ー原著論文ー

A study of the criteria for young cancer survivors to become foster or adoptive parents in Japan

本邦におけるがんサバイバーに対する里親制度・特別養子縁組制度の実態調査

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Abstract:
Purpose: To elucidate the criteria for young cancer survivors to become foster parents or adoptive parents by activities of child guidance offices and adoption agencies in Japan.
Methods: We conducted a questionnaire survey on 69 child guidance offices and 18 adoption agencies to determine the criteria for young cancer survivors to become foster parents or adoptive parents.
Results: Child guidance offices and adoption agencies emphasized that the foster care and adoption systems are designed in the best interest of the children involved; however, some had positive opinions about cancer survivors becoming foster or adoptive parents because of their life experience. They indicated that the health status of cancer survivors receiving treatment, in the follow-up period after treatment or in remission, should be considered on an individual basis based on their medical certificate, and they expected to cooperate with healthcare providers.
Conclusion: This study showed child guidance offices and adoption agencies were not negative about cancer survivors becoming foster parents or adoptive parents. However, we consider that a gap still exists between healthcare providers and child guidance offices/adoption agencies in terms of possibility of cancer recurrence over the long-term. Therefore, we should immediately establish a cooperation system between these groups to share recognition of cancer risks. Cooperation with The Foster Parent Association as well as cancer survivors may also be required.

Key words: oncofertility, fertility preservation, foster parent, adoption, survivor

要 旨: 本研究の目的は本邦における児童相談所や特別養子縁組団体を介して若年がんサバイバーが里親・養親になる基準を明らかにすることである。我々は69の都道府県及び政令指定都市の児童相談所管轄部署と18の特別養子縁組団体に対して若年がんサバイバーが里親・養親になる基準についてアンケート調査を行った。両者とも里親制度・特別養子縁組制度とも児の福祉に最も配慮していることを強調していた。しかしながら、がんサバイバーが里親・養親になることに対して、その人生経験ゆえに肯定的な考えを持つ者もいた。両者は、治療中、経過観察中、あるいは完解後であってもがんサバイバーの健康状態が医師の診断書に基づいて個別的に考慮されるべきであると考えていることが示され、医療者との連携を望んでいた。本研究では児童相談所と特別養子縁組団体はがんサバイバーが里親・養親になることに対して否定的ではないことを明らかにした。しかしながら、医療者と両者の間には長期にわたるがんの再発に対する認識のギャップが存在すると考えられた。それゆえに我々は早急に医療者と児童相談所及び特別養子縁組団体との連携を構築し、がんに対する認識を共有しなくてはならない。また、がんサバイバーそして里親団

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体との連携も必要であるかもしれないと考えられた。

キーワード：がん・生殖医療、妊孕性温存、里親制度、特別養子縁組制度、がんサバイバー

Introduction

The development of cancer treatment and reproductive medicine has allowed oncofertility to advance rapidly; therefore, the possibility of cancer survivors having their own children is increasing. Donnez et al[1]. reported the first case of live birth after cryopreservation of ovarian tissue in 2004. Woodruff[2] coined the term "oncofertility" to describe the merging of the two fields of oncology and fertility, and she established a worldwide network for fertility preservation treatment in 2006. Globally, about 100 children have been born by the method of cryopreservation of ovarian tissue[3].

However, not all cancer survivors are eligible to receive fertility preservation treatment, and not all cancer survivors who receive this treatment are able to conceive. Ito et al[4]. reported that the expected live-birth rate of cancer survivors receiving oocyte pick-up for embryo cryopreservation was 66%, meaning that one in every three cancer survivors cannot have a child. They concluded that decision trees for oncofertility care might need to be adapted simultaneously along with improvements to the social environment, such as greater support for adoption, in order for cancer survivors to feel secure in their decisions[4].

The foster care system and adoption are useful means for young cancer survivors who desire children but lack fertility due to cancer treatment. Cancer survivors often feel conflicted about the responsibility of being a parent because they feel inferiority complex due to their diseases. Child guidance offices and adoption agencies are managing the foster care and adoption systems and taking considerable interest in the health status of the foster parents and adoptive parents. However, there are no standardized criteria for the health status of foster parents and adoptive parents. The lack of criteria may result in confusion over whether someone is fit to become a foster or adoptive parent. We should work to solve this problem in cooperation with child guidance offices and adoption agencies.

