

ADOLESCENT & YOUNG ADULT CANCER

ELIMINATING BARRIERS TO SURVIVE & THRIVE

FAMILY BUILDING

CANCER TREATMENTS CAN CAUSE INFERTILITY.

The National Cancer Institute estimates that each year nearly one-quarter (133,000) of all new cancer diagnosis will impact men and women of reproductive age. Cancer patients and their providers have a very short window to decide to preserve fertility whether prior to treatment or in between surgery and chemotherapy.

FERTILITY PRESERVATION

Cancer patients do not meet the strict requirements for coverage.

Infertility as defined by insurance companies requires couples to be unable to conceive for six months to a year.

Since cancer patients are not necessarily infertile prior to treatment, they do not meet this definition even though after treatment, when it is too late to preserve their fertility, the cancer patient is not able to conceive.

ADOPTION

Adoption rules are not consistent.

Cancer patients who decide not to preserve their fertility for cost or personal reasons also face other barriers.

One adoption agency could require a medical exam while another may require the survivor to remain cancer free for a number of years determined by the state.

COST IS A MAJOR BARRIER TO FAMILY BUILDING.

Nearly one-third of male and 20% of female cancer patients diagnosed between 15 and 39 years of age identify cost as the primary reason for not arranging for fertility preservation prior to treatment. Male preservation costs up to \$700 for analysis and between up to \$400 annually for storage. Female fertility preservation can cost between close to \$15,000. This not include future cost of implantation.



Extending fertility preservation and family building options will also help men and women with diagnosed with lupus, multiple sclerosis, and rheumatoid arthritis. Treatment protocols for these diseases can also lead to infertility.

FEDERAL ADVOCACY PLAN

Critical Mass supports federal policies that:

- Require health insurance providers to cover standard fertility preservation upon diagnosis that requires a medical treatment that may cause infertility rather than after proof of infertility;
- Ensure patients are charged the same fees for fertility service; and
- Set guidelines for access to alternatives to fertility preservation.

IT'S TIME TO TRANSFORM THE CARE AND TREATMENT OF ADOLESCENTS AND YOUNG ADULTS IMPACTED BY CANCER.

LEARN MORE @ [CRITICALMASS.ORG](https://www.criticalmass.org)



SOURCES:
• LIVESTRONG, Fertile Hope, Cancer Legal Research Center, Position Statement: Health Insurance Coverage for Iatrogenic Infertility, Livestrong.org, 2011 • LIVESTRONG, Fertile Hope, Iatrogenic Infertility Due to Cancer Treatments: A Case for Fertility Preservation Coverage, Livestrong.org, 2011
• Shirohavorian M, Harlan LC, Smith AW, Keegan TH, Lynch CP, Prasad PK, Cross RD, Wu XC, Hamilton AS, Parsons HM, Keel C, Charlesworth SE, Schwartz SM, AYA HOPE Study Collaborative Group. Fertility preservation knowledge, counseling, and actions among adolescent and young adult patients with cancer: A population-based study. Cancer 2015 Oct 1;127(19):3469-3476.