

# Knowledge, practice and attitudes of physicians in low- and middle-income countries (LMIC) on fertility and pregnancy-related issues in young breast cancer patients

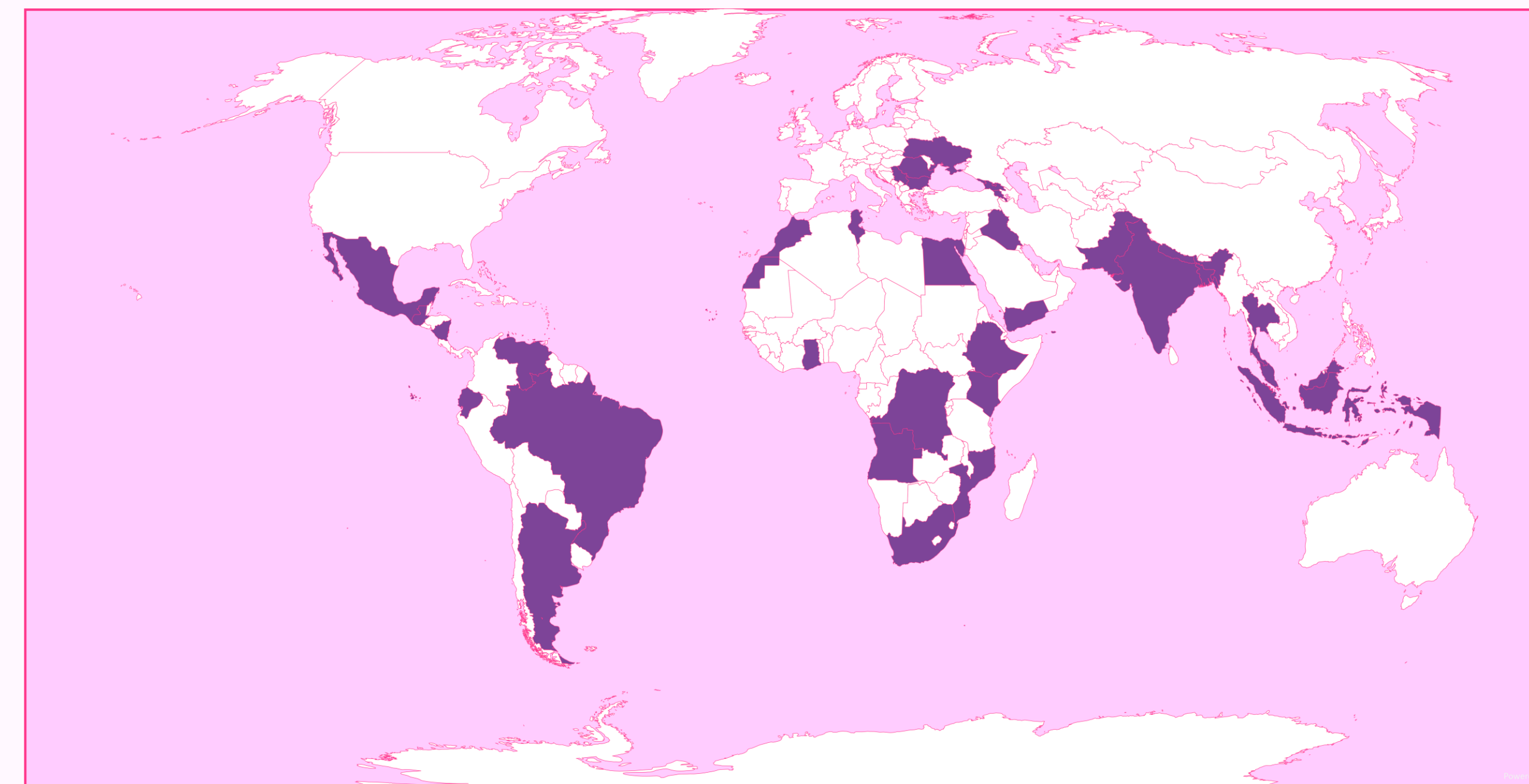
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## Background

Fertility and pregnancy-related issues are a priority area of health for young patients (pts) with breast cancer (BC). Limited evidence exists on knowledge, practice and attitudes of physicians practicing in low- and middle-income countries (LMIC) towards these issues.

