

Healthy policy, cost, and lack of access to specialized care are main barriers to fertility preservation prior to iatrogenic infertility

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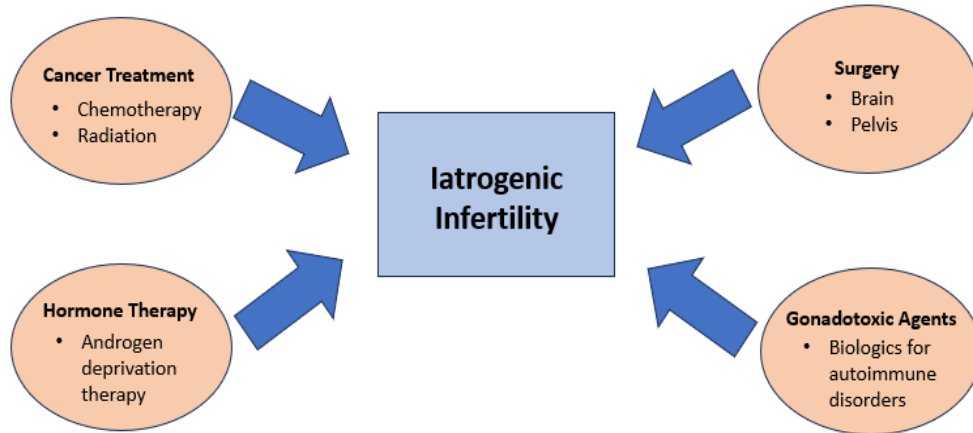
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BACKGROUND

Iatrogenic infertility can result from medically necessary treatments that reduce fertility potential.

Treatments that may necessitate fertility preservation



Fertility preservation (FP) involves freezing embryos, oocytes, ovarian tissue, sperm, or testicular tissue for future procreation.

- It may be the only option for couples who hope to use their autologous gametes for future reproduction

Although there has been a growing awareness to refer patients at risk for iatrogenic infertility to reproductive specialists, there exist **several barriers** for men and women seeking FP

OBJECTIVE

To determine barriers to access to care for fertility preservation in the context of iatrogenic infertility.

METHODS

A PubMed index search utilizing the key terms “iatrogenic infertility,” “fertility preservation,” and “health policy” was conducted to find journal articles of interest.

Articles of interest were read in full and collated by three individuals to categorize key findings.

RESULTS

Lack of access to specialized care

- Clustered in urban centers¹
- Delayed referral to reproductive specialists²
 - Inadequate counseling, especially for non-oncologic causes of iatrogenic infertility
 - Cancer patients feel that they must choose between timely treatment and FP

Can be improved with cross-specialty collaboration and education, telehealth and other innovations, increasing and diversifying the reproductive medicine workforce, optimizing referral pathways through institution-level changes

Cost

- Includes copays, laboratory testing, initial processing fees, and storage fees
 - ♂: average annual storage fee of \$500³
 - ♀: average \$10,000-15,000 per cycle with annual storage fee of \$500-1,000⁴
- 84% of men list “financial reason” for foregoing FP⁵; Top reason for most women as well⁴

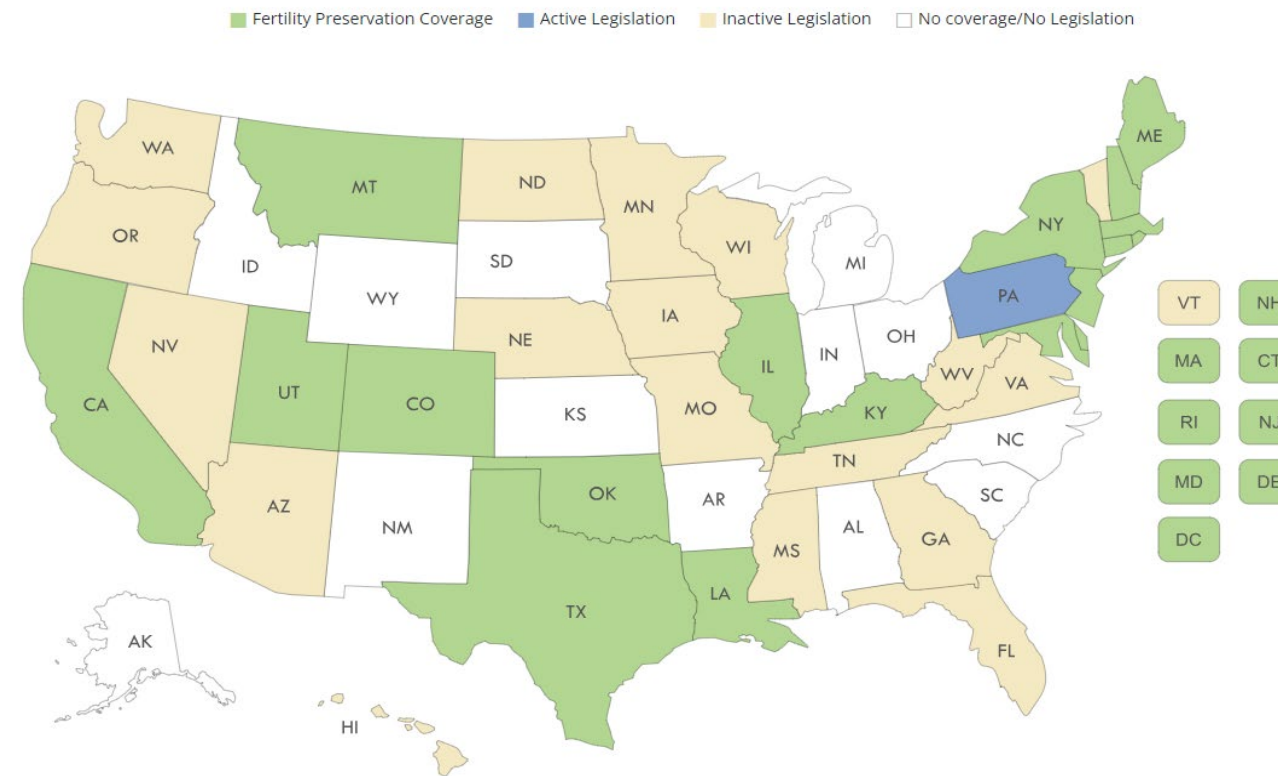
Needs improved affordability through better insurance coverage

Health Policy

- No active federal legislation mandating coverage
- States vary in policy support for FP:
 - Which services covered (i.e. initial evaluation)
 - Which tissues can be cryopreserved
 - Which at-risk medical conditions are covered
 - Duration of coverage
- State-mandated coverage for FP does not apply to public plans, such as Medicaid

Advocacy and education of local representatives to enact legislation can be impactful in increasing scope of coverage, optimizing services covered, and longer periods of tissue storage.

STATE LAWS AND LEGISLATION



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CONCLUSION/TAKEAWAYS

Unaddressed fertility concerns prior to fertility-reducing medical treatments have been shown to be very **distressing** to patients and **detrimental to their quality of life**.^{6,7}

Urologists can make an impact through work both in and outside of the clinic.

Future opportunities for progress include health advocacy work at a local, state, and national level, improved access to specialized care, and reduced costs with advancements in technology.

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