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Original article

The BCY3/BCC 2017 survey on physicians' knowledge, attitudes and practice towards fertility and pregnancy-related issues in young breast cancer patients



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ABSTRACT

Background: Fertility and pregnancy-related issues are major concerns for young breast cancer patients. Limited data are available on physicians' knowledge, attitudes and practice in these fields. Methods: A 26-item questionnaire exploring 3 different topics (fertility preservation, pregnancy after breast cancer and breast cancer during pregnancy) was sent by email to physicians attending the 2016 3rd European School of Oncology (ESO) - European Society for Medical Oncology (ESMO) Breast Cancer in Young Women Conference (BCY3) and the 15th St. Gallen International Breast Cancer Conference 2017 (BCC 2017). Given the selected sample, survey respondents were expected to have a higher than average interest in the management of breast cancer patients. Descriptive analyses were performed. Results: A total of 273 physicians (105 at BCY3 and 168 at BCC 2017) completed the survey; 37.0%, 46.9% and 34.8% reported never having consulted the available international guidelines on fertility preservation, pregnancy after breast cancer and management of breast cancer during pregnancy, respectively. Up to 18.3% of respondents did not know if the different fertility preservation options were available in their country; 22.3% suggested that controlled ovarian stimulation should not be considered safe in patients with hormone receptor-positive disease. A total of 30.4% of respondents agreed or were neutral on the statement that pregnancy in breast cancer survivors may increase the risk of recurrence. Regarding breast cancer during pregnancy, 23.8% and 38.1% disagreed or were neutral on the statements that endocrine therapy and anti-HER2 agents should be avoided during pregnancy, respectively. Conclusions: Further educational initiatives are needed to improve physicians' knowledge and adherence to available guidelines when addressing fertility and pregnancy-related issues in young breast cancer patients.

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1. Introduction

In women of reproductive age, breast cancer is the most commonly diagnosed malignancy and it's considered a public health problem due to its unique age-related medical and psychosocial challenges [1]. Among them, fertility and pregnancyrelated issues are prevalent areas of concern in young breast cancer patients [2]. In these women, the gonadotoxic effect of anticancer treatments can lead to premature ovarian insufficiency and infertility [3]. This is of major concern given the current trend of postponing pregnancy to later in life; as a consequence, an increasing proportion of young women with breast cancer is diagnosed before completing their family plans [2]. In addition, an increased awareness should be paid to breast cancer during pregnancy whose occurrence also increases with age [4].

Over the past years, solid evidence has been accumulated to support the management of young patients facing fertility and pregnancy-related issues [3]. Specific international guidelines have been developed to help physicians in dealing with fertility preservation in cancer patients [5,6], pregnancy following anticancer treatments [5], and management of women diagnosed with breast cancer during pregnancy [4,5]. However, several controversies remain in these fields and some physicians are still uncomfortable dealing with these issues [7,8].

To further explore the current knowledge, attitudes and practice of physicians towards fertility and pregnancy-related issues in young breast cancer patients, we conducted a survey among different specialists involved in breast cancer care who participated in two international breast cancer conferences. To our knowledge. this is the first and only survey focusing on physicians with specific interest in the management of breast cancer patients and exploring three topics: fertility preservation, pregnancy after breast cancer and breast cancer during pregnancy.

2. Materials and methods

A specifically developed questionnaire (Supplementary Appendix 1) investigating fertility and pregnancy-related issues was given to physicians attending the 2016 3rd European School of Oncology (ESO) – European Society for Medical Oncology (ESMO) Breast Cancer in Young Women Conference (BCY3) held in Lugano (Switzerland) on November 10–12, 2016 [2], and the 15th St. Gallen International Breast Cancer Conference 2017 (BCC 2017) that took place in Vienna (Austria) on March 15–18, 2017 [9].

Physicians from different specialties (medical oncologists, radiation oncologists, surgical oncologists, gynaecologists, fertility specialists, geneticists, etc) along with non-medical personnel and advocates involved in the management of breast cancer patients participated in these conferences.

The final survey was distributed electronically in advance to all participants attending the BCY3 and BCC 2017 conferences. After accessing the online platform, only physicians were allowed to enter and fill in the survey; for physicians who attended both conferences, a second access to complete the survey at the time of the BCC 2017 conference was not permitted.

2.1. Characteristics of the survey

The 26-item survey was divided in 4 main sections: 1) demographic, medical training and background information; 2) knowledge, attitudes and practice towards fertility preservation in breast cancer patients; 3) knowledge, attitudes and practice towards pregnancy after breast cancer; 4) knowledge, attitudes and practice towards breast cancer during pregnancy.

The questionnaire was developed on the basis of prior surveys

on these topics conducted both in Europe and the United States [10–12] and adapted to the BCY3/BCC 2017 context. The survey questions were prepared by a group of physicians comprising medical oncologists, gynaecologists and fertility specialists who are specifically experienced in the topic of fertility preservation and management of pregnancy-related issues in young breast cancer patients.

The knowledge of physicians towards these topics was investigated either by using a four-point Likert scale (from "not at all knowledgeable" to "very knowledgeable") or, in controversial items, by using a five-point Likert scale (from "strongly disagree" to "strongly agree").

Table 1 Demographic, medical training and background information of the responding physicians (N = 273).

	Responding physicians $(N = 273)$
Age, median (interquartile)	46 (38–55)
Age category	
<40	79 (28.9)
40-50	93 (34.1)
>50	96 (35.2)
Missing	5 (1.8)
Gender	
Female	156 (57.1)
Male	117 (42.9)
Region of practice	
Western Europe	154 (56.4)
Eastern Europe	29 (10.6)
America	36 (13.2)
Asia	35 (12.8)
Africa	10 (3.7)
Oceania	5 (1.8)
Missing	4 (1.5)
Religion	` ,
Catholic	114 (41.8)
Protestant	34 (12.4)
Muslim	18 (6.6)
Jewish	12 (4.4)
Hindu	6 (2.2)
Atheist/none	61 (22.3)
Prefer not to answer	28 (10.3)
Children	20 (10.5)
Yes	213 (78.0)
No	60 (22.0)
Specialty	00 (22.0)
Medical oncology	147 (53.8)
Surgery	82 (30.0)
Gynaecology	26 (9.5)
Family physician	2 (0.7)
Fertility specialist	1 (0.4)
Other ^a	15 (5.5)
Practice environment	15 (3.5)
Public	14 (5.1)
Private	24 (8.8)
Academic	235 (86.1)
Years of clinical practice, median (interquartile)	18 (10–26)
Work in breast cancer unit Yes	223 (81.7)
No	50 (18.3)
New young breast cancer patients (≤40 years) every	
<10	47 (17.2)
10-50	173 (63.4)
>50	53 (19.4)
2.IU	
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Patients with breast cancer treated during pregnan	
Patients with breast cancer treated during pregnan 0	51 (18.7)
Patients with breast cancer treated during pregnan 0 1-5	51 (18.7) 188 (68.9)
Patients with breast cancer treated during pregnan 0	51 (18.7)

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