40.2% and 53.8% reported never having consulted the available international guidelines on fertility preservation and pregnancy after BC, respectively.



- 57.6% of respondents disagreed or were neutral on the statement that controlled ovarian stimulation (COS) can be considered safe in BC pts.
- 49.7% and 58.6% of respondents agreed/neutral that pregnancy in BC survivors may increase the risk of recurrence overall or only in those with hormone receptor positive (HR+) disease.
- 49.0% agreed that COS in BC survivors can be safely considered.

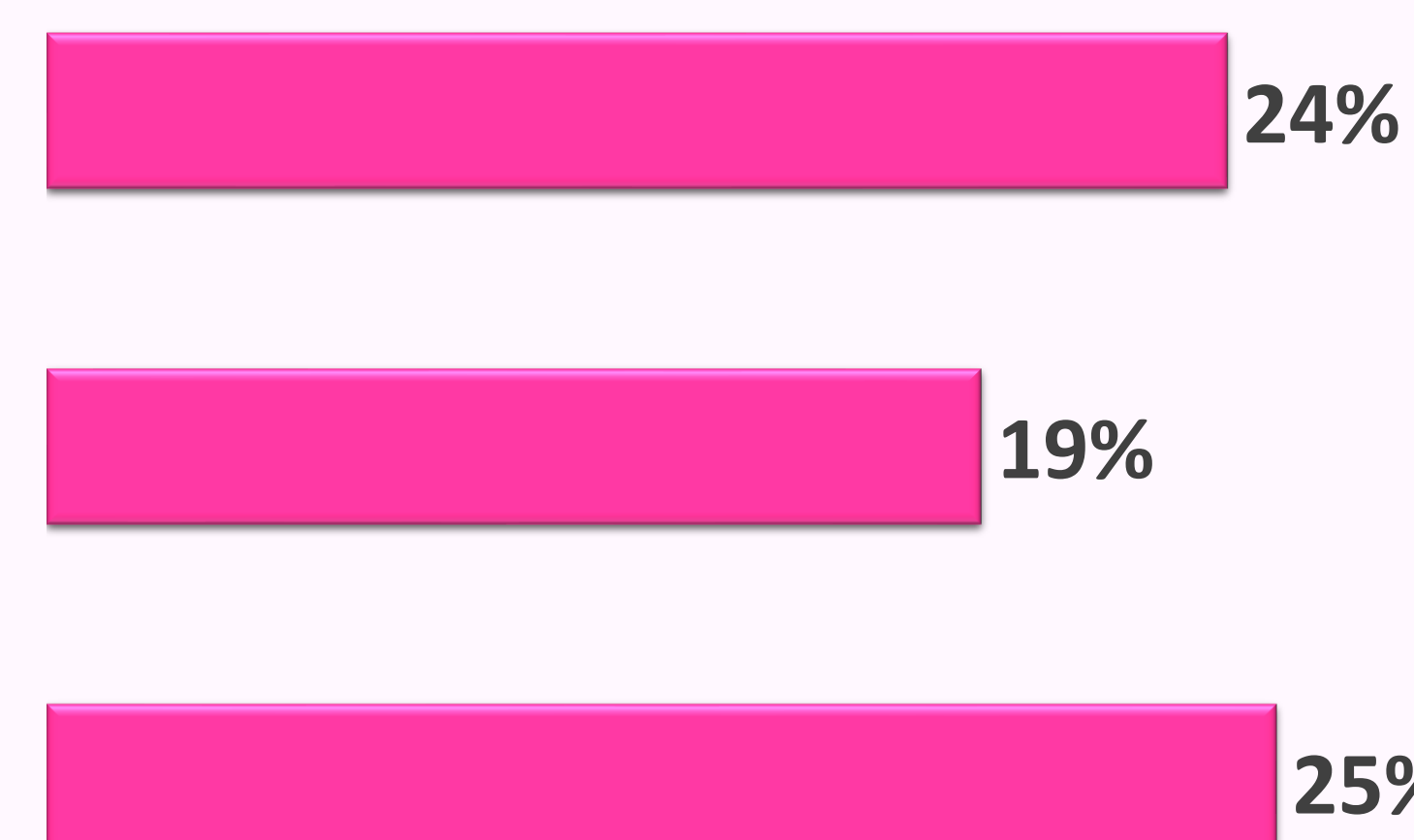
## Methods

A 19-item questionnaire exploring issues about fertility preservation and pregnancy after BC was shared by email to physicians practicing in LMIC and involved in BC care. Descriptive analyses were performed.

