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A National Study of the Provision of Oncofertility Services to Female Patients in Canada

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To the Editor:

I applaud Yee and co-investigators¹ for bringing attention to the thousands of Canadian women “severely under-served” regarding fertility preservation prior to cancer treatment, and particularly for their recommendation 6 encouraging all provinces to “implement a provincial strategy to increase the *affordability* of fertility preservation services to cancer patients through public health funding.” This recommendation would allow all “reproductive age” cancer patients, rather than just the financially advantaged, to access fertility preservation strategies.

Currently in Canada, public funding of fertility preservation for women with cancer exists only in Quebec, which is not surprising as Quebec is the only province that publicly funds medically indicated IVF for treatment of subfertility.² For the other provinces (and territories) to comply with recommendation 6 of Yee and colleagues,¹ the politicians would have to consider a sequence of questions they would rather not consider:

- If fertility preservation prior to chemotherapy for cancer patients is worthy of public funding, ought not fertility preservation prior to chemotherapy for women with autoimmune or other medical conditions also be publicly funded?
- If fertility preservation for cancer patients is worthy of public funding, ought not in vitro fertilization of the oocytes so preserved and the intrauterine transfer of the embryos created after intracytoplasmic sperm injection also be publicly funded?
- If in vitro fertilization for all women who have survived cancer is worthy of public funding, ought not in vitro fertilization for other etiologies of oocyte depletion, and indeed other etiologies of subfertility, also be publicly funded?

The provinces and territories are well aware of the implications of this sequence of questions. In fact an action is currently before The Human Rights Tribunal of Ontario, arguing discrimination against women with oocyte depletion seeking IVF, as public funding for IVF

exists in Ontario exclusively for the etiology of completely blocked fallopian tubes.³ If this action prevails, it would be difficult for Ontario not to extend public funding to other medically recognized etiologies of infertility.

An important group of “severely under-served” female cancer patients in Canada that did not receive focus in the study of Yee and co-investigators¹ is children younger than reproductive age. The overall survival for pediatric malignancies is more than 80%.⁴ Although the informed choice process for children is more complex,⁵ requiring the participation of parents or other substitute decision-makers, children with socioeconomically less advantaged parents should not be discriminated against with respect to having the same access to fertility preservation and the ability to have a child as the children of financially better-off parents.

The logical way for provinces (and territories) to comply with recommendation 6 is to follow Quebec’s lead and implement “public health funding” for fertility preservation of women with cancer. The logical way for provinces (and territories) to act on the logic of the sequence of questions posed in this letter would be to follow Quebec’s lead and finally catch up with the rest of the developed world (outside the United States), and implement public funding for fertility promotion and treatment strategies for all medical indications as part of Canadian health care.⁵

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REFERENCES

1. Yee S, Buckett W, Campbell S, Yanofsky R, Barr RD. A national study of the provision of oncofertility services to female patients in Canada. *J Obstet Gynaecol Can* 2012;34(9):849–58.
2. Bill n°26 : An Act respecting clinical and research activities relating to assisted procreation. Quebec National Assembly (2009).
3. *Attaran v Ontario*, (filed 18 August 2009), The Human Rights Tribunal of Ontario [undecided].
4. Public Health Agency of Canada (PHAC). Cancer in children in Canada (0–14 years). Ottawa: PHAC; 2012. Available at: <http://www.phac-aspc.gc.ca/cd-mc/cancer/fs-fi/cancer-child-enfant/index-eng.php#sur>. Accessed January 12, 2012.
5. Nisker J, Baylis F, McLeod C. Choice in fertility preservation in girls and adolescent women with cancer. *Cancer* 2006;107(7 Suppl):1686–9.