

# STRATEGIES AND RESULTS OF ONCOFERTILITY COUNSELLING IN YOUNG BREAST CANCER PATIENTS



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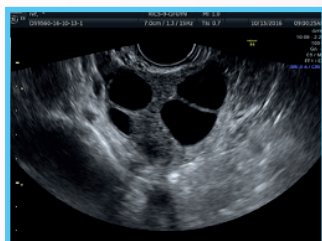
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## BACKGROUND:

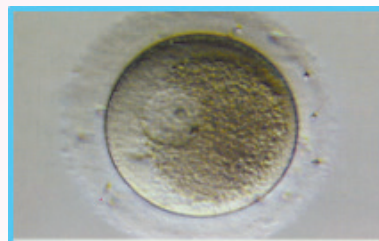
Breast cancer (BC) is the most common female neoplasm in Poland and worldwide, yet up to 7% of all cases are diagnosed <40 years of age. Increased BC morbidity rate in this age group as well as hopes for late maternity need special attention. Chemotherapy constitutes an important element of complex therapy, but it may lead to fertility impairment. Therefore, it is vital that every woman of reproductive age should be informed about the consequences of oncological treatment and about (onco)fertility preservation techniques prior to therapy, which decrease the fear and improve psychological aspects of QoL.

## METHODS:

The data concerning the number of children and further procreation needs in women (N=70), aged 18-40, diagnosed and treated for early breast cancer at Greater Poland Cancer Center in 2018-2019, were taken from patients' history by an oncologist before (neo-)adjuvant systemic therapy. According to the patients' wish, consultation with a specialist in reproductive medicine was provided. Additionally, each patient had genetic studies done.



Ovary with follicles after hormonal stimulation



Normal oocyte

## RESULTS:

Out of 70 females, aged 18-40 (mean age 29), 14 (20%) were childless at the time of diagnosis. After being informed about the therapy, prognosis, side effects and oncofertility, 12 patients (17%) decided to have a consultation with a specialist in reproductive medicine; 5 of them (7%) already had children. In 2 women (3%), hormonal stimulation in combination with tamoxifen was used; then, oocytes were collected and cryopreserved. In 20 (29%), gonadotropin analogues were added to (neo-)adjuvant chemotherapy. In 17 patients (24%) pathogenic mutations in BRCA1/2 genes were found.

ONCOFERTILITY PROCEDURES	PATIENTS N=70 (%)
ONCOFERTILITY COUNSLING	12 (17%)
HORMONAL STIMULATION + OOCYTES CRYOPRESERVATION	2 (3%)
GONADOTROPIN ANALOGUES DURING CHEMOTHERAPY	20 (29%)

## CONCLUSIONS:

Oncofertility counselling in young BC patients should be one of the basic elements of complex patient care. High frequency of pathogenic mutations in BRCA1/2 genes in young females should be taken into consideration according to possible childbearing wishes after termination of therapy and before prophylactic oophorectomy.

LEGAL ENTITY RESPONSIBLE FOR THE STUDY: N/A

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