

2026 ANNUAL MEETING

Poster 30: Perspectives on oncofertility care from providers and adolescent & young adult cancer survivors in a frontier state

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Topic

Financial Toxicity and Disparities

Objectives

Discussion of fertility is recommended for adolescent and young adult (AYA) cancer patients (ages 18–39); however, multiple barriers limit integration of counseling and fertility preservation (FP) into care. The impact of treatment location on these barriers, particularly for those in low resource and rural settings, remains underexplored. This qualitative study investigated preferences and barriers to oncofertility care among providers and AYA patients in New Mexico.

Methods

Interviews were performed between May–November 2024 as part of a study investigating AYA survivorship resources and inductively coded to identify fertility-related themes. Demographic data was collected by survey.

Results

Of survivors (n=17), 88% were women and 59% identified as Hispanic/Latino. Hematologic cancers were the most common (41%, n=7). Patients with gynecologic cancer made up 23% (n=4) of the cohort. Providers (n=11) included dietitians, therapists, nurses, and advanced practice providers. FP was discussed by 10 survivors and 8 providers, despite not being explicitly queried. Survivors reported fertility-related distress during treatment and survivorship, identifying high cost and time constraints as barriers. Several noted more accessible services elsewhere, including seeking out of state care. Providers were aware of the importance of FP counseling and cited high cost and provider shortages as barriers. They desired care integration to expedite referrals and improve access. Survivors and providers emphasized that female patients face higher costs and lower provider availability than males

Conclusions

In rural settings, high FP costs compound provider shortages limiting access and disproportionately affecting young female cancer patients. Current recommendations and interventions do not adequately address the unique barriers experienced in these high-need patients. Novel community informed models are necessary to achieve guideline concordant oncofertility care.