Navigating Seamless Access to a Fertility Preservation Program Near You

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Outline

• Programs near you/ Access!
  – Resources

• How can we ensure seamless coordination of care if executed for our patients/families IF we do NOT have fertility preservation options available internally

• Clinical questions to ask prior to sending a referral

• Case Study
Do you have a Fertility Preservation Program?

What is your program’s goal?

**CFCPP Goal:**
Complete fertility consultation on >90% of all patients seen in within our cancer and blood diseased institute, regardless of risk/

**Accepted Exclusions from Consultation**

* Surgery only
  * Observation only
  * Palliative/Phase I treatment
  * Second opinion/Consult only
  * Previous fertility consult completed without change in infertility risk
  * Family declines fertility consultation
Fertility Preservation – Low hanging fruit

- Fertility preservation services
- Existing partnerships
CFCPP has been on both ends of the referral spectrum:

2009: Sperm cryopreservation, Oocyte freezing, ovarian transposition, Lupron

2012: OTC Protocol

2014: Offered TTC to High Risk males
- traveled to Pitt Dr. Orwig

2015: First OTC only outside referral

2017: TTC protocol offered at CCHMC

2019: No TESE (local Reproductive Urologist)
http://www.oncofertility.northwestern.edu/find-a-clinic-or-center

Please update!!!
The CFCPP Team

- Primary Team
  - Care Manager
  - BMT

- L/L
- S/T
- N/O

- Expansion

- Navigator

- Oncology
- Gynecology
- REI
- Urology
- BMT

- Ethics
- Social Work

- Research Coordinators
  - Surgery
  - Pathology

- Cincinnati Children’s
Integrating Program
Cancer and Blood Diseases Institute (CBDI)

CBDI

- Liquids Team
  - Leukemia/Lymphoma
- Solids Team
  - Solid tumors
- Neuro Onc Team
  - CNS tumors
- Bone Marrow Transplant
  - Marrow Failures/ Immune Deficiency

Each team is unique in their own way

- Inpatient
- Outpatient
- Referral Process
- Work up
New patient presents
Primary team consults

Oncofertility Oncologist on call discusses plan and timeline with primary team
Estimates risk of gonadotoxicity

Gynecology/Urology sees patient
Consult documented in Epic and CFCPP database
How can we maintain this process with Outside referrals?

A call for more help!

A call for more responsibilities!

- Support team within CFCPP: Key members associated with patient’s underlying Dx.

- Additional Support for specific cases: Anesthesia, general surgery, scheduling
How can we maintain this process with Outside referrals?

**Support Team at CCHMC**
- Karen Burns, MD – Oncology
- Christine Phillips MD- Oncology
- Kas Myers, MD - BMT
- Julie Rios- REI GYN
- Andrew Strine, MD
- Dr. Lesley Breech- GYN

**NONE MD:**
- Scheduling: Cheryl and Susan
- Billing: Gretchen
- Research CRC: Brycen Ferrara and Tara Schafer-Kalkhoff
- Program coordinator: Sarah
  - Lodging, accommodations

**Outside the CFCPP team**
Anesthesia: Dr. Mecoli
General Surgery: Betsy Gerrein NP
The outside referral

Increased overall awareness to Oncofertility
- Media
- Institutions
- friends/peers
- Marketing

Electronic Interventions:
• Email: fertilityconsult@cchmc.org
• Desk phone/ message line
• Pager “On Call”
• EPIC in- basket
• EPIC order set
• Website
The Comprehensive Fertility Care & Preservation Program

At Cincinnati Children's, we believe that fertility is an issue for every patient, and it requires consideration even during childhood. The goal of the Comprehensive Fertility Care & Preservation Program is to protect patients whose medical condition or treatment regime may compromise fertility in the future. By educating patients and their families about the risks of their diagnosis and treatments, we can develop a plan that is available and right for them. We help the patient and family make informed decisions and provide support for the path ahead.

We have learned with the University of Cincinnati Center for Reproductive Medicine to provide all available fertility preservation options to our patients. These options are tailored to the patient's needs and include sperm donation, egg donation, and other fertility preservation techniques.

We also work closely with the patient's primary medical provider to ensure the best quality of care in every proposed treatment plan.

Talk to the Patient Navigator

Hello, I am Olivia Frias, your patient navigator for fertility preservation at Cincinnati Children's Hospital Medical Center.