The objective of this study was to elucidate the criteria necessary for young cancer survivors to become foster parents and adoptive parents by activities of child guidance offices and adoption agencies in Japan.

Materials and Methods

We researched the criteria for young cancer survivors to become foster parents and adoptive parents at 69 child guidance offices and 18 adoption agencies in Japan using a questionnaire. Completed questionnaires were returned and informed consent was provided. We compared the results of the questionnaire between child guidance offices and adoption agencies with the chi-square test, and we judged that there was a significant difference when the P value was less than 0.05.

Questionnaire contents

The questionnaire consisted of the following eight items:

Q1. Number of accepted foster parents and adoptive parents in the last year.

Q2. What are the criteria for selecting foster parents and adoptive parents? Choice options were as follows:

1. Anybody with chronic diseases is not accepted as foster parents or adoptive parents.
2. Anybody who is not limited in activities of daily living with chronic diseases can be accepted as foster parents or adoptive parents.
3. Anybody who is partially limited in activities of daily living with chronic diseases is accepted as foster parents or adoptive parents.
4. Others

Q3. Do you accept young cancer patients receiving cancer treatment to become foster parents or adoptive parents? Choice options were as follows:

1. Anybody who is receiving cancer treatment with any cancer and any stage is not accepted as

foster parents or adoptive parents.
2. Anybody who is receiving cancer treatment is considered as foster parents or adoptive parents, depending on the type of cancer and the degree of stage.
3. Anybody who is receiving cancer treatment is considered as foster parents or adoptive parents, based on the medical certificate.
4. Others

Q4. Do you accept young cancer survivors under follow-up after cancer treatment to become foster parents or adoptive parents? Choice options were as follows:
1. Anybody who is in the follow-up duration is not accepted as foster parents or adoptive parents due to the risk of recurrence.
2. Anybody who is not limited in activities of daily living in the follow-up period is accepted as foster parents or adoptive parents.
3. Anybody who is in the follow-up period is considered as foster parents or adoptive parents, based on the medical certificate due to the risk of recurrence.
4. Anybody who is partially limited in activities of daily living in the follow-up duration is considered as foster parents or adoptive parents by consulting with him or her.
5. Anybody who is partially limited in activities of daily living in the follow-up period is considered as foster parents or adoptive parents, based on the medical certificate.
6. Others

Q5. Do you accept young cancer survivors in remission after cancer treatment to become foster parents or adoptive parents? Choice options were as follows:
1. Anybody who has a cancer history is not accepted as foster parents or adoptive parents, even if healthy now.
2. Anybody who is not limited in activities of daily living with a cancer history is accepted as foster parents or adoptive parents.
3. Anybody who is not limited in activities of daily living with a cancer history is accepted as foster parents or adoptive parents, based on the medical certificate.
4. Anybody who is partially limited in activities of daily living with a cancer history is considered as foster parents or adoptive parents by consulting with him or her.
5. Anybody who is partially limited in activities of daily living with a cancer history is considered as foster parents or adoptive parents, based on the medical certificate.
6. Others

Q6. Will you use a consultation service to determine the health status of potential foster parents or adoptive parents through the Japan Society for Fertility Preservation (JSFP) when it becomes available in the future? Choice options were as follows:
1. No, I won't.
2. Yes, I will in some cases.
3. Yes, I will in all cases.

Q7. Will you attend public lectures on the foster care system and adoption for young cancer survivors organized by the JSFP? Choice options were as follows:
1. Yes, definitely.
2. Yes, if possible.
3. No.
4. I can't attend, although I wish I could.

Multiple responses were allowed for Q3-Q5.

Q8. Do you have any other comments? (Free Description Responses)

Ethical Considerations

We conducted this questionnaire survey in accordance with the ethical code of the ethical committee in Dokkyo Medical University Saitama Medical Center.

Results

The overall response rate of the questionnaire was 76% (66/87) and, more specifically, 77% (53/69) for child guidance offices and 72% (13/18) for adoption agencies, respectively. The average number of accepted foster parents or adoptive parents in the last year was 28 and 10 cases, respectively.

