

Research, Theory & Practice

*ESHRE Campus
Symposium
Brussels 4th-5th March 2010
Val Peddie
Scotland, UK*

Overview of Session

- ◆ Research 'requirements'
- ◆ Perceptions of fertility study
- ◆ Background/literature review
- ◆ Aims/objectives/methodology
- ◆ Preliminary findings
- ◆ Improving success of research applications

Research Resources

- ◆ Staff – investigator/co-applicants/collaborators
- ◆ Patients
- ◆ Investigations/Clinic/Facilities
- ◆ Equipment & Consumables: IT; statistical support; open access; travel
- ◆ Funding/RFS
- ◆ Ethical Approval

Perceptions of Fertility in Young People Diagnosed with Cancer

- ◆ CSO Full Grant awarded
- ◆ Sep 2009-2011 (part time study)
- ◆ PI V Peddie
- ◆ Researcher Dr M Porter
- ◆ Co-applicants Prof S Bhattacharya; Dr D Culligan; Dr D King; Dr S McClinton; Prof R Barbour
- ◆ Collaborators: Dr M Nicholson; Dr R Todd; Dr G MacDonald; Dr D Bissett
- ◆ Mr Jeff Horn (MacMillan Nurse)



The 'idea'

- ◆ Expert review 'A fertile future? Life after cancer in young men'. Peddie, V., Porter, M. and Bhattacharya, S. (2007) *Expert Review of Anticancer Therapy*, 7(8): 1069 -1073



Background/Literature Search

- ◆ Chemo & Radiotherapy ↑ survival rates (75%)
- ◆ Web based study by Partridge *et al.*, (2007) highlighted psychological issues women had in the context of future fertility after diagnosis of breast Ca - immediate emphasis is life-saving therapy



Background cont.

- ◆ Recent advances in reproductive medicine have resulted in new fertility preservation techniques
- ◆ Are these techniques under utilised?
- ◆ Palliative Ca Guidelines (2003); Maltaris *et al.*, (2006) suggest they are



Current Fertility Preservation Strategies in Scotland

- ◆ Sperm cryopreservation highly successful (Pacey, 2007)
- ◆ Only 4 centres offer Andrology services – time constraint & geographical difficulties
- ◆ Females may regain ovarian function after chemo/radio tx – short window of opportunity for ART
- ◆ Five centres in Scotland offer ART - only 3 oocyte cryopreservation



Aims of the Study

- ◆ To ascertain qualitatively the perceptions that people of reproductive age have of the impact of their diagnosis of cancer on their future reproductive potential
- ◆ To examine these perceptions in the context of explanations, if any, provided to them by relevant clinical staff and the perceptions of staff themselves



Research 'topics' for discussion

- ◆ Perceptions of future fertility after diagnosis
- ◆ Prioritisation
- ◆ Communication needs at this time
- ◆ Decision- making and feelings about it
- ◆ Role of partners/professionals in decision-making
- ◆ Clinical staff's perceptions of own role in information giving/clinical prioritisation



Methods - Qualitative

Semi-structured interviews

- ◆ Young men diagnosed with cancer (irrespective of source) 16 - 40yrs (n=20)
- ◆ Young women diagnosed with cancer (irrespective of source) 16 - 40yrs (n=20)
- ◆ Professionals: oncologists (n=3); haematologists (n=3); urologists (n=3); specialist nurses (n=6)



Patient Recruitment

	Male n=16	Female n=14
Age range	19-49	17-44
Average age	30.8	28.4
In relationship	9	7
Has children	5	4
In employment	11	9
Student	4	1
Not in employment	1	4



Preliminary Findings

◆ Survival & Prioritisation

'Ruthlessly. I mean everyone prioritises but you prioritise in a completely new way because life has completely new values and is more... you don't have time really for little worries' (10m)

'Our perspective has completely changed. You take things for granted - that things will happen - but nothing in life is for sure, no, nothing is certain' (29m)

'The first question, the first thing that came to mind was, can I beat it?' (21m)



Preliminary Findings cont.

◆ Fertility cryopreservation discussed

'And he (Dr) said, "You might want... one of the things to consider is erm..... Taking..." can't remember the technical term, anyway saving the sperm' (16m)

'I remember he (Dr) said at the time, "It is possible to get eggs frozen but I wouldn't recommend it before this because it would delay your treatment" and the risk is you know comparatively small' (20f)

'But he did say that it was, he didn't really think it was an option' (2f)



Preliminary Findings contd.

◆ Cannot view life/fertility beyond cancer

'And then he mentioned eggs and stuff but the thing was, you're not really thinking about that. You can't..... when// You cant really think about the future. You can't think about eggs and all that sort of stuff' (17f)

◆ Important to keep options open

'It is so we have got more of a choice and also we've got more of a chance. And you know do everything we can to be able to have a child which is what we both want' (21m)



Communication needs

- ◆ **Majority happy with information provided**

'Once I'd received the diagnosis. I was I didn't look anywhere else for more information about it, I just sort of followed the procedure that was prescribed for me' (9m)

- ◆ **Women: no decision to make**

'And because all the treatments and stuff have gone through me like so quick, it felt like I hadn't really had a chance to be like be offered options' (8f)



Role of partners/family/professionals in decision-making

- ◆ **Men with partners did involve them**

'We discussed it – it's important that you do - and we're both fine with it' (11m)

- ◆ **Younger people or those in less established relationships frequently did not**

'I mentioned it to him briefly, but had only been going out with him for 3 months!' (8f)

- ◆ **Medical & Specialist Nursing staff play a crucial role**

'That (semen cryostorage) is something for you to decide" and he (Dr) said "you get organised and if you want to, you just contact X and X will put you in touch with Y. And that will get it done' (16m)



How do clinical staff perceive their role in decision-making?

- ◆ **Responsibility of Specialist Nurse**

'Some of the doctors are very good and will discuss fertility, but hand it over to me to make the practical arrangements' (P01)

- ◆ **Missed opportunities**

'But I think women fall through the net sometimes.... Somewhere in the transfer it has been lost' (P02)

- ◆ **Curative treatment versus fertility preservation**

'But again you've got a balance how quickly you think they should start treatment and do they want to go through an invasive procedure prior to chemotherapy with potential risks of infection and things like that' (P03)



Role of Professionals contd.

◆ Survival is Priority – in children

'If you have been diagnosed with cancer survival is the main thing first of all, and while fertility impacts the quality of survival, most parents would want to get on with treatment to make, to try and make sure of survival. And then worry about infertility later on'

(P04)

◆ Biographical Disruption

'Absolutely, absolutely. For motherhood or for fatherhood, whatever it is. That the life they thought they were going to have their role in life etc. You know there is a whole range of issues that come from not being able to bear children, and there is often anger associated with that'

(P05)



Conclusions

- ◆ Variation between men & women
- ◆ Women less likely to be offered cryopreservation
- ◆ Improved success/survival rates
- ◆ Biographical disruption
- ◆ Future research: 5 years after being 'free of cancer'



Successful Funding Applications

- ◆ Thorough literature review
- ◆ Check guidelines, eligibility, terms & conditions; remit of funding body
- ◆ Enlist appropriate professional support
- ◆ Provide appropriate costs and financial advice
- ◆ Review drafts of outline proposal and recommend amendments (resource justification; case of support; clear objectives/milestones/language)



◆ Thank you for your attention


