



Australasian Oncofertility Consortium Charter

1. All cancer clinicians should discuss the possible effects of cancer treatment on a patient's fertility **before** the start of treatment, irrespective of age, diagnosis and prognosis of the patient.
2. Cancer clinicians should give patients an opportunity to discuss a patient's future fertility by offering referral to specialists who can discuss fertility preservation strategies and the fertility and reproductive health follow-up following cancer treatment.
3. Cancer centres should have a clear referral pathway between cancer and fertility and/or andrology services to ensure that a fertility preservation consultation and appropriate treatment can be organised in a timely manner when it is deemed appropriate to do so before the onset of cancer treatment.
4. National oncofertility data should be collected to enable the development and implementation of national standardised guidelines and governance structure, which takes into consideration the age of a patient.
5. Oncofertility care should be incorporated into the training curriculum for cancer and fertility multi-disciplinary health professionals at both graduate and postgraduate levels to ensure that oncofertility care becomes standard practice in Australasia.
6. Fertility preservation strategies and storage of gonadal tissue and embryos should be affordable and equitable for all cancer patients irrespective of age, ethnicity, sexual orientation or socioeconomic factors.



7. Fertility related psychosocial support should be available to all cancer patients during and after cancer therapy, irrespective of whether they pursued fertility preservation strategies.

8. Health care professionals should give all patients reproductive health information and support. This will enable patients to initiate or maintain personal relationships following a cancer diagnosis and maintain safe sexual health practices.