



November 16, 2021

Dear Members of the Oregon Senate Interim Committee Health Care,

Chair Patterson, Vice-Chair Kennemer and members of the Oregon Senate Interim Committee Health Care committee, my name is Dr. Brandon Hayes-Lattin. I am a cancer specialist at Oregon Health and Science University, where I serve as medical director for the Division of Hematology and Medical Oncology and director of the Knight Cancer Institute's Adolescent and Young Adult (or AYA) Oncology Program. Thank you for inviting me today to speak to you about the impact of a cancer diagnosis on fertility and the opportunity to ensure safe and effective fertility preservation for those patients in need.

The US National Cancer Institute defines the field of Adolescent and Young Adult Oncology as the management of patients with a cancer diagnosis during their teens, twenties, or thirties. This age range represents the age of fertility, and as such, our profession has recognized that it is the responsibility of a physician who is caring for an AYA-aged cancer patient to discuss the possibility of infertility from cancer and cancer therapies and to describe the available medical options to preserve fertility. The American Society of Clinical Oncology, the National Comprehensive Cancer Network, and many other professional societies have published strict guidelines regarding the requirement to discuss fertility preservation, and OHSU has a policy that mandates such information be shared with patients of reproductive age.

As you might well imagine, the topic of fertility is of critical importance to a young patient and their family when facing a new diagnosis of cancer. Surveys performed by the LIVESTRONG Foundation have found that AYA-aged cancer patients rank fertility concerns as second only to cancer mortality concerns when facing a new cancer diagnosis. Take a moment and just imagine the impact it would have on you or your young adult family member if they were told that their ability to have children in the future were at risk due to cancer and its therapy.

Dr. Amato and I care for just these patients every week at OHSU, such as a previously healthy woman in her mid-20's who presented with back pain only to find that her white blood cell count was nearly 10 times normal due to acute leukemia. When she considered that her leukemia therapy would pose an extreme risk to her future fertility, she and her mother were both distraught. But fortunately, she was able to pursue fertility preservation procedures at OHSU and now has 16 mature eggs frozen for future use. Preserving her fertility represents hope that she will still be able to have children of her own one day. And she is prepared to proceed to a life-saving bone marrow transplant next month.

This is the good news: that safe and effective methods of fertility preservation exist for both males and females facing iatrogenic (or medically caused) risks to fertility. As a cancer physician, I prescribe many therapies to mitigate the unintended side effects of treatments:

Division of Hematology and Medical  
Oncology  
Knight Cancer Institute

**tel** 503 494-8534  
**fax** 503 494-3257

hayeslat@ohsu.edu  
www.ohsu.edu

Mail code: OC14HO  
3181 S.W. Sam Jackson Park Rd.  
Portland, OR 97239

anti-nausea medications, white blood cell growth factors, prophylactic antibiotics, and the like. It is my obligation to support patients through the side effects caused by the treatments I prescribe. And for my patients who are covered by insurance, most of these treatments are included in their coverage. Fertility preservation is another such iatrogenic harm that I and my colleagues can mitigate, but unfortunately it is treated differently by insurers.

The barrier, as you have heard, is not the identification of those at need, or the therapies available, but access due to lack of insurance coverage. And timing is critical because when a patient is facing cancer and there is an urgent need to start cancer therapy, there is no time for fund-raising efforts to cover the costs of these services.

Because of the relative importance of future fertility, many patients actually report that concerns over fertility risk have influenced their decisions to proceed with standard of care cancer treatments. A study of young women with breast cancer found that 51% reported concern about becoming infertile after treatment and that 17% modified or omitted standard of care breast cancer treatments over fertility concerns. Stop and think about that: more than 1 in 6 women with breast cancer were willing to risk cancer cure due to their desire to preserve their ability to create a family. Not only does that represent an unnecessarily poor outcome, but the costs of caring for such a patient who later develops preventable metastatic disease far, far exceeds the upfront cost of offering fertility preservation to allow for standard of care cancer treatment.

Legislation on this issue has been proven to work to solve this problem and will help my patients and Oregonians across the state. Data published in the Journal of American Medical Association (JAMA Network Open) have shown that increased rates of documented medical discussions about fertility risk from cancer therapy are found in states that have addressed fertility coverage through legislation.

We have safe and effective means to help these patients. But they need insurance coverage to access this necessary care.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Hayes-Lattin', with a stylized flourish at the end.

**Brandon Hayes-Lattin, MD**  
Professor of Medicine  
Medical Director, Hematology and Medical Oncology

Medical Director, Adolescent and Young Adult Oncology