

## RESEARCH ARTICLE

Editorial Process: Submission:26/02/2026 Acceptance:21/10/2026 Published:25/10/2026

# The Role of Community Health Nurses in Oncofertility Care and Fertility Preservation

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## Abstract

**Objective:** This study aimed to map and synthesize the roles and responsibilities of nurses in maintaining fertility for cancer patients, with particular emphasis on community health nursing contributions across the cancer care continuum, including prevention, early referral, survivorship, and health system integration. **Methods:** A scoping review was conducted following established methodological guidelines. The main databases and guideline repositories were searched from inception until April 20, 2025. Studies and published clinical guidelines published in English that addressed nurses' involvement in fertility preservation were included in community, primary and oncology care contexts were included, and findings were synthesized narratively. **Results:** Thirty-nine studies and 18 clinical guidelines met the inclusion criteria. Five overarching areas of nursing contribution were identified: community-based assessment and referral, counselling and decision support, coordination of fertility preservation procedures, community and survivorship follow-up, and health system and service optimization. Considerable regional variation was observed, ranging from nurse-led, community-integrated models to limited supportive roles. **Conclusion:** Community health nurses play a crucial role in promoting equitable access to fertility preservation services for people affected by cancer. Clear definitions of roles, development of competencies, and integration of fertility preservation into community-based cancer survivorship pathways are essential to strengthen patient-centered, SDG-aligned, and sustainable oncology and public health services.

**Keywords:** Community health nursing, Fertility preservation, Oncofertility, Cancer survivorship, Public health nursing

*Asian Pac J Cancer Prev*, 27 (10), 3801-3808

## Introduction

Advances in cancer care have transformed cancer into a long-term disease for many individuals, shifting the focus of care beyond survival to long-term quality of life and survivorship [1, 2]. From a community health nursing perspective, cancer survivorship is increasingly recognized as a public health problem that extends beyond acute hospital settings to communities, families, and primary health care systems [3, 4]. Young and reproductive cancer survivors face complex challenges related to reproductive health, psychosocial well-being, and life-course planning, positioning fertility preservation as a critical component of community-based survivorship care [5].

Community health nurses, including public health nurses, primary care nurses, survivorship nurses, and nurse navigators, play a central role in addressing fertility preservation throughout the cancer care continuum [6]. Their responsibilities in health education, early risk identification, care coordination, and advocacy enable them to bridge oncology services with community and reproductive health systems. Importantly, community health nurses contribute to reducing inequities in access

to fertility preservation services, particularly for people in rural areas, low-resource settings, and underserved populations [7, 8].

Advances in cancer detection and treatment have led to substantial improvements in survival, resulting in a growing population of young cancer survivors who live for extended periods after diagnosis and treatment [9]. While therapies such as chemotherapy and radiation therapy are effective in improving survival outcomes, they are frequently associated with long-term adverse effects. Among these, treatment-related infertility has emerged as a major concern for survivorship and a key determinant of quality of life for individuals of reproductive age [10], [11]. Fertility preservation refers to the use of surgical, pharmacological, and assisted reproductive technologies to protect reproductive potential in individuals at risk of infertility, including patients undergoing gonadotoxic cancer treatments [12]. These interventions allow patients to preserve fertility prior to starting cancer therapy and are now considered an essential component of patient-centered cancer care.

International professional organizations, including the American Society of Clinical Oncology (ASCO),

the European Society for Medical Oncology (ESMO), and the European Society of Human Reproduction and Embryology (ESHRE), consistently emphasize that fertility preservation counseling and timely referral should be offered to all reproductive-age cancer patients [7, 12, 13]. These recommendations highlight fertility preservation as an integral aspect of contemporary oncology nursing practice.

Despite this recognition, the clinical implementation of fertility preservation remains a challenge. Decision making is often constrained by the narrow time window between diagnosis and the initiation of treatment [14]. Additionally, the preservation of fertility requires close interdisciplinary collaboration between oncology, reproductive medicine, psychology, and ethics professionals. Patients are frequently required to make complex and emotionally charged decisions regarding future fertility shortly after receiving a cancer diagnosis, further compounding psychological distress [15].

