Fertility toolkit
for healthcare professionals

We’ve developed this toolkit for setting up a fertility referral pathway for young women with breast cancer at the point of diagnosis. We want to help improve communication between breast and fertility clinics, ensuring that all young women are offered the opportunity to discuss their fertility preservation options with specialists before starting breast cancer treatment.

In this pack you’ll find:

- Ideas for discussing fertility with patients
- Fertility pathway for younger women with breast cancer
- Urgent fertility referral form for patients
  (this can be photocopied for multiple patients)

We recommend using the toolkit alongside our booklet Fertility and breast cancer treatment.

You can download further copies of these resources in the ‘Resources for healthcare professionals’ section of our website breastcancercare.org.uk/HCP-toolkits
Get to know your local fertility clinic

Contact details:

Name of fertility clinic

Telephone number

Email address for referrals

Organise a visit to your local fertility clinic – establish communication and learn more about their staff and processes.

Use the toolkit with Breast Cancer Care’s booklet *Fertility and breast cancer treatment*.

We suggest checking with your local fertility clinic whether they would like to receive a referral letter as well.

**Initiating a discussion about fertility**

Raising the issue of fertility is really important for many young women diagnosed with breast cancer. Talking to a patient about fertility can be difficult. You don’t have to know all the answers but being able to offer referral to a fertility expert is best practice.

On the reverse of this postcard are some examples of how to start the discussion about fertility with your patients and in your multidisciplinary team (MDT) meeting.
Suggested questions to ask your patients after diagnosis

‘Were you aware that breast cancer treatment can affect a woman’s fertility/ability to get pregnant?’

‘Are you hoping to have children in the future and how important is this to you?’

‘Has someone talked to you about the side effects of treatment and what these may mean for you?’

‘What about babies…?’

‘Have you thought about having children?’

‘Would you like children in the future?’

‘Have you got any children?’

‘Were you hoping to have children in the future?’

If the woman already has children – ‘Have you completed your family or were you hoping for more children?’

Questions that may help you bring up fertility issues within the MDT

‘What about fertility?’

‘Has this patient been offered a referral to a fertility specialist?’
**Fertility pathway**
for younger women with breast cancer

1. Diagnosis of breast cancer
2. Multidisciplinary team (MDT) meeting
3. Fertility discussion with patient and offer information pack
   - Breast Cancer Care *Fertility and breast cancer treatment* booklet
   - Fertility consultation information sheet
4. **Yes or maybe** to discussion with a fertility specialist
5. Healthcare professional to complete referral form and email or fax to fertility clinic
6. Patient seen in fertility clinic within seven days
7. Fertility clinic provides summary feedback to clinical nurse specialist/oncologist/surgeon
8. **Yes** to fertility preservation
   - Breast cancer treatment plan with or without adjustments
9. **No** to fertility preservation
   - Breast cancer treatment plan with or without adjustments
### Urgent referral for fertility consultation for breast cancer patients

Email or fax referral form directly to fertility clinic and ensure this copy is stored in patient’s notes.

(Phone number for fertility clinic to confirm urgent fax or email has been sent).

**PATIENTS SHOULD IDEALLY ACCESS THIS SERVICE SOON AFTER DIAGNOSIS**

<table>
<thead>
<tr>
<th>Hospital number:</th>
<th>NHS number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s name:</td>
<td>Date of birth: Age:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>(or attach patient ID label)</td>
<td></td>
</tr>
<tr>
<td>Telephone contact number(s)</td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td>Home:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>GP name:</td>
<td></td>
</tr>
<tr>
<td>GP address:</td>
<td>Postcode:</td>
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<td></td>
</tr>
</tbody>
</table>

Person referring (please print): Designation:  

Hospital Trust: Date:  

Contact details:  

<table>
<thead>
<tr>
<th>Details of diagnosis (Please send any pathology reports with this referral): Grade</th>
<th>ER</th>
<th>HER2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nodal status (if known):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposed treatment: Chemotherapy</td>
<td>Hormone</td>
<td>Surgery</td>
</tr>
<tr>
<td>First proposed cancer treatment: Neoadjuvant chemotherapy</td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td>Estimated start date of first cancer treatment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient’s oncologist: Contact details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a copy of this referral form been sent to the oncologist with communication? Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Please also cc outcome of fertility consultation to:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Start date of last menstrual period i.e. day one (if unknown please state):  

Estimated date of next period: Average cycle length:  

Current contraceptive:  

Previous children (own or partner): Yes | No  

BMI:  

Any additional information:  

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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone’s experience is different.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk