

Fertility Preservation for Young Women in Cancer Care Is Often Overlooked

Female adolescent and young adult cancer patients are offered fertility preservation care at less than half the rate that male patients are.

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In 2006, the [American Society of Clinical Oncology \(ASCO\)](#) deemed [fertility](#) preservation—the process of saving or protecting eggs, sperm, embryos or reproductive tissue so a person can have biological children in the future—an essential part of cancer care.

A recent [study published in Cancer](#) found fertility preservation care access to be limited and unequal among girls and young women with cancer, highlighting the inconsistent implementation of fertility guidelines. The study revealed that these [female](#) cancer patients are offered fertility preservation at less than half the rate that male patients are and found care gaps for fertile women by age, race and ethnicity.

“Despite nearly two decades of clinical guidelines establishing fertility preservation care as a core component of high-quality oncology care, our findings reveal persistent and inequitable gaps in access shaped by demographic, [socioeconomic](#) and geographic factors,” wrote the study’s authors.

The [National Cancer Institute](#) estimates that 88,120 adolescents and young adults will be diagnosed with cancer in the United States this year, accounting for 4.2% of all cancer diagnoses.

Cancer and [cancer treatment](#), such as [surgery](#), [radiation therapy](#) or [chemotherapy](#), can affect a patient’s fertility later in life. Children and teens with cancer can lose their fertility for only a short time, but cancer treatment can also cause complete and irreversible infertility, according to [American Cancer Society](#).

Fertility preservation options for women are often more expensive, invasive and time sensitive when compared with options for male patients. Young girls and women with cancer can

cryopreserve, or freeze, ovarian tissue, eggs or embryos. During radiation therapy near the abdomen or pelvis, ovarian transposition, which involves surgically moving the ovaries out of the radiation area, can be an option for girls after [puberty](#). For boys, fertility preservation may include testicular tissue extraction (before puberty) or banking sperm (after puberty).

Researchers from the Columbia University School of Nursing conducted a review of existing literature from 2006 to 2025 on the implementation of fertility preservation guidelines and found that only 25 out of 20,151 publications focused on fertility preservation in girls and young women with cancer. Fertility preservation care was completed in 0.56% to 70.3% of cases, with most studies finding rates of less than half. Rates of consultation with fertility specialists ranged from 0.9% to 57%, with rates lower than 21% in six out of every nine cases. Discussions with [healthcare providers](#) about fertility preservation occurred in 9% to 75% of cases, with half of the studies finding rates lower than 36%.

Racial minorities, including Black and Latina women, and residents of areas with lower levels of education and income were less likely to receive fertility preservation care. Age was also a factor: Younger women were offered fertility preservation at higher rates than older women of reproductive age.

“Multilevel interventions targeting provider education, patient navigation, health system integration and policy reform are essential to ensure that all [adolescent](#) and young adults receive timely, informed and accessible fertility preservation care aligned with their reproductive goals,” wrote the study’s authors.