In this context, nurses working in oncology, community, and primary care settings are uniquely positioned to provide continuity of care, decision support, and coordination throughout the fertility preservation pathway [16]. Their established roles in patient education, advocacy, psychosocial support, and care navigation enable them to support individuals and families from diagnosis to long-term survivorship. Community health nurses, in particular, play a critical role in ensuring timely referral, continuity of care, and equitable access to fertility preservation services beyond specialist oncology centers [17, 18].

However, despite growing evidence supporting the contribution to fertility preservation, the scope of nurses' roles remains inconsistently defined across the literature and international guidelines [8, 19]. While multidisciplinary approaches are widely endorsed, existing guidelines often refer to nurses only broadly as healthcare providers, without clearly delineating role-specific responsibilities. Consequently, there is substantial variation across healthcare systems. In settings with well-established fertility preservation programs, nurses frequently undertake responsibilities such as initial assessment, fertility risk communication, referral coordination, and interdisciplinary liaison, with some institutions adopting formal nurse-led or navigator-based models [19]. In contrast, in regions where fertility preservation services are less developed, nurses may perceive fertility-related counselling and referral as physician-led tasks, limiting their participation in this aspect of care [20].

This lack of clarity of the role contributes to variability in service delivery and can compromise the consistency and quality of fertility preservation care. Therefore, this study uses a scoping review methodology to systematically map and define the core roles and responsibilities of nurses in fertility preservation services, with the aim of informing standardized practice models, developing guidelines, and policy formulation.

## Materials and Methods

This study used a scoping review methodology to clarify the roles and responsibilities of nurses in preserving fertility for cancer patients. The review was not registered prospectively.

This study used a scoping review methodology to clarify the roles and responsibilities of nurses in preserving fertility for cancer patients. A scoping review was chosen over a systematic review because the objective was to map the existing literature, identify key concepts, and examine the range of nursing roles across diverse settings and guideline types, rather than to answer a narrow clinical question or synthesize effect estimates. This approach is particularly suitable for topics with heterogeneous study designs and emerging evidence. The review was conducted and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist [21]. The review was not registered prospectively.

### Objectives

*The objectives of this scoping review were*

1. To examine international clinical practice guidelines for explicit and implicit descriptions of nurses' roles in fertility preservation, including contributions from community health, public health, and primary care nursing contexts.
2. To identify and synthesize the reported roles, responsibilities, and practices of nurses involved in fertility preservation in community, primary, and oncology care settings.
3. To explore regional variations in the integration of community health nursing roles within fertility preservation pathways for people affected by cancer.

### Search Strategy

A three-step search strategy was applied, following the recommendations of the Joanna Briggs Institute (JBI) [22, 23], was applied. Initially, PubMed and Embase were searched using MeSH terms such as 'oncology', 'fertility preservation', 'nursing', and "nurse." The search was then extended to CINAHL, Scopus, PsycINFO, Web of Science, and guideline repositories, including BMJ Best Practice, the Scottish Intercollegiate Guidelines Network, the National Guidelines Clearinghouse, the ECRI Guidelines and the National Institute of Health and Care Excellence. Reference lists of included studies were also screened. The searches covered all records up to April 20, 2025. A detailed PubMed search strategy is provided in Table 1.

### Management of results

Citations were imported into Mendeley for duplicate removal and reference management.

### Inclusion and Exclusion Criteria

This review included studies and clinical guidelines that reported on nurses' roles in fertility preservation for cancer patients and were published in English. Studies for which the full text was not accessible were excluded.

