

Conference Abstracts

Optimizing Fertility Preservation for AYA Patients: A Multidisciplinary, Multi-Level Quality Improvement Initiative Across Inpatient and Outpatient Settings

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Background

National Comprehensive Cancer Network (NCCN) and American Society of Clinical Oncology (ASCO) guidelines recommend timely fertility preservation (FP) counseling, referrals, and interventions for adolescent and young adult (AYA) hematology and oncology patients as a critical component of comprehensive cancer care. Our institution identified gaps in FP implementation, including missed counseling, absence of standardized referral pathways, inconsistent documentation, limited multidisciplinary involvement, inadequate insurance coverage, and disparities between inpatient and outpatient practices.

Methods

A retrospective review of AYA oncology patients (ages 18–39) at our institution was conducted to assess current FP practices. We collected data from patients diagnosed with any cancer in 2024, including documentation of fertility preservation discussions, referrals to reproductive endocrinology, and involvement of the multidisciplinary care team. We plan to initiate a quality improvement project aimed at standardizing FP counseling and referral processes across both inpatient and outpatient

settings. The primary objective is to increase adherence to NCCN-concordant FP counseling and referral by 25–50% within 9–12 months.

Results

Among the 2024 cohort, FP discussions were documented for 54% (36) of patients, while 45% (30) had no FP documentation. Counseling and referrals were more common among patients with breast and testicular cancers, indicating disease-specific variability in practice. The primary barriers to effective FP implementation included variability in referral processes, lack of standardized documentation, limited multidisciplinary team involvement, and inequalities in medical coverage and insurance support.

Conclusion

Our findings highlight the need for a structured, multidisciplinary approach to FP for AYA oncology patients at our institution. To address gaps, our quality improvement initiative focuses on provider education across all cancer types, development of a standardized FP referral process at diagnosis, and implementation of uniform EMR documentation protocols. These interventions aim to improve adherence to guideline-directed FP practices, enhance

multidisciplinary collaboration, and reduce disparities in access. Ongoing evaluation will assess improvements in counseling and referral

rates, supporting timely, equitable FP care for all eligible AYA patients.