Fertility preservation and quality of life among adolescent and young adult cancer patients from across Europe

Urška Košir^{1,2}, Mariana Coutinho¹, Ana Amariutei¹, Eva De Clercq¹ & Katie Rizvie¹ on behalf of YCE ¹Youth Cancer Europe, Clui, Romania | ²University of Oxford, Department of Experimental Psychology

Why fertility, why this study?

Compromised fertility in young people is one of the most life-altering late effect of cancer, affecting domains from sexuality and body image to self-esteem and quality of life (Logan and Anazodo 2019). While there exist evidence-based international guidelines for fertility preservation (FP) (Lambertini et al. 2020), there is no standardized way of implementing these guidelines within and between countries across Europe. We aimed to better understand young people's awareness to FP and its relationship to QOL and mental health.



Sample overview

Complete N: 637 (332 or 52.1% female)

Age at diagnosis: 24.8 (SD=5.54) years

Currently in treatment: 403

(63.3%)

Geographic representation:

47 countries, all 27 EU

WHO?

Method

Anyone from wider European region diagnosed with cancer between 15 – 39 years of age

HOW?

- Expert panel consultations
- Cross-sectional online survey following CHEERIES guidelines

ANALYSIS:

- Descriptive summaries
- Multilevel linear models
- Pre-registered at: https://osf.io.t9h82/

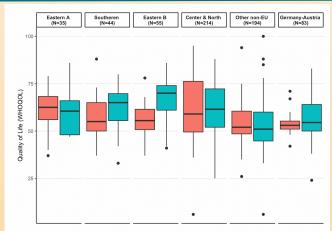


FIG. 1: Quality of life by country cluster and fertility discussion A multilevel linear model, adjusted for age at diagnosis, sex, current treatment status. Eastern European countries B were the only country cluster where fertility discussions showed significant association with the level of psychological distress (t = -2.129, p = 0.0337).

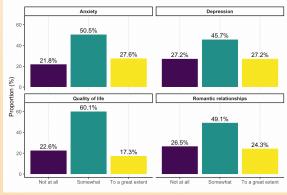
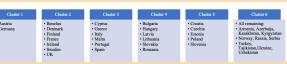


FIG. 2: Impact of fertility-related concerns on anxiety, depression, quality of life, and romantic relationships



Country clusters based on Ferreira et al., 2018

Patient impact & Conclusions



Significant cancer-related fertility inequalities exist among AYA cancer patients and survivors between countries and healthcare systems within Europe. Accessible FP programs should become an integral part of cancer rehabilitation for AYAs and should actively include them in the development of any novel guidelines. AYAs' mental health and quality of life may be compromised by fertilityrelated distress and should be monitored throughout the cancer continuum.













