Speaker 1 (00:00):Lauren Hixenbaugh

Welcome back to Living Beyond Cancer and I'm Lauren Hixenbaugh your host for today's episode. This is actually part two of a series that we're doing on fertility preservation, and I have Dr. Ryan Heitmann here and Brittany Jarrett, and we're gonna kind of continue onto a part two. If you have questions as you're listening, you might want to go back and listen to part one if you haven't already. This has been a really interesting podcast and we're really excited that they were able to join us to answer some additional questions about this great topic. So we're kind of just going to jump back in here and talk about, kind of start with where you all are located and what the Center for Reproductive Medicine is, and then we'll kind of get back into our topics that we were already discussing.

Speaker 2 (00:44):Dr Ryan Heitmann

So the Center for Reproductive Medicine is located here in in Morgantown. We're near Ruby Memorial Hospital, but not located at the hospital or physician's office center. We are on Pineview Drive, just about a block or two away. It's a very nice location, um, offers a lot of advantages of being one away from the hospital, kind of in a private setting. Uh, most people, the first time they come visit us, drive past the building, because it, it looks like a brick house, and so it doesn't look like your typical hospital or office building. So we try to offer a very different type of appointment and experience, very just like warm and welcoming and things. So patients get to us in, in a variety of different ways. They can self-refer, they can have a referral from their primary care, OB GYN, um, or for this, cause through, you know, their, the cancer center or their oncologist. And we will offer appointments both in person at our Morgantown office, and for fertility preservation purposes, we try to get patients seen within 24 to 72 hours of that initial consultation request because of the, the time sensitive nature of things that we may need to do, so we do prioritize those consults and we'll sometimes do them at before clinic during lunch after clinic, because we want to get those patients seen. Uh, we also will offer telehealth services for patients. So if you're not in Morgantown or maybe you don't want to travel, you know, a couple hours to get to us, we can also do these visits, um, basically virtually. And that's really helped us reach the entirety of the state, but then also expand out regionally, you know, into Ohio and Pennsylvania and Maryland, even down into Kentucky and Tennessee, a little bit of Virginia. So really offering a, a wide net of coverage for a lot of patients to help.

Speaker 3 (02:43):Brittany Jarrett

And, and we understand the, you know, burden that a diagnosis already is. And so we try to make things as efficient as possible. So the things that we can do via telehealth, we absolutely will. Um, one thing we talked about in part one was ovarian suppression therapy. And me personally, I see a lot of patients through telehealth with this, where I might not ever see them in person for a visit, but, you know, whether that be someone who's three hours away in West Virginia that's going to a different cancer center through WVU, again, we still try to coordinate care, and so hopefully that individual, if they do go through something like medical ovarian suppression, we can coordinate that so they can get it done locally and they never have to come see us in Morgantown until maybe they are ready to get reevaluated after treatment. And so we really try to make things as smooth and efficient for patients because we know that that's already so much that they're having, you know, to go through. So even with our more invasive options with freezing of, you know, eggs or that kind of thing, we still will try to do initial kind of consults, telemed like, like Dr. Heitmann said, we really, really work hard to get these patients seen in an appropriate manner, in an efficient manner.

Speaker 1: Lauren Hixenbaugh

So you're talking about working outside of West Virginia, which is great. Do you also work outside of your health system and accept other insurances besides the WVU medicine? Is that a barrier for patients?

Speaker 3 (04:19):Brittany Jarrett

Yes, that's actually a good kind of intro conversation to barriers because, um, unfortunately even when we see individuals from within our state or within our health system, there a lot of times still isn't coverage for these procedures. And so, you know, we see very frequently that we do an initial consult with a patient. They say, yeah, I would love to freeze my eggs. That sounds like something I'm very interested in. I want to have kids in the future. And then we go to kind of walk through, unfortunately, the financial side of things, which as much as we wish wasn't a part of this, it is. And once we kind of check benefits, we realize they might have either little coverage or no coverage at all for these different procedures. So necessarily doesn't really matter what what health system you're coming from, what you have, it's gonna be very individualized with what kind of benefits you might have that's gonna help with this. And so again, just to reiterate, we wish this wasn't part of the conversation. But unfortunately, many of these interventions are very pricey and are currently not covered by most insurance plans.