Regarding criteria for accepting foster parents or

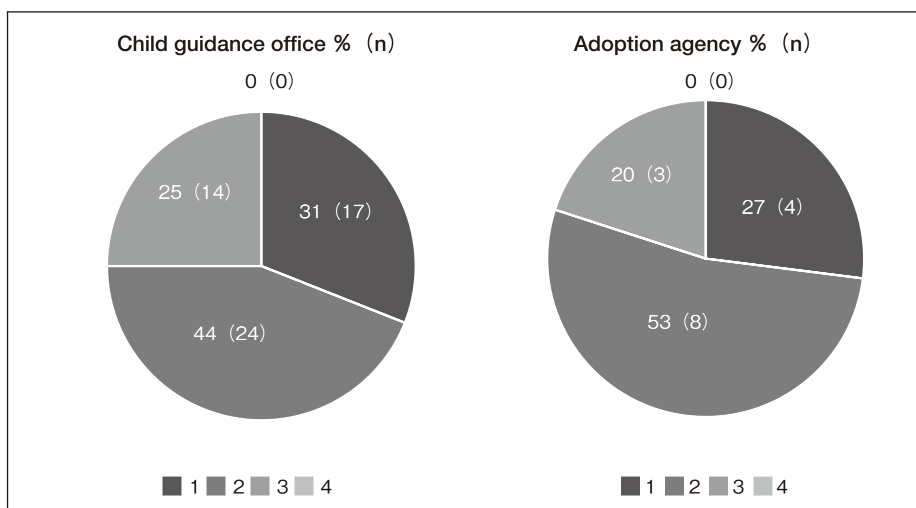

Figure 1 Responses to "Q2. What are the criteria for selecting foster parents and adoptive parents?"

None of the respondents chose option 1.

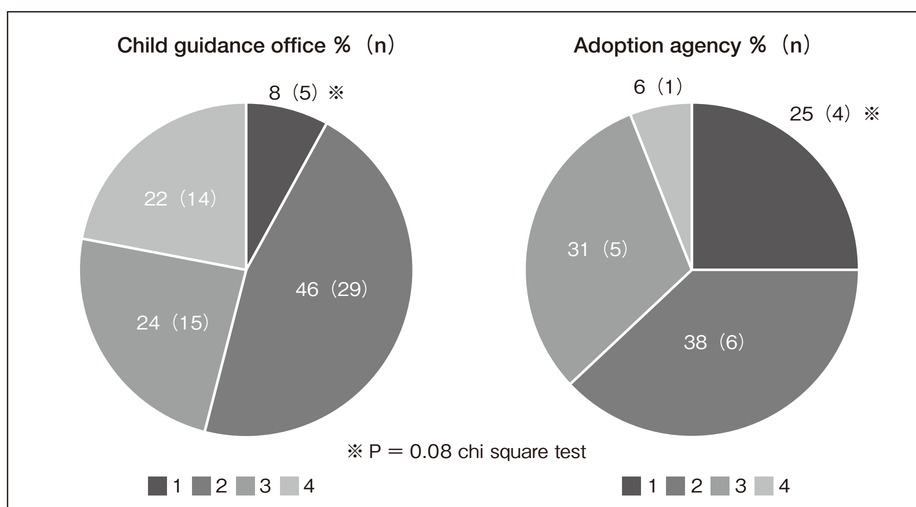

Figure 2 Responses to "Q3. Do you accept young cancer patients receiving cancer treatment to become foster parents or adoptive parents."

Fifteen% of the respondents (8% of child guidance offices, 27% of adoptive agencies) indicated that they did not accept cancer survivors receiving cancer treatment as foster parents or adoptive parents; the incidence of this response tended to be higher in adoption agencies (P=0.08).

adoptive parents (**Figure1**), no respondent indicated that those with chronic diseases are not accepted as foster parents or adoptive parents and that only those without limitations, even partial limitations, in activities of daily living can be accepted as foster parents or adoptive parents. No one chose option 1, and most people chose option 3 regarding the criteria for accepting foster parents or adoptive parents.

