

Oncofertility: The Forgotten Conversation in Cancer Care

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Cancer is no longer a disease of old age. Early-onset referred to patients diagnosed in adulthood before age 50 years [1]. There is a tremendous rise in the incidence of breast, colorectal, hepatobiliary, pancreatic, and genital tract cancers in the young population. In 2022, GLOBOCAN reported 1248230 new cancer cases and 351110 cancer deaths among young adults aged 20-40 years worldwide [2]. According to Global epidemiological data, early-onset cancers have an age-standardized incidence rate of 50.3 cases per 100,000 person-years, with mortality rates reaching 14.2 deaths per 100,000 person-years. By 2050, early-onset cancers are expected to rise significantly with a parallel increase in mortality. Specifically, incidence rates may increase by 12.8% compared with current levels. Cancer diagnosis has a profound impact on the physical as well as emotional health of patients diagnosed between the ages of 20-40 years, especially those who are intending to become parents [2].

Cancer-directed therapies, including chemotherapy, radiation, and surgery, can significantly compromise reproductive potential. Gonadotoxic treatment may impair ovarian reserve in women and adversely affect sperm production in men, thereby reducing future fertility. These patients should be referred to oncofertility services for counseling regarding the impact of oncological treatments on gonadal function, as well as the different fertility preservation techniques, prior to the start of treatment. This helps them make informed decisions regarding treatment and their parenthood journey [3].

The field of reproductive medicine offers a wide range of fertility preservation options that can be a game-changer for young patients undergoing cancer treatment. Reproductive medicine has achieved multiple milestones in developed countries; however, we still face basic challenges, such as awareness, acceptability, accessibility, cost-effectiveness, and integration across different domains of oncology.

Fertility-preserving procedures can be time-consuming, costly, and not widely available. It's essential for healthcare providers to have in-depth discussions with patients about fertility risks, preservation options, any potential delays in treatment, and aligning with patients' reproductive goals [4].

When it comes to reproductive treatment, ethical concerns definitely come into play. It's all about balancing the urgency of cancer treatment with the patient's future fertility hopes. European Society for Human Reproduction and Embryology (ESHRE) proposed that planned oocyte cryopreservation for age-related fertility loss is ethically permissible [5].

Future initiatives must prioritize making these treatments accessible and affordable for patients in Pakistan, while also addressing the socio-cultural barriers. It's crucial now to educate all healthcare providers about the availability of these options in our healthcare setups. There is also a need to formulate policies to establish such dedicated centers for these treatments.

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