Who Can See the Patient Navigator for Fertility Preservation?

The patient navigator is a resource within the Comprehensive Fertility Care & Preservation Program for patients whose medical condition or treatment may place them at risk for future fertility concerns.

I meet with patients with a variety of diagnoses and treatment plans, including:

- Cancer
- Bone marrow transplant
- Chemotherapy
- Conditions in which a loss or impairment of ovarian function and/or infertility is expected
The Consult

What is my infertility risk?

It is important for you to know that every patient has a different infertility risk.

This visual shows you an estimate of your infertility risk based on your condition and treatment.

High

Moderate

Low

[≥ 80%]

[20 - 80%]

[≤ 20%]
• Hello, My name is Olivia Frias and I am the Patient Navigator of the fertility team.

• I have the honor of meeting each and every patient/family regardless of one’s age or sex to discuss how past or future therapies can effect either the ovaries or testicles.
Consult Continue

• Introduce the fertility team and explain the multidisciplinary approach

  – The fertility team is made up of many key members which include

    • Oncologist
    • Bone Marrow Transplant Doctor
    • Urologist
    (just to name a few!)
• The team has reviewed your chemotherapy plan as well as radiation. Our Oncofertility lead oncologist provided us with a risk assessment.

• The assessment helps us to understand the risk of premature ovarian insufficiency/primary testicular insufficiency.

• We always like to review the basic two roles of the ovary/testicles to remind us all why they are important to our future/present reproductive health.
• The ovary has two jobs:
  – One hormone
  – Two fertility

• The testicles have two jobs
  – One Hormone
  – Two fertility
Main contact(s)

• Communication is key!

• Who are you looking for?
  – Attending
  – Care Managers
  – APN
  – Medical Assistant
  – Care Coordinator
  – Referral coordinator
Prep

- Records and Release Forms

- **Outside referral check list**
  - Name
  - Date of Birth
  - Diagnosis
  - Treatment
  - History
  - BMT date
  - BMT Donor
  - Line Access
  - Most recent H&P and CBC
  - Previous fertility notes if seen by OSH team

**Create a chart in your EMR**
Case Example:

Outside referral check list
DD
DOB: 04/24/1990
MRN: 11816907
Surgery Date:
Time: Unknown TBD
Dx: AML
Treatment:
- Cytarabine and idarubicin (low risk)
- Future: BMT Cy/ TBI: (High risk) – Donor is unrelated from another country
Hx: (she was a super healthy young woman who unfortunately was dx w. cancer)
- AML- acute myeloid leukemia dx: NOV 2018 with extramedullary disease
  • She was MRD neg by flow n B<A on 12/12/18
- Mass of left eye – when she first presented with AML
- Anxiety
- Secondary amenorrhea
- Transaminitis – with dx
- Pancytopenia (resolved currently)
GYN hx: G0
- fertility labs in chart, attempted egg harvest two weeks after chemo, unsuccessful
- Copper IUD however was placed on Lupron, received 1 dose in November
- no abnl paps, no STDs
- LMP: 10/28/2018
- First period: 13
Access: SL Port, however we are not going to use this when she comes here unless necessary. IV in the OR should be fine for access.
Anesthesia Consult: Today 2/15/2019 via telephone
- EKG- sent to anesthesia
- Echo - sent to anesthesia
CBC and Renal: will be drawn Monday, however last two CBC look great, placed in chart
Count recommended

Hard STOP:

ANC > 750

BMT patients: 5-7 days of healing post OTC

**products: transfuse at OSH prior or we can transfuse pre operatively
**Types of lines:**
Percutaneous
Tunneled
Mediport
Apheresis/Dialysis

**Questions to ask:**
Why do you need the line?
What is the patient’s access currently?
What type of central line is needed and how many lumens?
What is the mediport, leave access or de-accessed once placed?
Will the line be temporary or long term?
Is the line emergent, urgent, or elective?
Is a PICC, midline, or PIV an option?
Any previous lines? And how many and where?
Previous problems with placing lines? Clots? Stenosis?
History of bleeding disorders? (If so, will likely need coags along with stand lab work
If consult is for removal, will another line be needed?