Regarding young cancer patients receiving cancer treatment (**Figure2**), respondents indicated that those receiving treatment for any type of cancer at any stage are generally not accepted as foster parents or adoptive parents. However, those receiving cancer treatment can be considered as foster parents or adoptive parents based on their medical certificate. Fifteen% of the respondents (8% of child guidance offices, 27% of adoption agencies) indicated they did not accept cancer patients receiving cancer treatment as foster

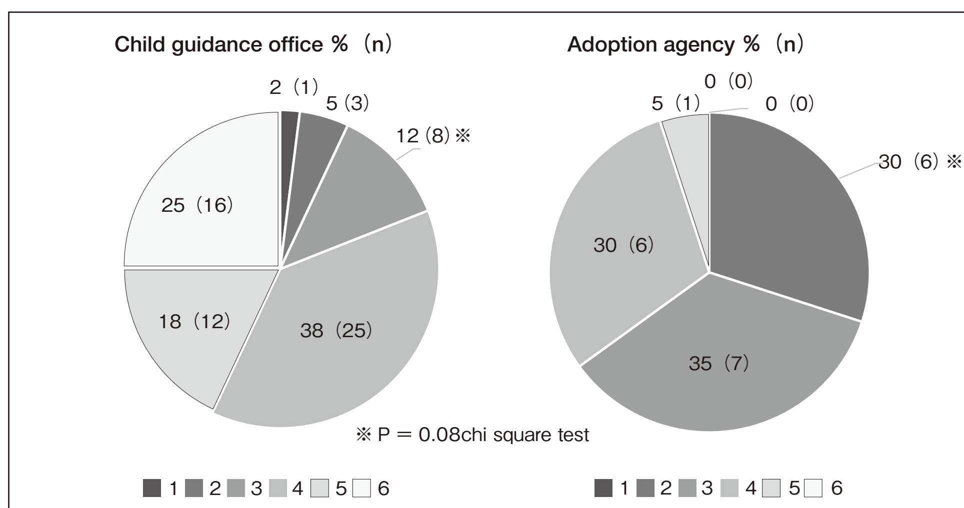

Figure 3 Responses to "Q4. Do you accept young cancer survivors in the follow-up period after cancer treatment to become foster parents or adoptive parents?"
Only one child guidance office (2%) chose option 1, and three (5%) chose option 2.

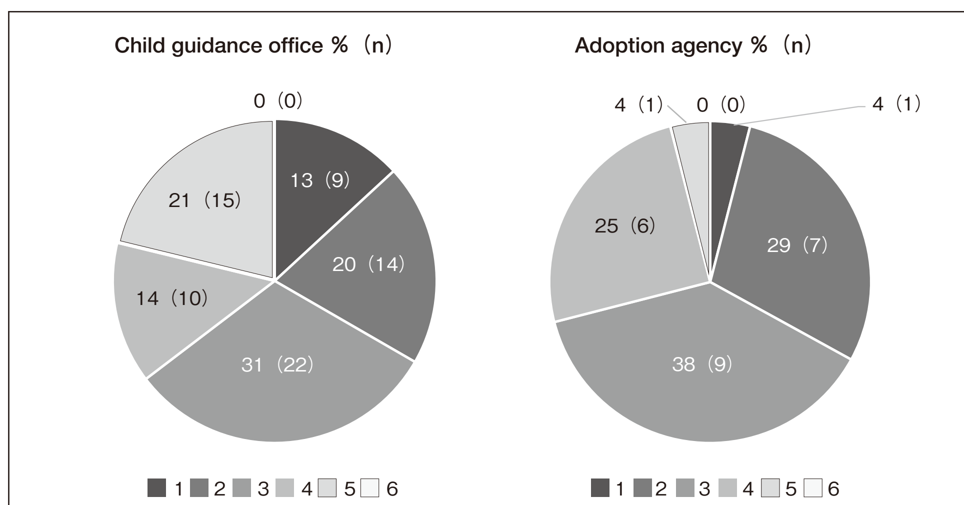

Figure 4 Responses to "Q5. Do you accept young cancer survivors in remission after cancer treatment to become foster parents or adoptive parents?"
Eleven% (nine child guidance offices (13%) ; one (4%) adoption agency (4%)) chose option 2.

parents or adoptive parents, and the incidence of such response tended to be higher in adoption agencies (P=0.08). Most respondents consider that the individual health status of a cancer patient receiving treatment should be based on their medical certificate.