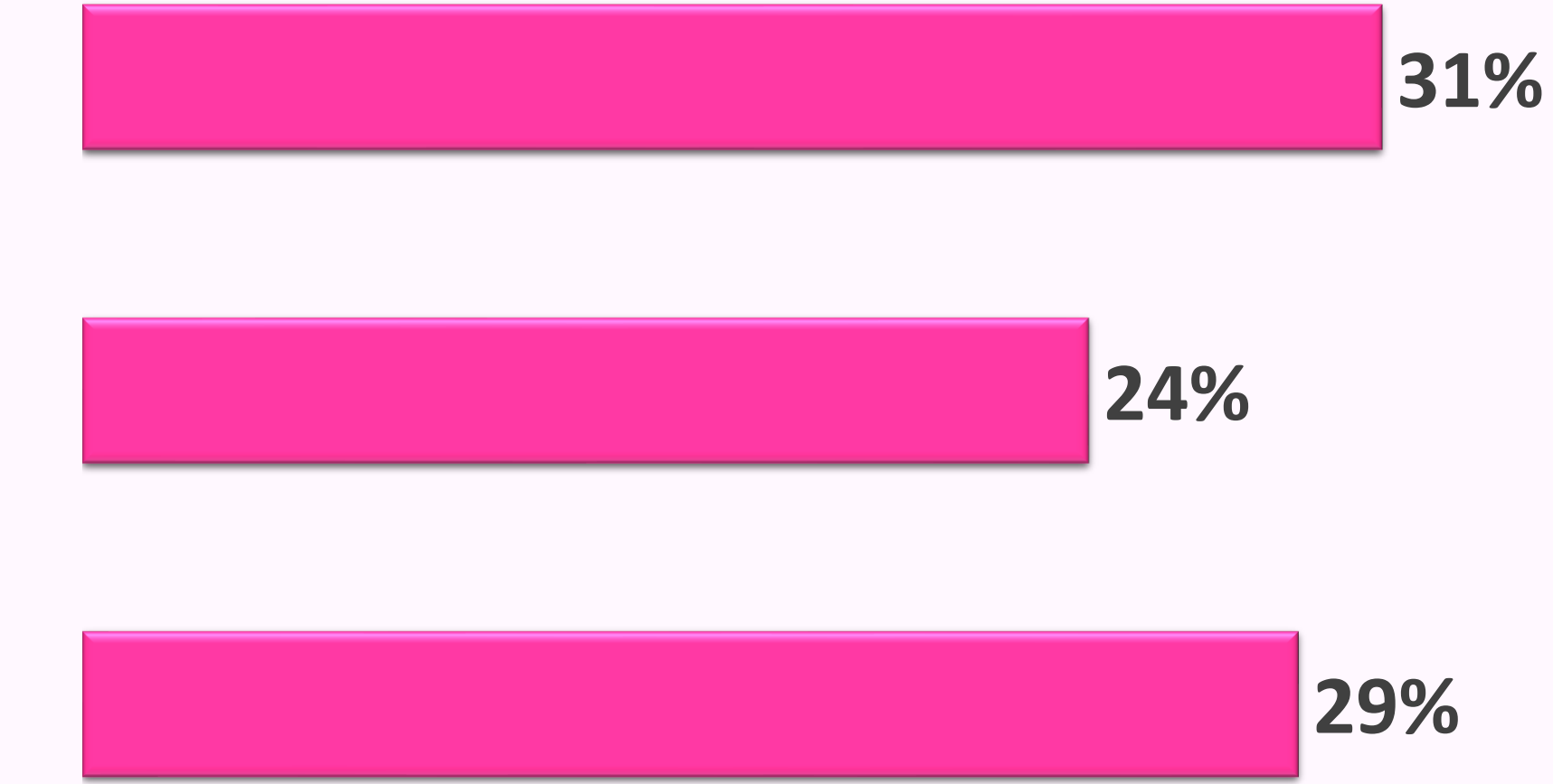
## Results

A total of 288 physicians completed the survey. Median age was 38 years (interquartile range 33-45). Respondents from Asia, Africa, America and Europe filled in the survey: the 3 most represented countries were Mexico (27.1%), India (18.4%) and Brazil (8.3%). The majority of respondents were medical oncologists (44.4%) working in an academic setting (46.9%). Among respondents.

