

About the Japan Society for Fertility Preservation

Establishment of the medical healthcare network on Fertility Preservation of young cancer patients (Oncofertility) in Japan



Nao Suzuki, MD, PhD
President, JSFP

In recent years, it has become possible for an increasing number of patients to overcome cancer owing to advanced multi-modal therapy. However, anticancer treatment can cause hypogonadism, loss of fertility, and premature ovarian failure in young patients. Therefore, in recent years, young cancer patients have increasingly chosen to undergo additional procedures for fertility preservation. Thus, it is important to appropriately implement fertility preservation with the aim of improving the QOL of both male and female patients after remission of cancer is achieved. Patients with cancer need to simultaneously handle various issues that emerge one after another without assistance and have to decide on their options within a short time frame. During the short period before a patient starts anticancer treatment, it is critically important to quickly provide the patient with the latest information and establish close coordination with the gynecologist (particularly a reproductive specialist) at an early stage in order to successfully carry out oncofertility therapy. To perform fertility preservation, the establishment of a healthcare team is essential, not only involving doctors but also nurses, a clinical psychotherapist, a pharmacist, and a social worker. Of course, treatment of the patient's malignancy must receive the highest priority, and this is the main difference between fertility preservation and standard infertility treatment. It is necessary to complete fertility preservation within a limited period because there is always a risk of recurrence/relapse of the patient's underlying malignancy, even during implementation of oncofertility therapy. Depending on the stage of the disease at the time of diagnosis, the treating physician may need to inform the patient that it is necessary to abandon fertility preservation and should ensure that the patient avoids suspending or terminating anticancer treatment unnecessarily. On the other hand, the treating oncologist should fully understand oncofertility therapy so as not to miss the chance to provide fertility preservation that is the right of cancer patients.

On November 3, 2012, the Japan Society for Fertility Preservation (JSFP) was founded as a nonprofit organization with the aim of re-organizing the healthcare system for oncofertility therapy in Japan, as well as achieving the appropriate implementation and understanding of oncofertility therapy. It is necessary to share various old and new issues regarding the management of fertility preservation in cancer patients among healthcare professionals from multiple specialties involved in oncofertility medicine. The JSFP would appreciate receiving cooperation, advice, and assistance from healthcare professionals with various specialties.

Nao Suzuki, MD, PhD
President, JSFP