Regarding young cancer survivors in the follow-up period after cancer treatment (**Figure3**), respondents indicated that those in such a period are generally not accepted as foster parents or adoptive parents due to the risk of recurrence. Those without limitations in activities of daily living in the follow-up period can be accepted as foster parents or adoptive parents based on their medical certificate. Those with partial limitations in activities of daily living during the follow-up period can be considered as foster parents or adoptive parents based on both their medical certificate and individual consultation.

Only one child guidance office (2%) chose option 1, and three child guidance office (5%) chose option 2. Many respondents indicated that they should

consider the health status of individual cancer patients receiving treatment based on their medical certificate. The incidence of choice of option 3 tended to be higher in adoption agencies (P=0.08).

Regarding young cancer survivors in remission after cancer treatment (**Figure4**), respondents indicated that those with a cancer history are generally not accepted as foster parents or adoptive parents, even if they are healthy at the time of application. Those with a history of cancer without limitations in activities of daily living can be accepted as foster parents or adoptive parents based on their medical certificate. Those with partial limitations in activities of daily living with a cancer history can be considered as foster parents or adoptive parents based on their medical certificate and individual consultation. Eleven % (nine (13%) child guidance offices, one (4%) adoption agency) chose option 2; however, more than half indicated that they should consider the health status of individual cancer survivors receiving treatment based on their medical certificate.

Regarding the use of the JSFP consultation services to determine the health status of foster parents or adoptive parents (**Table1**), only 8% (four child guidance offices) responded that they would not use such services. Almost all respondents (92%, child guidance offices, all adoption agencies) expected to use the JSFP consultation services when they become available.

As for public lectures on the foster care system and adoption for young cancer survivors organized by the JSFP (**Table2**), 17% of the respondents (seven (15%) child guidance offices, nine (82%) adoption agencies), mainly near Tokyo, showed an interest in attending the lectures. None of the respondents answered that they would not attend.

Comments from the free description indicated that some respondents worried about children who might re-experience the loss of their parents if the foster or adoptive parents would die soon after placement. However, they did not want to refuse cancer survivors as foster parents or adoptive parents and they expectd to cooperate with healthcare providers. Some respondents mentioned that they had positive opinions about cancer survivors being foster or adoptive parents due to their life experience.

Table 1 Will you use a consultation service to determine the health status of potential foster parents or adoptive parents through the Japan Society for Fertility Preservation (JSFP) when it becomes available in the future?

Q6	Child guidance office, % (n)	Adoption agency, % (n)
1	8% (4)	0% (0)
2	92% (45)	91% (10)
3	0% (0)	9% (1)

Table 2 Will you attend public lectures on the foster care system and adoption for young cancer survivors organized by the JSFP?

Q7	Child guidance office, % (n)	Adoption agency, % (n)
1	0% (0)	18% (2)
2	15% (7)	64% (7)
3	0% (0)	0% (0)
4	85% (39)	18% (2)

Discussion

The child guidance offices and adoption agencies participated in this study emphasized that the foster care and adoption systems are designed so as to serve the best benefit of the children involved. However, some had positive opinions about cancer survivors becoming foster or adoptive parents because of their life experience. They indicated that they should consider the health status of individual cancer patients receiving treatment, during the follow-up period and after treatment based on their medical certificate. They also expected to cooperate with healthcare providers in helping cancer survivors to become foster or adoptive parents. However, we consider that healthcare providers do not completely agree that cancer survivors become foster or adoptive parents, and also consider that a gap exists between healthcare providers and child guidance office/ adoption agencies in terms of the possibility of cancer recurrence over the long-term. To bridge this gap, first, healthcare providers should try to share the recognition of cancer risks with child guidance offices/adoption agencies. Since the outcomes and recurrence rates of cancers are expected to continually improve through the development of medicine, the circumstances for each individual cancer survivor will be different. Although both child guidance offices and adoption agencies indicated that they should consider

the cancer survivor's eligibility to become a foster or adoptive parent on an individual basis, adoption agencies might be a little more cautious about that. All adoption agencies expected to use the JSFP consultation services in the future; however, five child guidance offices did not. Healthcare providers might have to support adoption agencies more strongly.