**Labs for Line placement:**
Platelets > 60,000
Hct > 30% if under 10kg otherwise >25%
ANC 750
Outside Hospital Ovarian Tissue Cryopreservation (OTC)/Line Placement Referral Process for Domestic Patients

**Process map**

1. **Obtains initial consult request and primary contact person from outside hospital**
2. **Obtains medical info needed to initiate OTC process (Care Everywhere)**
3. **Works with outside hospital primary contact to obtain:**
   - previous treatment
   - future treatment
4. **Requests fertility risk assessment from CFCPP team**

   - **Obtains answers to General Surgery questions from outside hospital:**
     1. Why do you need the line?
     2. What is the patient’s access currently?
     3. What type of central line is needed (percutaneous, tunneled, mediport, apheresis/dialysis) and how many lumens?
     4. What is the mediport, leave access or de-accessed once placed?
     5. Will the line be temporary or long-term?
     6. Is the line emergent, urgent, or elective?
     7. Is a PICC, midline, or PIV an option?
     8. Any previous lines? And how many and where?
     9. Previous problems with placin lines? Clots? Stenosis?
     10. History of bleeding disorders? (If so, will likely need coags along with stand lab work).
     11. If consult is for removal, will another line be needed?

**Pre-procedure**

- **Who is Gen Surg main contact?**
- **Contacts General Surgery with upcoming patient info.**
- **Emails OR Scheduler for CVC placement and OTC**

**If counts are low, transfusion at home or at CCHMC?**

- 48 hours prior to arrival?
- OK for surgery per lab results*?
  - Yes
  - No

**Periop**

- **CVC placement and OTC**
- **Admission or discharge?**
  - D/C
  - Admit

**Post procedure**

- **PACU line teaching**
  - Service?
    - Admit
    - Line teaching
  - Discharge
Prep Continue:

- E-mail sent to key players within the CFCPP team at Cincinnati Children’s.
  - Patient case SAFE to accept
  - Admission plan with underlying diagnosis team (Leukemia).
    - CBC Day before at OSH
    - Hydration?
DD is a 29 year old female with AML. She received DAC therapy at an OSH placing her at low risk of infertility. However the patient will soon undergo a Bone Marrow Transplant, prep regime consists of Cytoxan and TBI, increasing her risk to HIGH meaning >80 %.
ZZ is a prepubertal male with high risk neuroblastoma who will receive therapy per ANBL1531. This regimen includes 5 cycles of chemotherapy, MIBG therapy and surgery, followed by two high dose chemotherapy cycles and stem cell rescue. Following this, she will receive radiation, then antibody. His upfront chemotherapy cycles include 8 g/m2 of cyclophosphamide. Her HSCT includes cycle one of thiotepa 900 mg/m2 (CED 45g/m2) and cyclophosphamide 6 g/m2. The second block includes melphalan 180 mg/m2 (CED: 7.2g/m2). His cumulative cyclophosphamide equivalent dosing will be 66 g/m2. He is at HIGH risk for permanent azoospermia.
Lucas is a 4 yo male with rhabdomyosarcoma of the soft palate. His current chemotherapy regimen is ARST 0531. This regimen includes 14 cycles of VAC which is 16.8 g/m² of cyclophosphamide. If regimen is switched to VAC/VI, there is less cyclophosphamide, however, the minimum number of doses received is projected at 7, which is 8.2 g/m², still HIGH risk for permanent azoospernia
Continued communication with patient/family and primary Contact(S)

Status of patient’s health must be communicated weekly (at most) between primary team and referring team.

**Barriers:**
- Fever and Neutropenia
- Donor fell through
- Bone Marrow Aspirate – disease present
Arrival to CCHMC

Mid afternoon arrival to clinic
- Fertility consult continued
- Assessment +/- CBC +/- Renal
- Surgical Consent Completed
- Research Consent Completed
  - Families are provided copies of all research consents and storage paper work.

Admit v. no Admit (local hotel)
Procedure Day

- Same day surgery or/and Inpatient
- OR
- PACU
  - Floor
  - Back to local hotel

EMAIL sent to home team that day!
Follow up post therapy

- Phone Call with patient/families

- All records sent to home team
  - operative notes
  - labs
  - Clinic note

- ReproTech paper work

- Ovary shipped to ReproTech within 2-3 weeks of removal

- Billing
Take Away:

- Lets help each other!

- Programs take time, look for a near by team to help

- Preparing and understanding what outside fertility programs need/recommend to work up a patient, expedites the process
Questions?