Fertility concerns among young women with breast cancer do not appear to vary by race

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BACKGROUND
The majority (51-80%) of young breast cancer patients have fertility concerns and that physicians lack awareness of fertility issues and options for addressing them. Few studies have examined how fertility concerns and access vary based on patient race.

METHODS
Women ≤ 40 years with non-metastatic breast cancer who underwent surgery at the University of Chicago 4/1/2020 – 10/1/2020 were retrospectively identified and mailed a survey assessing their pre-treatment fertility concerns, whether those concerns were addressed, and whether they received fertility counseling or preservation. Survey responses and patient and tumor characteristics were compared between White women and Black/African-American women with Wilcoxon signed-rank test and Fisher’s Exact test.

RESULTS
- Of the15 patients who reported fertility concerns at the time of diagnosis:
  • Eight (53%) said their concerns were addressed by their surgeon
  • Seven (47%) met with a fertility specialist
  • Five (33%) underwent fertility preservation; three of these women were white and two were black
  • Nine (60%) said their fertility concerns were overall sufficiently addressed
  • Of the seven women with fertility concerns who met with a fertility specialist, only one patient reported partial satisfaction due to “financial reasons.” All others felt their concerns were adequately addressed.
  • Four patients with fertility concerns reported that their fertility concerns were not at all addressed; none of these patients reported fertility counseling from the surgeon or a fertility specialist

CONCLUSIONS
The majority of young women had fertility concerns at the time of their breast cancer diagnosis. Approximately half those with fertility concerns met with a fertility specialist and reported satisfaction with fertility issues. We did not observe outright racial differences in fertility concerns or access to fertility counseling. More data may be needed to detect subtler differences that may explain the equivalent rate of access to fertility counseling despite more black patients wanting future children.

REFERENCES

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