

Chapter 36

Warning: Google Can Be Hazardous to Your Health: Fertility Preservation Is an Important Part of Cancer Care

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As a resident, I had the opportunity to take care of a young woman with an ovarian germ cell tumor. She initially presented to an outside facility with an ovarian cyst believed to be benign. Following a cystectomy at this facility where the frozen pathologic specimen was determined benign, the final pathology unexpectedly returned as malignant. She then presented to the University of Chicago oncology service for a second opinion. She underwent conservative surgery with unilateral salpingo-oophorectomy and lymph node sampling, and the contralateral ovary and uterus were grossly normal and preserved. This fertility-preserving surgery is standard of care for women with germ cell tumors confined to one ovary that have not completed childbearing. She was to return to the inpatient chemotherapy service for her BEP (bleomycin, etoposide, and cisplatin) regimen following recovery from the surgery.

During the inpatient post-operative period, I discussed with her the topic of fertility preservation. As a senior resident with plans to pursue a fellowship in reproductive endocrinology and infertility, I was excited to have these discussions with patients. Fertility preservation was routinely discussed in the germ cell tumor population in regards to surgical options. Upon our discussion, I quickly learned two things about my patient. Although I thought the idea of fertility preservation would be novel to her, she had not only thought about it but also generated a plan. She demonstrated an incredible maturity for a 20-year-old girl. She promptly told me without even so much as a pause, “I have thought about it and plan to adopt.” Presumably, my patient had assumed that the removal of her ovary and subsequent chemotherapy would render her infertile. Yet, following conservative surgery and chemotherapy for germ cell tumors, at least 80% of patients will have conserved reproductive function depending on their stage of disease [1–3].

My patient, although savvy, had received the wrong information. She needed to be reassured about her fertility prognosis given her current cancer therapy. I was reminded of the need to have discussions with patients regarding future fertility and ask the necessary questions, even if the patients seem knowledgeable. The false security the medical profession feels when patients do not inquire is dangerous in that it leaves our patients relying on alternative sources for their information. Fertility preservation discussions can occur at all levels of our health care system from nurses to medical students to residents to fellows as well as attending physicians. As a current reproductive

endocrine fellow, I hope to pass on this lesson to those clinicians currently on the front lines of cancer care.

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