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EDITORIAL

Fertility preservation in patients with gynecologic cancer

Nicolae Gică

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Abstract

In this editorial we comment on the article by Gu *et al*. We focus and debate the necessity of fertility sparing surgery in young women's with gynecologic cancers, specifically on those patients with the desire to conceive. This type of individualized treatment options is often very difficult, due to the risk of disease evolution and multiple disparities in fertility preservation services among women in different countries and societies. For this reason national policy interventions are mandatory in order to ensure equitable access this procedures, in women with cancer.

Key Words: Fertility sparing surgery; Pregnancy; Gynecologic cancer; Endometrial cancer; Ovarian cancer

Core Tip: Fertility preservation is a delicate balance, requiring multidisciplinary approach. Timely discussions about fertility preservation options should be integrated into the overall treatment plan, allowing patients to make informed decisions about their reproductive future. While not without challenges, fertility preservation provides cancer survivors with the opportunity to conceive and regain a sense of normalcy post-treatment.

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INTRODUCTION

Fertility preservation is mandatory in women at reproductive age with cancer, with no children, and desire to procreate. There are multiple disparities in fertility preservation services among women in different countries and societies. For this reason, national policy interventions are mandatory to ensure equitable access to these procedures, in women with cancer.

A special category is represented by young women with gynecological cancer or premalignant diseases, who wish to preserve their childbearing potential. Conservative management, to preserve fertility is recommended in these patients, in selected cases[1]. If conservative management is not feasible, different types of fertility preservation (oocyte vitrification, ovarian cortex cryopreservation, or embryo cryopreservation) should be offered to young women with cancer[2].

Fertility preservation is a delicate balance, requiring a multidisciplinary approach. Timely discussions about fertility preservation options should be integrated into the overall treatment plan, allowing patients to make informed decisions about their reproductive future. While not without challenges, fertility preservation provides cancer survivors with the opportunity to conceive and regain a sense of normalcy post-treatment. This evolving field reflects a commitment to holistic care, recognizing the importance of preserving not only life but also the potential for creating new life beyond cancer.

Fertility preservation has become a necessity, to improve the quality of life in young women, after cancer treatment. Increasing survival rates, due to the new therapies and early diagnosis of different types of cancer in young women requires new national and international strategies to improve procreation.

This strategy, in my opinion, should clearly define the importance of onco-fertility care in women at reproductive age, with no children and a desire to procreate.

In this editorial, we want to add this comment, after reading the article published by Gu *et al*[3]. Endometrial neoplasia is now easy to diagnose using hysteroscopy. Moreover, this type of fertility-sparing treatment is reserved for young women with the desire to conceive, after delivery the radical treatment is recommended.

Recent statistics reports highlight the incidence of endometrial neoplasia being 4.5% and mortality of 3.4% of all malignancies. Normally this pathology appears in the postmenopausal period, except in a small group including very young women, with a desire to conceive. The standard treatment is hysterectomy with bilateral salpingo-oophorectomy with or without lymph node dissection but in low-risk patients with endometrioid endometrial cancer (EC) stage IA, grade 1, with or without focal lymphovascular invasion, stage I the fertility-sparing surgery can be an option[4].

Moreover, immune checkpoint inhibitors were recently discovered as a potential game-changer, nowadays predictive biomarkers are mandatory to stratify this category of patients with EC[5].

CONCLUSION

In conclusion, the fertility-sparing surgery in uterine or ovarian cancer is individualized, to preserve the reproductive function and the patient should be reevaluated after birth for definitive treatment.

FOOTNOTES

Author contributions: There is only one author in the manuscript, and the author has written the manuscript.

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