The Oncofertility Navigator Role

Sarah Felderhoff, MSN, APRN, FNP-C

Guidelines clear and agree across organizations (ASCO 2018; ESMO 2020; ASRM 2018)

- All patients should be informed of fertility risks as early as possible, with documentation in medical record.
- In-depth information on fertility preservation should be given, and referrals offered to all
- Patients should be given written and online information to help with decision making process
- Parents guide children's fertility preservation choices, with age appropriate child assent

About an Oncofertility Program

- A fertility preservation program should aim to protect patient's future fertility when it is threatened by various diseases or necessary medical treatments/procedures.
- The team bridges oncology/other specialties and reproduction in order to explore and expand the options for the reproductive future of patient's
- The goal should be able to reach all patients at risk, regardless of assumed barriers for the patient

Meet the Fertility Navigator/What I Do

Sarah Felderhoff, MSN, APRN, FNP-C: Fertility Navigator/Advanced Practice Provider

- Prior to beginning any treatment that could potentially result in decreased fertility, I meet with the patient and family either in person or virtually.
- I review their diagnosis and proposed treatment plan and calculate risk of infertility to have ready to discuss at this first patient visit.
- Discuss and review individual risk with patient and family in depth and risk will be documented in the patient chart.
- Provide details on all fertility preservation options available to the patient based on age and current/past treatments/therapies.
- Conduct initial labs/paperwork and assist with any consents needed.
- Work on insurance approval for any procedures and check coverage for the patient so they are aware of financial component, as this does weight heavily on decision to pursue FP.

Meet the Fertility Navigator/What I do Con't

- Assist the patient in making an appointment with either a Reproductive Endocrinologist or Urologist if necessary or schedule pre op appointment with surgeon if needed.
- Complete all pre procedure consents and Reprotech storage consents with the family
- Assist the patient in finding and learning about available financial assistance programs for fertility preservation services and assist with any of these applications if applicable
- Provide access to online resources and education materials
- Coordinate all aspects of their care in collaboration with their medical team and our fertility preservation team
- Continue to follow up through out FP process, during treatment and in survivorship (to discuss future pregnancy options when they are ready).
- If they completed surgery, I will conduct their post op appointment and f/u with them to discuss cryo log

** Will follow patient throughout survivorship as well to monitor fertility status and recommend interventions if needed.

Risk Stratification Table: Females

Females

			Minimally Increased Risk	Significantly Increased Risk	High Level of Increased Risk
Alkylators CED gm/m²		Prepubertal	CED <8 gm	CED 8-12 gm	CED >12 gm
		Pubertal	CED <4 gm	CED 4-8 gm	CED >8 gm
Heavy Metal mg/m²			Cisplatin Carboplatin		
Hematopoietic Stem Cell Transplant					Alkylator +/- total body irradiation Myeloablative and reduced intensity regimens
Radiation Exposure	Ovary	Prepubertal		<15 Gy	≥15 Gy
		Pubertal		<10 Gy	≥10 Gy
	Hypothalamus		22-29.9 Gy	30-39.9 Gy	≥40 Gy

Risk Stratification Table: Males

Males

		Minimally Increased Risk	Significantly Increased Risk	High Level of Increased Risk
Alkylators CED gm/m²		CED <4 gm		CED ≥4 gm
Hematopoietic Stem Cell Transplant				Alkylator +/- total body irradiation Myeloablative and reduced intensity regimens
Heavy Metal mg/m2		Cisplatin Carboplatin	Cisplatin >500mg	
Radiation Exposure	Testicular	0.2-0.6 Gy	0.7-3.9 Gy	≥4.0 Gy
	Hypothalamus	26-29.99 Gy	30-39.9 Gy	≥40 Gy
Surgery			RPLND	

Thank You!!

- Questions???