

# From **Survival** to **Survivorship**: Advancing Fertility Preservation for Male Cancer Patients



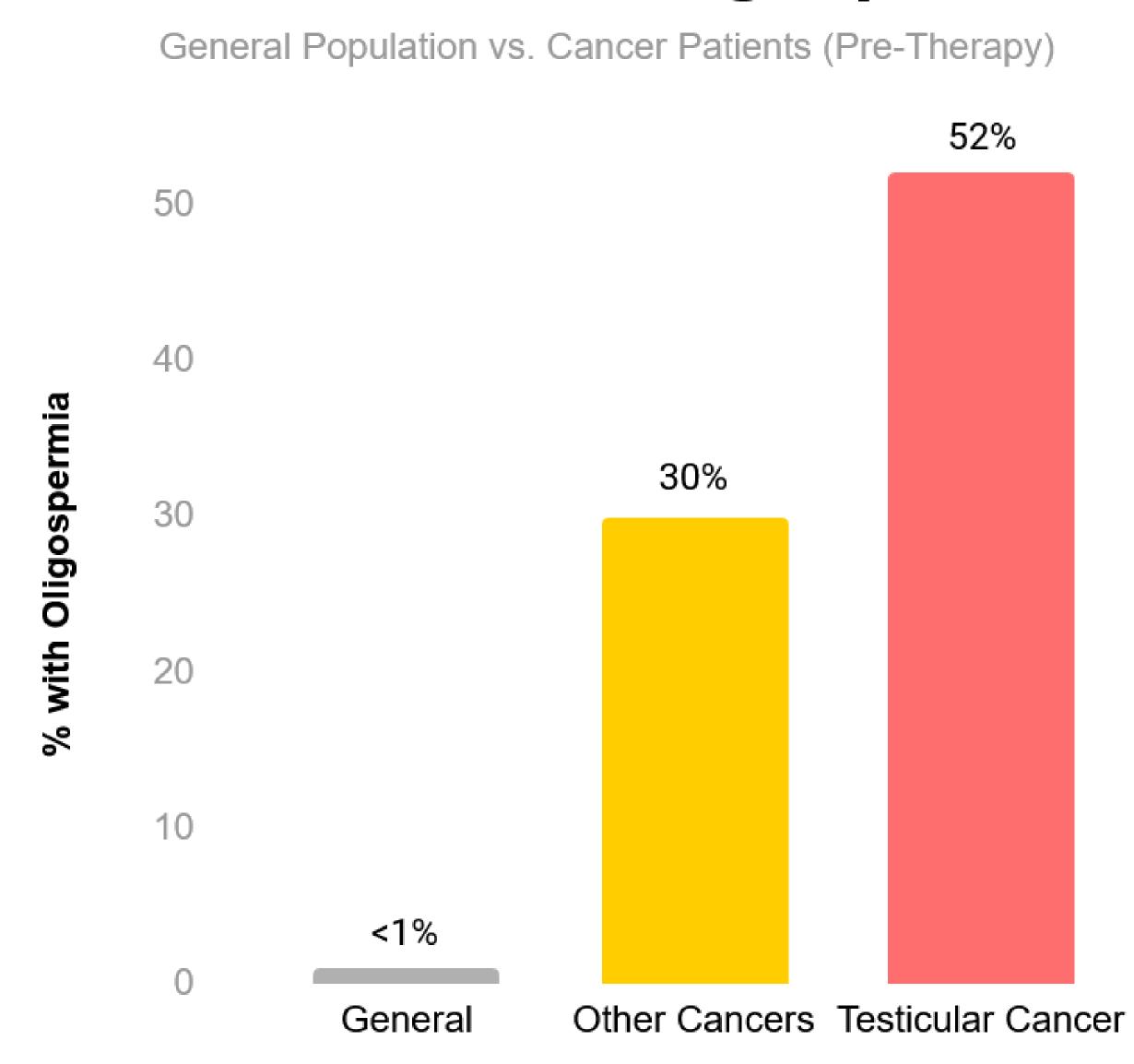
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### Background

- Testicular cancer is the most common cancer in men age 15–44, and 95% survive.
- >50% present with oligospermia before therapy vs. 30% in other cancers.
- Global sperm counts have declined
   >50% since the 1970s, intensifying fertility challenges.

# Prevalence of Oligospermia



# Barriers to Fertility Preservation

#### Guideline

ASCO/AAP recommend FP counseling/referral for all cancer patients before treatment

