tradeoffs in their structure [18]. Such tools are often utilized among patients, but retain value for the population of healthcare providers as well. Decision trees can help individuals to think through and discuss treatment choices from various perspectives, and can be used to help providers communicate in a systematic and logical way [19]. The American Society of Clinical Oncology recently developed a decision flow diagram that provides guidance to oncologists on initial discussions about the possibility of treatment-related infertility [5]. The flow diagram, which outlines three steps in the decision-making process as faced by both male and female cancer patients, is accompanied by a table that describes key points that should be included when discussing fertility preservation options with patients.

An interdisciplinary team of researchers at Northwestern University expanded upon this existing ASCO flow diagram to create a decision tree for providers to use when counseling cancer patients on their fertility preservation options. The team of oncologists, surgeons, and social workers constructed the tool as a practical guide for the diverse audience of healthcare providers who are in the position to counsel cancer patients regarding fertility preservation. Two schematics were created, one for women, and one for men, to capture the unique aspects and options for these distinct groups. These two tools lay out the diverse, and often overwhelming, options currently available for men and women in a single space, with special attention paid to each “decision point” in which the patient can change the course of their trajectory. The decision tree for female cancer patients is shown in Fig. 1 and the decision tree for male patients is shown in Fig. 2. These trees expand upon other excellent decision-making resources that provide roadmaps for navigating patients with cancer [20, 21].

Fig. 2 Male fertility preservation decision tree. The patient may attempt natural pregnancy after appropriate treatment or disease specific waiting period, and subsequent to the completion of his cancer therapy and in consultation with his treating physician, approximately 2 years [1, 22, 23]. If attempting natural pregnancy, preimplantation diagnosis may also be recommended depending on cancer type and treatment regimen [21].