Table 1. PubMed Search Strategy for Scoping Review

| Step | Concept                                      | Search Terms / Strategy                                                                                                                                                                                                                                                                                                   |
|------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Neoplasms / Cancer                           | "Neoplasms"[Mesh] OR "Tumor*" [Title/Abstract] OR "Neoplasm*" [Title/Abstract] OR "Cancer*" [Title/Abstract] OR "Oncology" [Title/Abstract] OR "Malignanc*" [Title/Abstract]                                                                                                                                              |
| 2    | Fertility Preservation / Reproductive Issues | "Fertility Preservation"[Mesh] OR "Fertility"[Mesh] OR "Fertility" [Title/Abstract] OR "Fertility Preservation" [Title/Abstract] OR "Reproductive Issues" [Title/Abstract] OR "Childbearing" [Title/Abstract] OR "Egg Freezing" [Title/Abstract] OR "Sperm Freezing" [Title/Abstract] OR "Sperm Storage" [Title/Abstract] |
| 3    | Nursing / Nurses                             | "Nursing"[Mesh] OR "Nurses"[Mesh] OR "Nurse*" [Title/Abstract] OR "Nursing" [Title/Abstract] OR "Registered Nurse*" [Title/Abstract] OR "Nursing Staff" [Title/Abstract] OR "Clinical Nurse*" [Title/Abstract] OR "Advanced Practice Nurse*" [Title/Abstract]                                                             |
| 4    | Combined Search                              | #1 AND #2 AND #3                                                                                                                                                                                                                                                                                                          |

### Screening Process

Two reviewers (with experience in oncology nursing and fertility preservation research) independently selected the titles and abstracts of all the articles recovered. The full texts of potentially relevant studies were then assessed for eligibility. Any discrepancies between the two reviewers were resolved through discussion with a third reviewer, who has extensive experience in evidence synthesis and scoping reviews.

### Data Extraction and Synthesis

Data extracted included author, year, country, study design, sample, and nursing roles. A chart adapted from (Arksey & O'malley, O& Malley, 2005) guided the extraction of general and specific nursing activities. Two reviewers independently extracted data; disagreements were resolved by a third reviewer. Narrative synthesis was used to summarize the findings.

### Selection of Evidence Sources

A total of 624 records were identified. After duplicate removal, 152 articles were selected by title and abstract, and 33 studies were included after full-text review. Six additional studies were identified through reference check. Eighteen clinical guidelines were retrieved from repositories and organizational websites. The final review included 39 studies and 18 guidelines. The study selection process is summarized in the PRISMA-SCR flow diagram (Figure 1).

### Results

This scoping review synthesized evidence from clinical practice guidelines and empirical studies addressing nurses' roles in fertility preservation (FP) for cancer patients. The included guidelines span 2006–

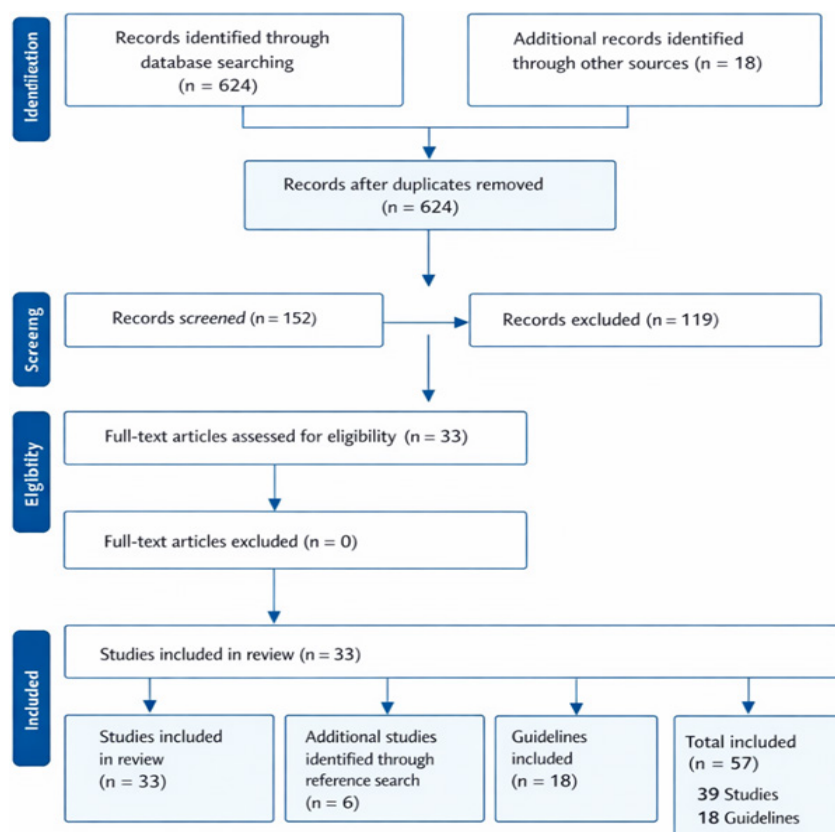


Figure 1. PRISMA-ScR Flow Diagram of Study Selection.

