Fertility and Hope

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Introduction

Female MOGCT Patients

- How do we understand the complexity of fertility treatment for young women, in the context of neurological development, and a cancer diagnosis. Neurological development is not complete until the age of 25.
- Understanding the long term impact of chemotherapy.
- Cultural differences / age/ experience / power differential.
- Advocacy.
- Trauma response / PTSD and cPSTD / pre-existing difficulties

Discussion

Holistic Patient Care

- Consideration in the fertility management of young MOGCT who wish to preserve their reproductive potential.
- 88% of MOGCT patients received fertility sparing surgery, but specific information for TYA patients is unknown.
- Ensuring awareness of such potential.
- Counselling and Psychological support essential prior to treatment, with special consideration for fertility.
- Individualised fertility preservation strategy.
- Involvement of full MDT to ensure consistent advice and guidance across all areas of holistic patient care.
- Long term psychological impact of diagnosis / treatment / fertility.

RESULTS

The Way Forward

- Additional joint consultation with gynaecologist prior to treatment.
- Particular attention to the TYA patient community.
- To consider fertility discussion, awareness and preservation as an essential part of treatment.
- To enable the UK wide patient population equity across fertility treatment.

CONCLUSION

- Malignant ovarian germ cell tumour is a rare type of disease, which generally has a good prognosis due to the high chemo-sensitivity of this type of tumour.
- Even in advanced stages fertility preservation is possible with careful treatment planning

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