Aim
The aim was to investigate physicians’ communication behavior and barriers to fertility-related communication with cancer patients of reproductive age.

Methods
Physicians registered as oncologists, hematologists or gynecologic oncologists (n=821) in national professional registries received a postal questionnaire. Of responders (n=447, response rate 55%), the 329 reporting clinical activity with patients of fertile ages were included in the final analyses. Of participants 90% had >5 years of clinical experience from cancer care.

Data were collected with a survey developed on the basis of two questionnaires previously used internationally and adapted to the Swedish health care system. Questions focused communication about fertility issues with patients of reproductive ages (women 18-45, men 18-55) and included frequency of discussion about infertility risk and FP and perceptions of potential barriers to fertility-related communication with patients.

Results
Most of the physicians agreed that they were responsible for discussing fertility issues with patients of reproductive age (91%), but approximately 30% did not do so regularly. Factors decreasing the likelihood of discussion with both female and male patients were if the patient already had children, the physician experiencing a high workload, seeing less than 5 patients of reproductive age in a week and having access to a reproduction clinic.

For female patients, the need to start treatment immediately is a significant barrier to the physician’s discussion of fertility issues.


doi:10.1080/0284186X.2017.1310394

Conclusions
A majority of physicians in Swedish cancer care discuss fertility-related aspects of treatment with both female and male patients, despite reporting a number of barriers to communicating about fertility. Targeted organizational and educational interventions may further improve fertility communication.

Introduction
Cancer treatment during fertile age may have a negative impact on a person’s ability to have children in the future. Many patients, especially women, do not recall receiving adequate information about treatment-induced infertility and fertility preservation (FP) options. There is a lack of studies on physicians’ perceptions of fertility-related communication with cancer patients within health care systems providing tax-funded FP.