Table 2. Nurses' Roles and Responsibilities in Fertility Preservation for Cancer Patients as Described in Clinical Practice Guidelines

| Year(s)   | Country/Region | Guideline                                            | Issuing Organization | Nurse Role Definition                                                                 | Key Responsibilities                                                                                                                      |
|-----------|----------------|------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 2006–2025 | USA            | Fertility Preservation in People With Cancer         | ASCO                 | From implicit inclusion (2006) to explicit core multidisciplinary team members (2025) | Assess and communicate fertility risks; initiate FP discussions; coordinate referral; provide standardized information; support follow-up |
| 2013      | Scotland       | Long-term Follow-up of Survivors of Childhood Cancer | SIGN                 | Nurse-led service model                                                               | Lead follow-up care; coordinate FP-related assessment; provide ongoing support                                                            |
| 2017      | Japan          | FP in Childhood, Adolescent, and Young Adult Cancer  | JSCO                 | Explicit team-level inclusion                                                         | Patient education; referral coordination; interdisciplinary collaboration                                                                 |
| 2017      | Korea          | FP Clinical Guidelines                               | KSFP                 | Team members responsible for education and navigation                                 | Patient navigation; FP counselling; follow-up coordination                                                                                |
| 2018–2024 | Europe         | FP Guidelines                                        | ESHRE / ESMO         | Explicit multidisciplinary team members                                               | FP counselling; psychological support; professional education; long-term follow-up                                                        |

2025 and originate from North America, Europe, Asia, and Oceania, reflecting substantial geographical and temporal diversity. Over time, guidelines increasingly recognized the importance of multidisciplinary FP care, with progressive clarification and formalization of the roles of nurses.

Empirical studies, published predominantly after 2010, demonstrate growing scholarly attention to nursing contributions in FP care. These studies include various designs, including literature reviews, qualitative studies, descriptive studies, cohort studies, and interventional research. Collectively, the evidence illustrates a shift from implicit or supportive nursing participation toward explicit, structured, and, in some regions, nurse-led FP models.

#### *Nurses' roles in Fertility Preservation Identified in clinical practice guidelines across community and Oncology Care*

Table 2 summarizes the roles and responsibilities as described in international and national FP clinical practice guidelines. Notably, the table highlights a transition from early guidelines that implicitly included nurses to more recent frameworks that explicitly define their roles in counselling, referral coordination, and follow-up care. Early guidelines (pre-2013) largely referred to FP

responsibilities using generic terms such as healthcare providers or multidisciplinary teams, without explicitly identifying nurses.

From 2013 onward, several guidelines began to recognize nurses as active participants in FP care, particularly in patient education, referral coordination, and follow-up management. More recent guidelines from North America, Europe and parts of Asia explicitly position nurses as core members of FP teams, with responsibilities spanning assessment and referral, counseling and decision support, long-term follow-up, and system optimization. This evolution reflects the increasing institutional recognition of the contributions across the continuum of care for FP.

#### *Roles Identified in Empirical Studies*

The empirical studies identified 23 different nursing tasks, organized into five stages of the FP care pathway. These stages reflect the chronological implementation of FP services and provide a conceptual framework to understand nursing practice.