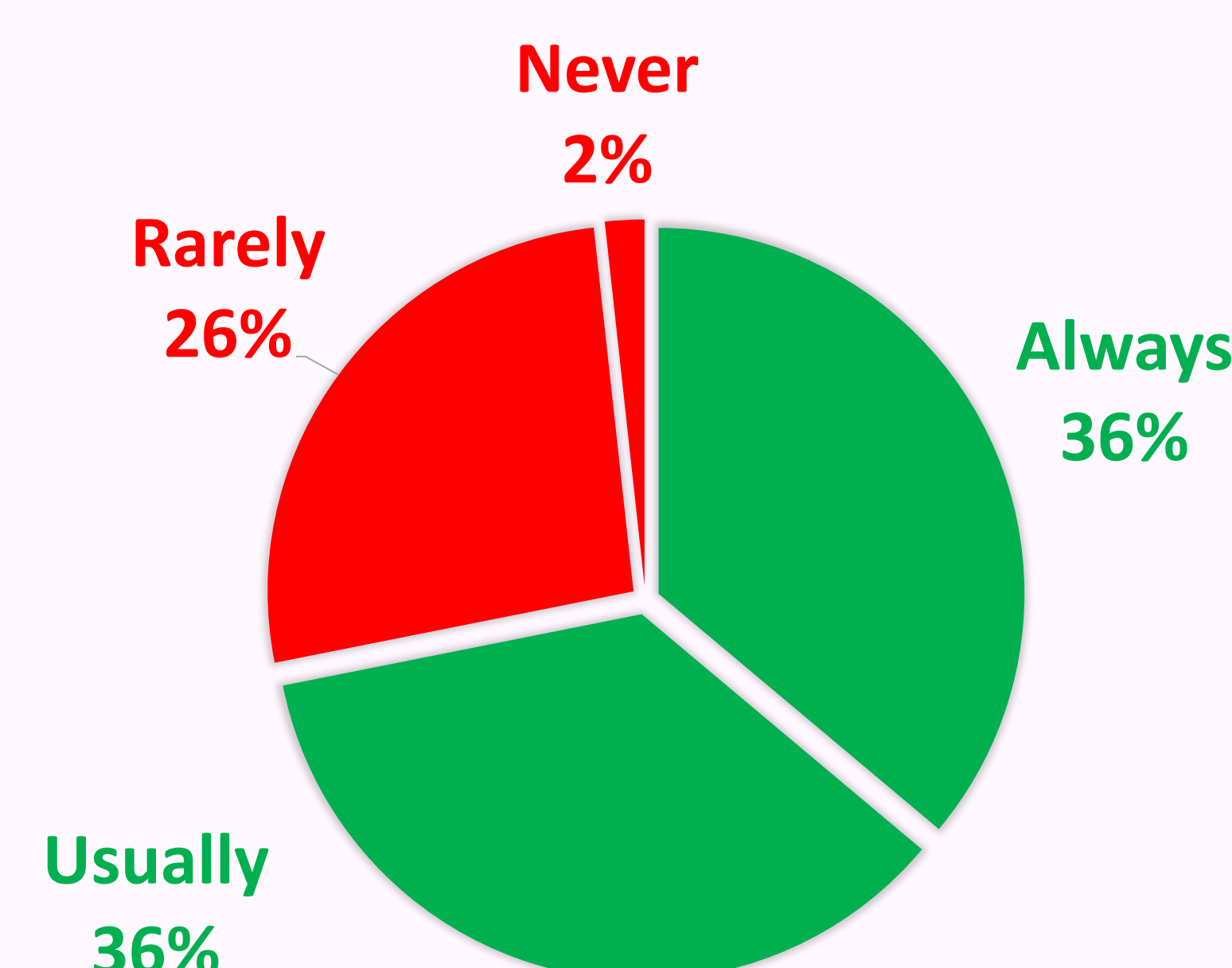
### NO knowledge of the preservation methods



