

Implementing the hub and spoke model for the oncofertility units



Dear Editor,

We read with great interest the important results of IBCSG 43-09 HOHO, a European multicentre cohort study investigating fertility, psychosocial and quality of life concerns in young (≤ 40 years) breast cancer patients [1]. Despite more than half of young women with newly diagnosed breast cancer were concerned about risk of chemotherapy-induced infertility and wished to have future children, only 9% (28/297) of them underwent embryo, oocyte or ovarian tissue cryopreservation before starting systemic anticancer therapies [1].

Similar results were shown in the US HOHO study and our Italian PREFER study with an acceptance rate for cryopreservation strategies of approximately 10% [2,3].

In a recent survey among breast cancer specialists, lack of collaboration between oncology and fertility units was considered one of the important factors preventing access to cryopreservation strategies; approximately 60% of respondents supported the need to have a specialized fertility unit within the same institution of the oncology centre [4]. Nevertheless, considering the small number of patients requiring access to cryopreservation strategies, implementing an hub and spoke model (with several oncology centre referring interested patients at a major and more experienced fertility unit) may help to overcome these obstacles also improving success rates and cost-effectiveness of these procedures.

Conflict of interest statement

Matteo Lambertini served as a consultant for Teva, and received honoraria from Theramex and Takeda outside the submitted work. The other authors declare no conflicts of interest.

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