Table 3 presents the roles and tasks across these stages. The table illustrates that nursing contributions extend beyond assessment and counselling to include treatment coordination, long-term follow-up, and system-

Table 3. Nurses' Roles and Tasks in Fertility Preservation for Cancer Patients Across Community, Primary, and Oncology Care Settings

| Stage                            | Role                                                | Key Tasks                                                                                                                 |
|----------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Assessment and referral          | Identification and communication of fertility risks | Assess reproductive needs; explain treatment-related fertility risks; initiate FP discussions; coordinate referral        |
| Counselling and decision support | Information and psychosocial support                | Provide FP information; support informed decision-making; address emotional distress; ensure ethical and legal compliance |
| Treatment implementation         | Clinical guidance and coordination                  | Instruct on hormone injections; coordinate monitoring; assist with gamete collection                                      |
| Long-term follow-up              | Outcome monitoring and ongoing support              | Evaluate FP outcomes; reassess fertility goals; advise on future reproductive options                                     |
| System optimization              | Service development and capacity building           | Optimize clinical pathways; deliver professional education; support research and data management                          |

**Table 4.** Comparison of Nurses' Roles in Fertility Preservation for Cancer Patients Across Regions and Health System Contexts

| Region        | Countries       | Role Definition                                     | Key Responsibilities                                                                                                        | Practice Coverage Stages* |
|---------------|-----------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|
| North America | USA, Canada     | Nurse navigators/ coordinators leading FP services  | Assessment and referral; counselling and decision support; treatment coordination; long-term follow-up; system optimization | a–e                       |
| Asia          | China, Japan    | Supportive multidisciplinary team members           | Needs identification; basic FP education; emotional support; team collaboration                                             | a–c                       |
| Oceania       | Australia       | Coordinators within rapid-response FP systems       | Patient education; emotional support; referral coordination; follow-up leadership                                           | a–d                       |
| Europe        | UK, Netherlands | Embedded FP team members; emerging nurse-led models | Information provision; decision support; pathway coordination; FP assistance; follow-up                                     | a–e                       |

\*Stages: (a) assessment and referral; (b) counselling and decision support; (c) treatment implementation; (d) long-term follow-up; (e) system optimization.

level service optimization, reflecting a comprehensive and multi-stage role. Nurses were consistently involved in evaluation and referral and counselling and decision support, with expanding roles in the implementation of treatment, long-term follow-up, and system optimization. This evidence shows that nurses contribute both to direct patient care and to organizational and system-level improvements in FP services.

#### *Cross-Regional Comparison of Nurses' Roles in Fertility Preservation (FP) Within the context of the community and the health system*

Regional analysis revealed substantial variation in the way nursing roles are defined and implemented in FP services. Table 4 compares nursing roles across regions using the same five FP stages to ensure internal consistency. It demonstrates clear regional differences, with nurse-led and coordinator roles more prominent in North America, while more supportive and less autonomous roles are observed in many Asian contexts.

In North America, FP services are highly institutionalized, and nurses frequently serving as navigators or coordinators leading the entire FP process. Europe demonstrates a growing integration of nurses within FP teams, with emerging nurse-led models. Oceania (Australia) employs efficiency-focused and coordinator-based models that emphasize rapid referral and continuity of care. In contrast, Asian countries primarily position nurses as supportive team members, with less autonomy, but a strong emphasis on emotional support and patient communication.

Together, Tables 2–4 demonstrate the evolving recognition, expanding scope, and regional variation of nurses' roles in fertility preservation for cancer patients. While guideline-based recommendations increasingly acknowledge nurses as core team members, empirical evidence illustrates their multifaceted contributions throughout the fertility preservation pathway. Regional differences also highlight how healthcare systems shape the degree to which nurses are empowered to lead, coordinate or support fertility preservation services.

## **Discussion**

This scoping review, based on a systematic analysis of research and clinical guidelines, demonstrates a clear temporal evolution and regional variation in the way nurses' roles in fertility preservation (FP) for cancer patients are defined and implemented across different countries. In general, the evidence indicates a shift from implicit involvement toward formal and institutionalized inclusion of nurses in FP care.

The analysis of international guidelines shows two main characteristics. First, there is a progressive evolution in the recognition of the roles of nurses. Earlier frameworks, such as the description of the Oncofertility Consortium and early recommendations from the International Society for Fertility Preservation (ISFP), often referred broadly to 'healthcare providers' without explicitly defining nursing responsibilities. This lack of clarity was evident in early guideline iterations of ASCO and ISFP, where fertility preservation was recommended, but nursing contributions were implied rather than specified. However, with the introduction of guidelines such as SIGN 132 and subsequent updates from the American Society of Clinical Oncology and the National Comprehensive Cancer Network, nurses are now explicitly identified as integral members of the multidisciplinary FP team, with involvement in counseling, coordination, and survivorship care [24, 25].

