

Introduction

- Cancer treatment can lead to impaired fertility
- Infertility concerns are a significant cause of distress in cancer patients
- Access to appropriate oncofertility care may lessen the emotional impact of infertility
- There is a demonstrated lack of access to fertility and sexual health information on NCI-designated CC websites, especially for males.

Objective

- We hypothesize that access to fellowship-trained subspecialists is not uniformly distributed throughout the United States
- Therefore, we sought to identify access gaps in sexual health and infertility care at NCI CC’s across the US Census Regions

Methods

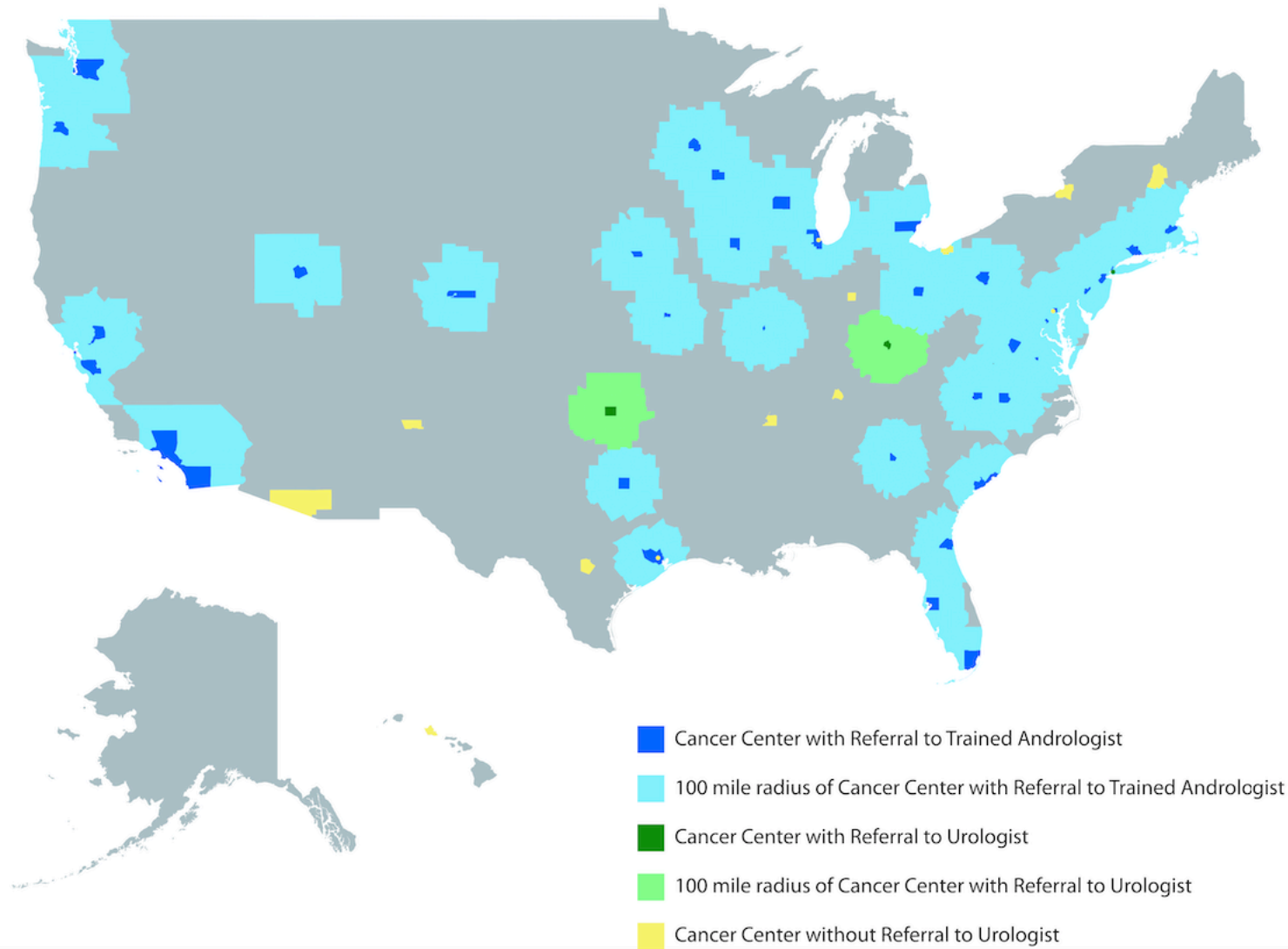
- 64 NCI CC websites (14 CC and 50 Comprehensive CC) were examined for language related to male sexual health and fertility
- A phone-based survey was used to establish CC referral patterns to andrologists and sperm banks
- The Society for the Study of Male Reproduction (SSMR) member directory was used to determine geographic locations for andrologists relative to each CC
- Fisher exact test and ANOVA were used for categorical and continuous univariate comparisons, respectively
- Multivariate logistic and linear regression were used to control for region and center type when assessing binary and continuous variables, respectively
- Statistical significance was set to $p < 0.05$

Results

Table 1. Access to Online Fertility Preservation Information, Andrology Referrals and Sperm Banking by Region							
US Census Region (N)	Overall Fertility Information	Overall Sexual Health Information	Male Fertility Information	Referral to Specific Urologist	Referral to Andrologist	Referral to Sperm Bank	Average number of Andrologists in 5 miles
Northeast (14)	50.00%	42.85%	42.85%	85.71%	78.57%	50.00%	2.2
Midwest (14)	78.57%	56.25%	50.00%	78.57%	78.57%	42.86%	0.8
South (21)	47.61%	33.33%	28.57%	76.19%	66.67%	71.43%	0.5
West (15)	40.00%	26.67%	26.67%	85.71%	80.00%	60.00%	0.8

- Presence of information regarding fertility preservation, sexual health and male-specific fertility preservation was not associated with region ($p=0.18, 0.17, 0.48$, respectively)
- Presence of fellowship-trained andrologists within 5 miles of a CC was associated with region, favoring the Northeast ($p=0.014$)
- Centers whose websites discuss fertility were more likely to refer patients to sperm banks (OR 3.48 [1.11-12.29])
- Comprehensive CC were not more likely to have established referral patterns to andrologists or sperm banks, or be geographically closer to andrologists when compared to non-comprehensive CCs ($p=0.75$)

Figure 1. Catchment Area of NCI-Cancer Centers



Cancer Center Catchment Areas

US Census Region	Percentage of Reproductive-Aged Males (20-45) Falling Outside the Catchment Zone of an NCI-Cancer Center
South	41% (8, 836, 045)
Northeast	16% (1, 740, 702)
West	30% (4, 535, 135)
Midwest	25% (3, 313, 253)

Conclusions

- We demonstrate geographic differences in access to sexual health and fertility care at NCI-designated CC’s in the United States, with greater representation of andrologists in the Northeast
- The association between online information regarding male fertility preservation and referral access to sperm banks suggests that certain centers may greater emphasize fertility and sexual health care compared to others
- Future fertility and sexual function are critical quality of life issues for male cancer survivors
- Our methods of data collection are tools readily available to patients and can be a focus of efforts to improve access to care in this population

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