

Greetings Oregon Senate Committee on Health Care,

**Support 859: Requires physician to discuss issues related to fertility with adolescent oncology patient.**

My name is Rico Dence the founder of the Great Ribbon Rally. I been asking legislators in all 50 States to purpose and pass the legislation.

Why is it necessary to pass a bill to discuss fertility for cancer patient? 87% of young adults and adolescent are **NOT discussed** fertility options prior to cancer treatment. [www.Stupidcancer.org](http://www.Stupidcancer.org)

When one is diagnosed with cancer, one thinks what must I do to live or am I going to die! Fertility is their last thing on their mind. A cancer diagnoses is shocking, emotional, and a learning experience. The ability to have children in the future is **there last thought.**

According to the National Comprehensive Cancer Network, approximately 90% of testicular oncologist in Non educational hospitals, DO NOT discuss fertility options prior to cancer treatment.

A discussion about preservation of fertility is needed. With the advancement of cancer treatment and preservation. Young adult cancer survivors are living longer. With certain chemotherapy and radiation in the pelvic area, they lose the ability to have children in the future.

Since June 1, 2016, I started the Great Ribbon Rally, and have not raise the fund necessary to become a 501c3 and 501c4. I been traveling across the country and holding events at state capitols to discuss young adult cancer survivor needs. Across the country, I have spoken with survivors who express their oncologist discuss fertility options. In Huston and on the day he was schedule to have chemotherapy, a male 32-year-old stomach cancer survivor was going to receive his first chemo treatment. He as the nurse am I going to be able to have kids in the future. She said, "No they did not tell you?" He postponed treatment and preserved his fertility. That is one of many stories I have heard across the country.

In February 2017, I was at Yale Young Adult Cancer Support Group. Yale is an educational hospital, and educational hospitals do have greater percentage of doctors discussing fertility. Yale is where I receive cancer treatment. This meeting 6 other cancer survivors attended the support group. I discussed with them the fertility bill I been advocating. This lead to a discussion and every one of them in the group told me they did **NOT** get discussion with oncologist spoke about fertility preservation.

According to American Cancer Society: "Most chemotherapy (chemo) drugs can damage a woman's eggs and/or affect fertility. (Remember a woman is born with all the eggs she will ever have and they're stored in her ovaries.) The effect will depend on the woman's age, the types of drugs she gets, and the drug doses. This makes it hard to predict if a woman is likely to be fertile after chemo." A discussion on fertility is needed.

Receiving a cancer diagnoses is hard enough. Being told you cannot have children because your chemo or radiation made you infertile is a double whammy. Passing SB 859, will help young adult and

adolescent cancer survivors to have the option to have a child in the future. You're making it possible for a young adult cancer survivor to hold their future child in their hands.

Sincerely,

Rico Dence

Founder

[www.GreatRibbonRally.org](http://www.GreatRibbonRally.org)

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