This shift is paralleled in the nursing literature, which documents the increasing expectations of nurses to initiate fertility discussions, identify at-risk patients, and coordinate referrals. Studies consistently show that nurses are often the first professionals to address fertility concerns with patients and serve as key communicators between oncology and reproductive services [26–28]. For example, Norton and Wright reported that nurses perceive fertility communication as part of holistic cancer care but require clearer guidance and training to perform this role confidently [6]. Similarly, Shirazi et al. emphasized the growing role of nursing in FP coordination and patient advocacy [29].

Second, despite the increasing inclusion of nurses in guidelines, the specific task description remains vague in many documents, contributing to the ambiguity of the role. This finding aligns with survey evidence that indicates that while nurses recognize the importance of FP, they frequently report uncertainty about legal responsibility, referral procedures, and professional boundaries [3, 30]. In a national survey, Elvidge et al. [4] found that nurses demonstrated good awareness of FP but were limited by lack of protocols and institutional pathways. Similarly, Tanimoto et al. documented similar challenges among oncology nurses in Japan, where legal and cultural factors reduced autonomy in FP practice [31]. These findings reinforce the need for explicit guidance on nursing competencies, scope of practice, and performance indicators within FP care.

The empirical literature further underscores that nursing research has concentrated largely on the evaluation, referral and initial consultation phases of FP, leaving treatment implementation, long-term follow-up, and system optimization comparatively underexplored. This fragmentation suggests that nursing contributions are often considered isolated segments rather than as part of an integrated continuum. Through the synthesis of 23 core tasks identified in the literature, this review elevates the involvement to a comprehensive, multi-stage FP role, showing how nurses bridge patients, multidisciplinary teams, and healthcare systems to ensure continuity of care in all stages: assessment and referral, counseling and decision support, treatment implementation, long-term follow-up, and system optimization (see Table 3). This conceptual framework clarifies the contributions at each stage and provides a foundation for standardized FP nursing pathways, job descriptions, and competency assessment tools.

The cross-regional comparison of nursing roles highlights substantial differences based on national healthcare systems, policies, and nursing education structures (see Table 4). In North America, FP services are relatively institutionalized, and nurses frequently serving as nurse navigators or coordinators who oversee comprehensive FP care, including risk assessment, early communication, interdisciplinary coordination, informed consent, and long-term follow-up. These functions align with professional advocacy statements from organizations such as the Oncology Nursing Society, which emphasize the key role in early risk assessment, patient education, and equitable access to FP services throughout the care continuum [32]. In contrast, in many Asian regions, nurses are more commonly involved as supportive team members, focusing on informational support, emotional care, and communication facilitation, but they often lack autonomy in leading the FP process. This may be compounded by limited training in reproductive medicine and concerns about legal liability, which can discourage nurses from taking active decision-making roles and contribute to fragmented service provision.

In Europe, nurses generally work within multidisciplinary teams with a focus on information exchange, pathway coordination, and emerging consultation roles, while models that promote formal

nurse-led services are still being developed. In Australia, a multidisciplinary model positions nurses as essential coordinators responsible for initiating timely referrals, patient education, and emotional support, ensuring efficient and continuous FP services. These regional patterns suggest that while nurses universally contribute to patient education, coordination, and psychosocial support, the level of autonomy and leadership varies significantly by healthcare context.

This review has several limitations. First, the inclusion of only English sources may have introduced publication bias and limited representation of non-English research and guidelines. Second, heterogeneity in study designs and reporting methods limited comparability between studies. Third, most of the research included originates from high-income countries, with limited input from low- and middle-income regions, which restricts generalizability. Finally, as a scoping review, no formal quality assessment was performed, which may affect the depth of the conclusions drawn.