#### Reality

Fertility preservation opportunities are often missed before treatment begins

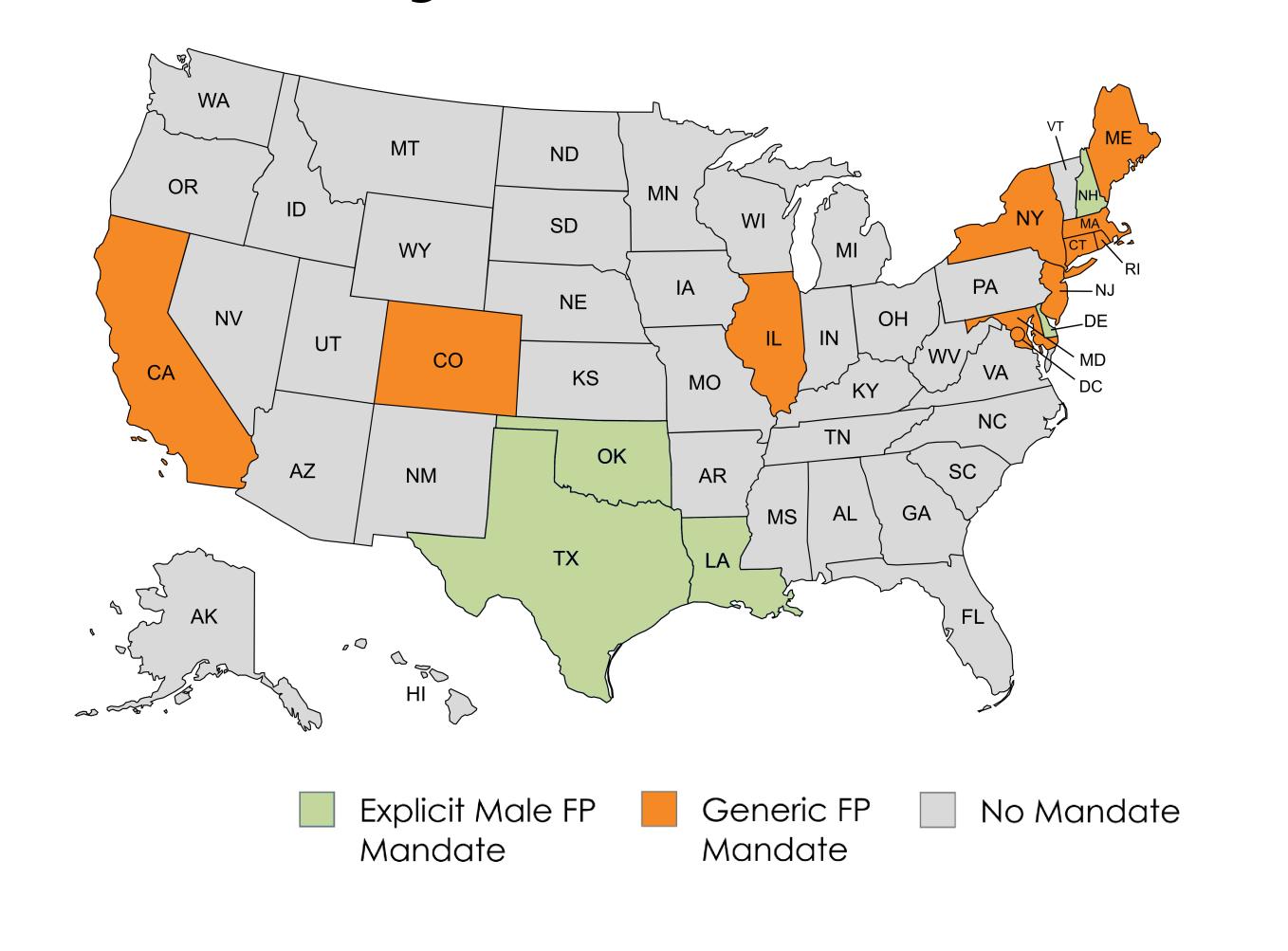
#### Why?

Lack of referral pathways, provider discomfort, and time pressure

#### Impact

Many men lose their only chance to preserve their fertility

# Most States Do Not Guarantee Fertility Preservation (FP)



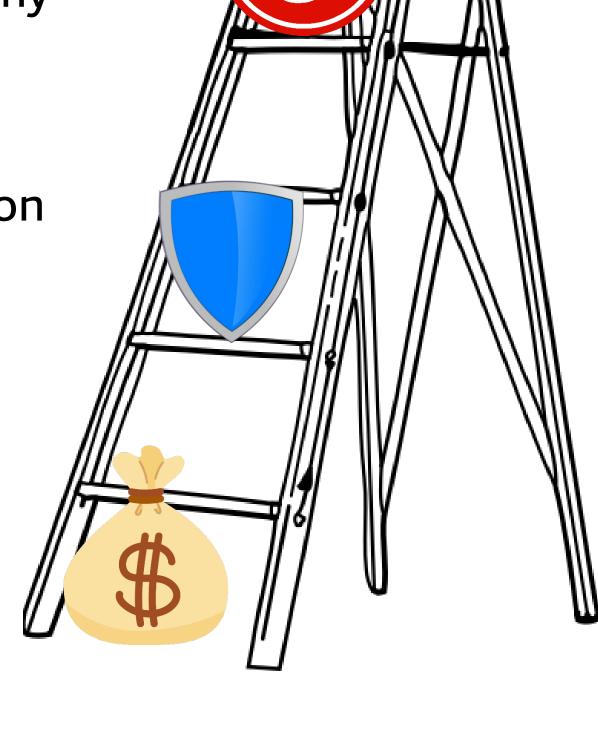
# Coverage and Financial Burden

**Equity:** Inconsistent coverage creates inequities despite equal survivorship needs

**Exclusions:** Medicaid, self-insured plans, and age limits leave many men uncovered

**Coverage:** Fertility preservation mandates vary by state

Cost: Sperm banking costs \$500-\$1,000 upfront + \$200-\$500 annually



# **Policy Solutions**

#### **Phase I – Clinical Practice**

Mandate provider counseling & referral at cancer diagnosis

# Phase II - Coverage & Cost

Require insurance coverage for sperm collection + cryostorage

#### Phase III – State Law

Standardize statutes to explicitly include and protect male fertility preservation