detailed knowledge about fertility preservation options. There were several cases in which respondents described very proactive oncologists who either took the lead in the conversation or were very open to discussing the matter further. But there were as many instances in which patients described that their physicians were not interested in the topic; in these cases, the oncologists made it clear that their main goal was battling the patient’s cancer first and foremost, or they offered information that was inaccurate/vague, or they simply responded that they did not know what would happen to fertility or where the patient could go for help.

**Oncologists’ Networks with Fertility Specialists**

One factor that influenced whether or not a fertility impairment discussion progressed to a discussion of fertility preservation treatment options was the presence of a network connecting oncologists with fertility specialists. This relationship was a primary way in which patients were able to learn about their fertility preservation options. In some cases, respondents felt their oncologists passed them off to a fertility specialist, while others reported a close collaboration between their physician and fertility specialists. These experiences stand in stark contrast to those who specifically asked their oncologists directly for a referral, but were told that their oncologist did not know any fertility specialists; unfortunately, this was a common occurrence among our respondents. For example, JoAnne (Trajectory 2), a 37-year-old married mother of one, was shocked when her oncologist informed her that chemotherapy could impact her fertility. She then recalled a discussion about the odds of her resuming menstruation after chemotherapy and a very cursory mention from her doctor that women sometimes freeze eggs. So while she was informed of the threat...