot of gynecology malignancies, as well as breast malignancies, within the OB/GYN community - and a lot of times it's the OB that's making that referral on to the GYN oncologist or the breast surgeon for further evaluation. I think at that point it's worth a discussion of you may have treatments that are going to affect your fertility. Would you like to see a reproductive specialist to talk about options for fertility preservation, or at least understand those risks?

[00:2:54] So in 2019 what options do women have for fertility preservation?

[00:3:01] There are two main options. One talks about, or is, egg freezing or oocyte cryopreservation. And if the patient is married or with a long-term partner or wants to use some kind of donor sperm - they could also do embryo freezing. This process takes about two weeks. So that's why having primary providers who are making the diagnosis of cancer getting them to the reproductive endocrinologist fast allows us to have that two-week time frame to freeze eggs and or embryos depending on the patient's situation. The other option is something that's experimental. It's called ovarian tissue cryopreservation.

This doesn't need as much time. It involves a laparoscopy surgery where a full or partial ovary is removed. That tissue is then cut into small tissue strips and frozen. And currently the research on this allows that tissue to be re-transplanted back into the body and to allow for fertility. So, this is a considered experimental in the fact that there can't prove what the live birth rate, or what the fertility preservation rate, is with this procedure - however, in patients that won't have the time to do egg freezing - this is another option. And there's not a ton of centers that do this across the country, so in patients that maybe this is an interest there are facilities that do take patients just to come and get this procedure done and that is the case here at the University of Cincinnati and in Cincinnati Children's Hospital.

[00:04:41] How does gynecologic care change after cancer treatments?

[00:04:46] So that's an excellent question. And so a lot of patients, or a good portion of them, may have ovarian dysfunction after chemotherapy - especially if their treatments were high risk to the ovary. And so things like hyperestrogen, hypoestrogen anemia where they're not making enough estrogen so they need that for bone protection - as well as heart protection and overall health. So, hormone replacement therapy in women that are diagnosed with primary ovarian insufficiency after their treatment is something important to consider when we're seeing these patients. Plus, there's a lot of sexual dysfunction that can occur in cancer survivors and so asking about that and understanding what are the reasons why patients aren't having a healthy sexual life including - are they having pain with intercourse because of low estrogen and vaginal dryness? Are they having low libido where they just don't have any desire to have sex or they can't orgasm? Those are all issues that can occur in survivors. Also in patients that receive bone marrow transplant, there can also be a current of graft versus host skin disease that can commonly first manifest in the vulva vaginal area. So being aware of what those changes look like and understanding screening those patients - if they would come into your office for graft versus host disease.

[00:06:15] So why is this an important topic to cover at Focus on Women's Health?

[00:06:21] I think because we want to just get the word out there that oncofertility is an important area for patients getting genotoxic treatments. We talk a lot about cancer patients, but there are medical diseases like lupus and other autoimmune disorders that get chemotherapy, and patients biggest survivorship complaint is that their providers never offered or talk to them about fertility preservation. And you know they patients have a lot on their plate when they get diagnosed with cancer and other diseases where they're going to potentially get these genotoxic treatments and so this just provides more global awareness of what's out there - what could be offered to patients and making sure they're hearing it. I think if they hear it from multiple providers during this cancer or medical disease journey then they are understanding what their risk is they're understating what options they have. And so they're not as overwhelmed when they come and see the reproductive endocrinologist or they're not upset after they complete treatment and they said no one ever mentioned this to me. So that's why this is important and as providers for women's health we need to take care of them in all stages of life and care and medical problems and things like that.

[00:07:37] Thank you for joining us again today. Dr. Rios. I'm looking forward to learning more about this topic at this year's meeting. Again, that meeting is in Kiawah, South Carolina in July. I'm looking forward to meeting you.

[00:07:51] Thank you so much. I'm excited for the conference and to learn from some of the other speakers as well share my expertise in some of these different areas.

[00:08:08] If you're interested in learning more - please visit our Website – sma.org/whpodcast. The meeting is held at Kiawah Golf Resort, in beautiful Kiawah, South Carolina on July 15th through 18th.