OHSU Health

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Dear Members of the Oregon Senate Committee On Health Care,

Chair Patterson, Vice-Chair Hayden and members of the Oregon Senate Committee On Health Care, for the record, my name is Dr. Brandon Hayes-Lattin. I am a cancer specialist at Oregon Health and Science University, where I serve as Medical Director and Deputy Division Head for the Division of Hematology and Medical Oncology. I am also the Director of the Knight Cancer Institute's Adolescent and Young Adult (or AYA) Oncology Program, one of the first such programs in the country aimed to improving outcomes for cancer patients in their teens, 20s and 30s. Thank you for the opportunity to speak to you today about the impact of a cancer diagnosis on fertility and the opportunity to ensure delivery of safe and effective family building for those patients in need.

I am speaking today in support of Senate Bill 491.

Through advances in treatments and support, we now cure approximately 85% of cancers in the adolescent and young adult age range, which simultaneously represents the age of prime fertility. 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 requiring providers to discuss fertility preservation procedures. And, as a national leader, OHSU maintains a policy that mandates such information be shared with patients of reproductive age.

This is a professional duty I take seriously. It is also personal, as I myself was diagnosed with cancer at age 28 and underwent sperm banking to ensure my options for future family building.

I can assure you that the topic of fertility is of critical importance to young patients and their families when facing a new diagnosis of cancer. Surveys show that AYA-aged cancer patients rank fertility concerns 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.

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 was distraught by the idea that she may lose her chance to have a family of her own. But fortunately, she was able to pursue fertility preservation procedures at OHSU and now has 16 mature eggs frozen for future use. To her, preserving her fertility represents hope that we believe in both her chances of surviving leukemia and in her ability to have children of her own one day.

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 other therapies designed to mitigate the unintended side effects of treatments: 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 therapies are included in their coverage. Infertility from cancer and cancer treatment is another such iatrogenic harm that I and my colleagues can mitigate, but unfortunately it is treated differently by insurers.

The barrier is not the identification of those at need, or availability of effective therapies, 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 their chance for 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 in other states, and will help my patients and all such Oregonians. 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,

Brandon Hayes-Lattin, MD
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