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Background

Young premenopausal women recently diagnosed with breast cancer and eligible for chemotherapy have access to various strategies for preserving ovarian function and fertility, which are now part of the standard of care. However, data on adherence to these options and the reasons behind patients' choices remain limited.

Methods

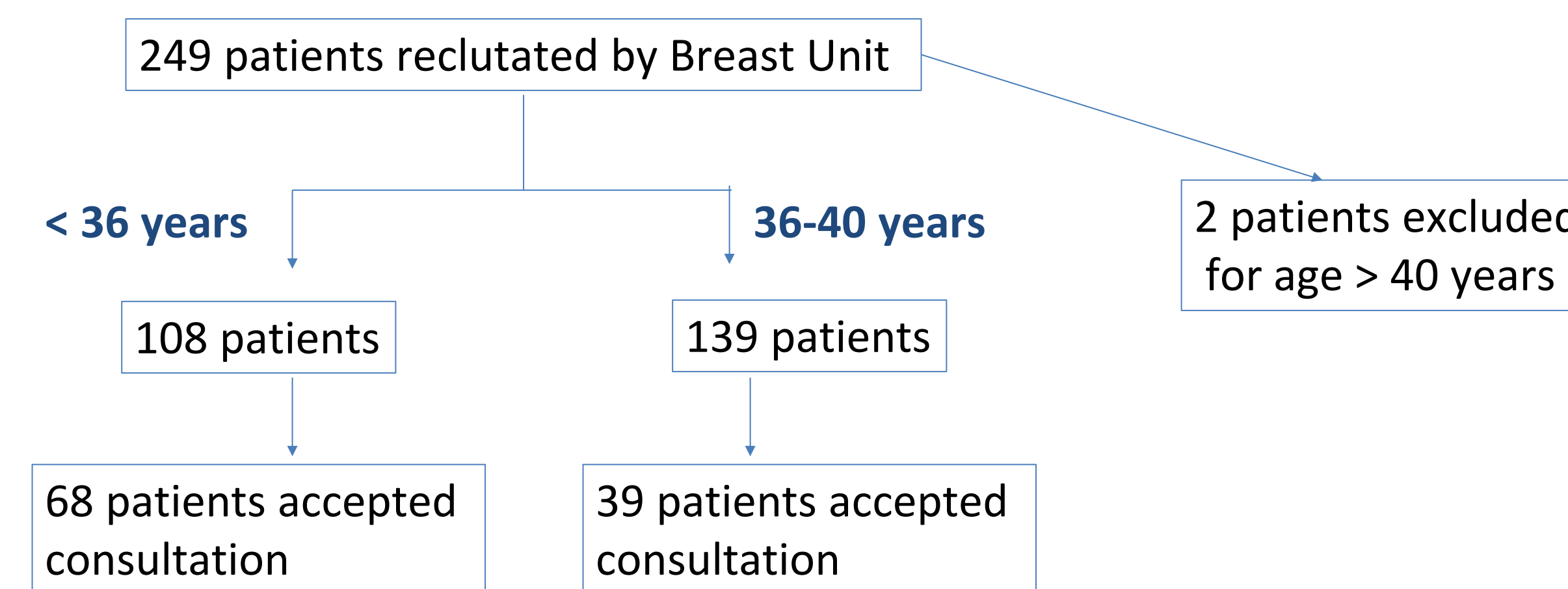
The PREFER study (NCT02895165) is an ongoing observational, prospective study enrolling premenopausal women with early breast cancer who are candidates for (neo)adjuvant chemotherapy (1,2). Since 2012, oncologists from the participating Breast Units have been required to propose a consultation with a reproductive specialist to all eligible patients aged 18 to 40. When feasible, fertility preservation techniques are offered and, if accepted, planned accordingly. The primary objective of this study is to assess the acceptance rates of reproductive consultations and fertility preservation strategies, as well as the reasons for refusal. Here, we report data from patients enrolled at the coordinating center, updated as of December 2024.

Bibliography

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2. Lambertini M, Fontana V, Massarotti C, et al. Prospective study to optimize care and improve knowledge on ovarian function and/or fertility preservation in young breast cancer patients: Results of the pilot phase of the PREgnancy and FERtility (PREFER) study. *Breast.* 2018 Oct; 41:51-56.

Results

Between November 2012 and December 2024, a total of 249 women aged 40 years or younger were recruited at the coordinating center's Breast Unit. Among them, 108 patients were younger than 36 years, with a mean age of 31 ± 3.18 , while 139 patients were between 36 and 40 years old, with a mean age of 37.98 ± 1.36 . A reproductive consultation was proposed to 83% of the patients and was accepted by 51.7%. The acceptance rate was higher among patients younger than 36 years (62.9%) compared to those aged 36 to 40 years (28%). The main reason for declining the consultation was having already one or more children, followed by concerns about delaying oncological treatment. Among the 107 patients who received a consultation with a reproductive specialist, 56 (52.3%) chose to undergo a fertility preservation technique.



Conclusion

Offering a reproductive consultation to premenopausal women undergoing gonadotoxic therapy is now considered standard of care. This study confirms that while all patients benefit from adequate counseling with a reproductive specialist, not all require or desire fertility preservation techniques. Therefore, the role of Oncofertility Units should extend beyond fertility preservation itself, evolving into long-term care providers that ensure appropriate follow-up. This approach can support patients in maintaining reproductive health, improving quality of life, and, when needed, facilitating spontaneous conception or offering assisted reproductive technologies and gamete donation post-treatment.