Despite these limitations, this review systematically outlines the role of nurses in FP for cancer patients, offering theoretical and operational support to develop training programs, educational curricula, and competency assessments. It provides a foundation for future refinement that more clearly articulates nursing responsibilities and performance standards across the entire FP process. Future research should focus on nurses' contributions to long-term treatment implementation and survivorship care, as well as intervention studies to assess the impact of nurse-led FP services on referral rates, patient satisfaction, decision quality, and reproductive outcomes. Furthermore, incorporating FP-related competencies such as communication skills, ethical decision-making, and reproductive health counseling into oncology nursing curricula and continuing education will strengthen professional capacity and ensure that cancer patients receive equitable, high-quality FP care in diverse clinical settings.

### *Implications for Community Health Nursing Practice*

From a community health nursing perspective, the findings of this scoping review highlight fertility preservation as an essential but under-integrated component of population-based cancer survivorship care. Although fertility preservation discussions and procedures are often initiated within specialist oncology settings, effective and equitable implementation depends on continuity of care that extends to communities, primary health care services, and long-term follow-up systems. These domains are closely with the core functions of community health nursing.

Community health nurses, including public health nurses, primary care nurses, survivorship nurses, and nurse navigators, are uniquely positioned to contribute to early identification of fertility-related risks and the timely referral of fertility preservation services. At the point of diagnosis, treatment planning, or early survival, community nurses frequently serve as trusted sources of information and support. Their participation enables anticipatory guidance, reinforcement of fertility-related

information, and facilitation of informed decision-making, particularly when patients transition between care settings.

Equitable access to fertility preservation has emerged as a key community health concern. Geographic location, socioeconomic status, health literacy, cultural factors, and health system fragmentation continue to influence whether individuals receive timely fertility preservation and referral. Community health nurses play a critical role in addressing these disparities through patient advocacy, navigation of referral pathways, and coordination across oncology, reproductive health, and community services. The nurse-led and community-integrated navigation models described in the literature demonstrate the potential to reduce barriers and improve access for underserved populations.

The review further underscores the importance of the participation of community health nurses in long-term survivorship care. Fertility-related needs and reproductive intentions can evolve over time, often emerging months or years after cancer treatment. Community health nurses are well positioned to provide ongoing assessment, psychosocial support, and referral to reproductive health services during survivorship. Integrating fertility preservation and reproductive health discussions into community-based survivorship programs supports continuity of care, life-course planning, and holistic well-being.

At the health system level, community health nurses contribute to the development of services, professional education, and advocacy related to fertility preservation. Their participation in pathway design, intersectoral collaboration, and quality improvement initiatives supports the integration of fertility preservation into broader cancer control and reproductive health strategies. These system-level contributions align fertility preservation with public health priorities, including health equity, reproductive rights, and the Sustainable Development Goals.

In general, strengthening community health nursing roles within fertility preservation pathways requires clear role delineation, targeted education, and supportive organizational and policy frameworks. Integrating fertility preservation competencies in the education and practice standards of community and public health nurses is essential to ensure sustainable, equitable, and high-quality care for individuals affected by cancer across diverse settings.

In conclusion, community health nurses play an important and evolving role in advancing equitable fertility preservation care for people affected by cancer. Their contributions extend across the continuum of cancer care, including community-based assessment and referral, counselling and decision support, survivorship follow-up, and health system strengthening. However, despite growing recognition of their importance, the roles of community health nurses in fertility preservation remain variably defined and implemented in regions and health systems.

Integrating fertility preservation into community health nursing practice through standardized role definitions, targeted education, and supportive organizational and policy frameworks is essential to enhance continuity

of care, reduce access inequities, and support long-term reproductive and psychosocial well-being among cancer survivors. Positioning fertility preservation as a component of community-based cancer survivorship care aligns nursing practice with population health priorities, reproductive rights, and the Sustainable Development Goals, and supports the delivery of sustainable person-centred cancer care in diverse settings.

## Author Contribution Statement

All authors contributed equally in this study.

## Acknowledgements

The author extends their appreciation to Prince Sattam bin Abdulaziz University for funding this research work through the project number (PSAU/2025/03/37636).

## Funding Statement

This project was supported by the Deanship of Scientific Research at Prince Sattam Bin Abdulaziz University under the research project number: (PSAU/2025/03/37636).

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