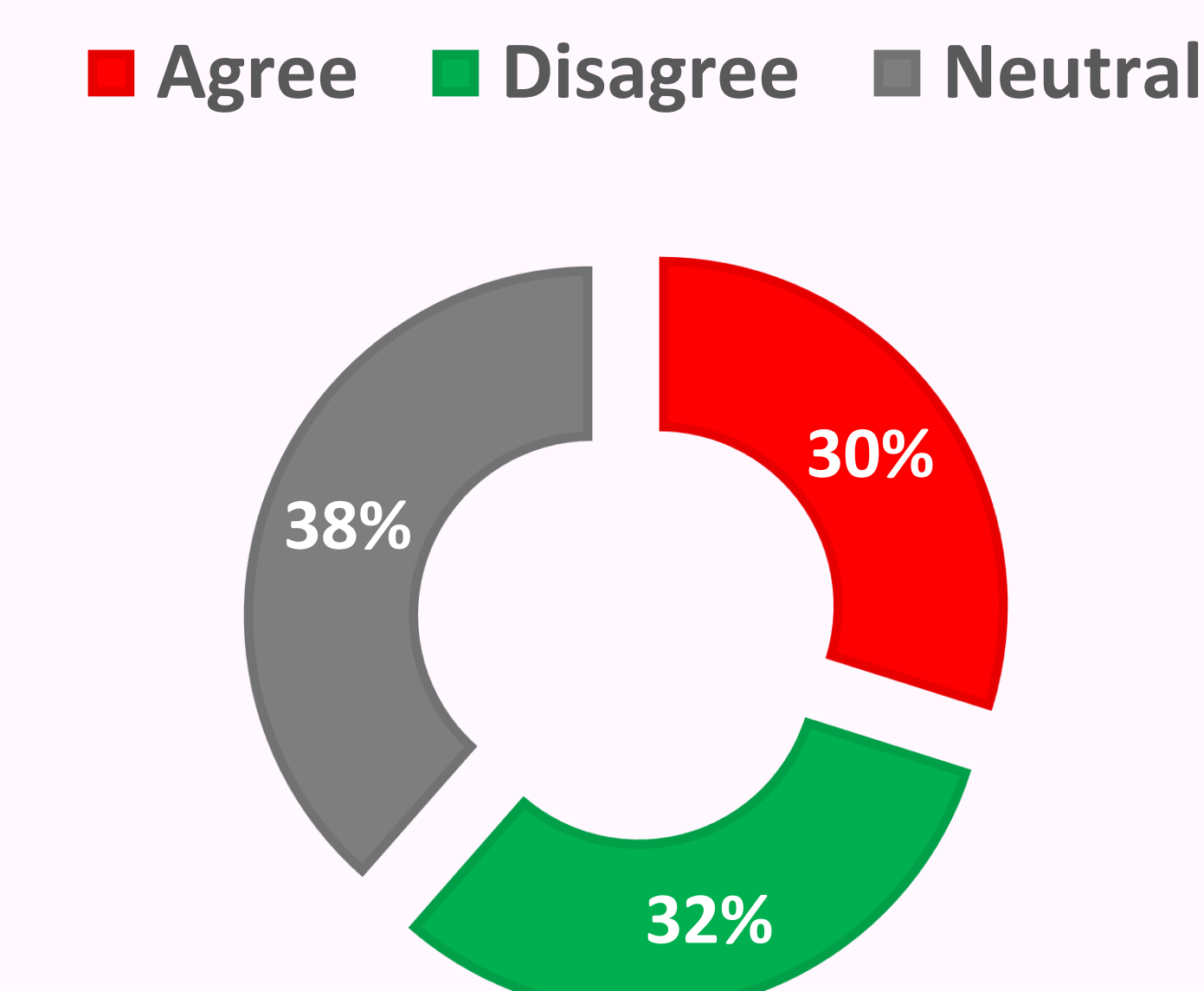
### NO availability of services for the preservation



### How often you discuss oncofertility before starting chemo?



### Controlled Ovarian Stimulation is NOT safe for pts with HR+ BC



## Conclusion

Several misconceptions exist among physicians from LMIC on fertility and pregnancy-related issues in young BC pts. Increased awareness and further educational initiatives are needed to improve adherence to available guidelines and enhance pts' oncofertility counseling.