Gorman[5] observed a two-fold higher interest in adoption among cancer survivors than the general population, and found that adoption was a consideration for many young women who have survived cancer. In their report of findings from a learning activity for oncology nurses, Quinn et al[6]. found that adoption agencies had reported that mothers after delivery might feel confident in choosing a parent who had overcome hardships and had an appreciation for life to adopt ---their child. However, Rosen[7] concluded that cancer patients lack access to information about adoption and may face discrimination in domestic and international adoption. Gardino et al[8]. discussed the implications of discrimination in the adoption system carrying over into cancer patient clinical care. They concluded that fertility preservation technologies might provide cancer patients with a back-up option in the face of uncertain adoption outcomes[8]. The Oncofertility Consortium has helped tackle adoption issues for cancer survivors and there are now 11 cancer-friendly adoption agencies in the United States[9].

Our study showed that child guidance offices and adoption agencies in Japan are cancer patient friendly, although it is yet common for cancer survivors to become foster and adoptive parents. Cooperation between health care providers and child guidance offices/adoption agencies would help increase the spread of cancer survivors as foster and adoptive parents. On the other hand, healthcare providers including reproductive endocrinology and infertility doctors have not taken interest in the foster care system and adoption for infertility patients as well as for cancer survivors. The JSFP should have an important and leadership role in the enlightenment of the cooperation with health care providers and child guidance offices/adoption agencies.

It was difficult to accurately determine the actual opinions of the study participants. This is because many respondents chose multiple answers indicating that they were very careful in accepting cancer survivors as foster parents or adoptive parents. We should examine how the results of this study would influence cancer survivors by sharing the results with them. In addition, we should cooperate with cancer survivors and The Foster Parent Association as well as child guidance offices and adoption agencies. Since foster care and adoption are not popular yet in Japan, support from The Foster Parent Association might be needed.

In conclusion, this study showed that child guidance offices and adoption agencies in Japan are not negative about that cancer survivors become foster parents or adoptive parents. However, we consider a gap still exists between healthcare providers and child guidance offices/adoption agencies in terms of the possibility of cancer recurrence over the long-term. Therefore, we should immediately establish a cooperation system between healthcare providers and child guidance offices/adoption agencies to share the recognition of cancer risks. Establishing cooperation with The Foster Parent Association as well as cancer survivors may also be necessary. The JSFP should have an important and leadership role in the enlightenment of the cooperation with health care providers and child guidance offices/adoption agencies, and so they should set up the consultation service system evaluating the health status of the foster parents or the adoptive parents.

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Author Disclosure Statement

No competing financial interests exist.

References

1) Donnez J, Dolmans MM, Demylle D, et al. Livebirth after orthotopic transplantation of cryopreserved ovarian tissue. Lancet. 2004; 364: 1405-10.
2) Woodruff TK. The emergence of a new interdiscipline: oncofertility. Cancer Treat Res. 2007; 138: 3-11.

3) Jensen AK, Macklon KT, Fedder J, et al. 86 successful births and 9 ongoing pregnancies worldwide in women transplanted with frozen-thawed ovarian tissue: focus on birth and perinatal outcome in 40 of these children. J Assist Reprod Genet. 2017; 34: 337.
4) Ito Y, Shiraishi E, Kato A, et al. The Utility of Decision Trees in Oncofertility Care in Japan. J Adolesc Young Adult Oncol. 2017; 6: 186-189.
5) Gorman JR, Whitcomb BW, Standridge D, et al. Adoption consideration and concerns among young adult female cancer survivors. J Cancer Surviv. 2017; 11: 149-157.
6) Quinn GP, Zebrack BJ, Sehovic I, et al. Adoption and cancer survivors: Findings from a learning activity for oncology nurses. Cancer. 2015; 121: 2993-3000.
7) Rosen A. Third-party reproduction and adoption in cancer patients. J Natl Cancer Inst Monogr. 2005; 34: 91-93.
8) Gardino SL, Russell AE, Woodruff TK. Adoption after cancer: Adoption agency attitudes and perspectives on the potential to parent post-cancer. Cancer Treat Res. 2010; 156: 153-170.
9) Women's Health Research Institute. Cancer Survivors and Adoption; 2010. Accessed January 19, 2018 from: https://www.womenshealth.northwestern.edu/blog/cancer-survivors-and-adoption