Speaker 1 (05:12):Lauren Hixenbaugh

And for the folks, again, I'm gonna keep branching outside of West Virginia and WVU medicine, but for, for those folks, who should they be asking for now if you've, if you're a living beyond cancer, um, listener? I always talk about almost in every episode I'd say about advocating for yourself throughout your cancer treatment. And this is another instance where if your team doesn't bring this up to you, you should be advocating for yourself if this is something that you're thinking about or if you're a parent with a young child who might need this fertility preservation advocating on their behalf as well. Um, who should they be asking for, you know, outside, like I said, outside of WVU medicine, outside of you all, what type of person or organization? Yeah. Organization. Who should they be asking for?

Speaker 2 (06:04):Dr Ryan Heitmann

They should be asking and looking for someone who, I mean, the easiest way to say is just a fertility specialist. And, and typically that would be a reproductive endocrinologist, an infertility physician. If they initially got to their obstetrician gynecologist, it wouldn't necessarily be wrong or a bad thing. It just may not be that that person feels comfortable and does those things and they would get them to the right person. Okay. So it might be an extra step, but eventually can get them to the, the right facility or a place that they need. Typically the centers or clinics or have something to say with reproductive medicine or fertility or infertility in their names and things.

Speaker 3 (06:43):Brittany Jarrett

And we'll also talk about a little bit, um, of some options for patients, for some, some self-research and some organizations that provide some really great information. And we'll link those at the end because the American Society for Reproductive Med and also an organization called Resolve, which I'll talk more about here shortly, they also have really great patient information and can help sometimes with provider lists. So, you know, being able to, to go on those sites and look at different reproductive endocrinology centers, you know, that might be able to be linked from those sites. So, really great resources that, again, patients can kind of advocate and take into their own hands. But something I think to think about if you're going into your initial kind of consult with your primary team is to ask, you know,

who can I talk to about my fertility? Please link me up with a fertility specialist. Or even like Dr. Heitmann said, getting started with an OB GYN who might be more familiar with, you know, that referral process.

Speaker 1: Lauren Hixenbaugh

And I think that leads us naturally into kind of what this timeline would look like for a person. So initial appointment. You want to talk through maybe some of the barriers they might face, including financial, which I know we want to talk a little bit more about and some options for that. And then, you know, what do the appointments look like?

Speaker 3: Brittany Jarrett

Yeah. Absolutely. So I know I spoke kind of previously about the male side of things. So just to recap for them, initial appointment for them is gonna be really just the referral to come in and collect sperm. They do not currently have to have a new patient visit with us. That's a referral that can be placed by an outside team, whether that's PCP, their oncologist, whoever that might be. So they would come to clinic with a very, in a very short timeframe from their referral. They do, like I said, require some lab work that has to be done, but most of the time we can draw that at our clinic at the same time as sperm collection. And so they might have a couple visits within a week or two weeks time, but that is kind of what their timeframe would look like for us. On the female side of things, that's gonna be a little bit different depending on what they do. For ovarian suppression, like I mentioned to you before, you are looking at hopefully getting that started a couple weeks before chemo and not necessarily having to come in into clinic for that. And I'll let Dr. Heitmann speak more to the timeline for individuals who are looking into egg or embryo cryo-preservation.

Speaker 2 (09:09):Dr Ryan Heitmann

So the initial appointment is usually that, that consultation where we will, you know, meet the patient and talk about their diagnosis and, and get their history and, um, then kind of go through the, all the options and list the pros and the cons and the alternatives and just kind of talk about what each option offers them. And, and patients will figure out pretty quickly what they want to do or not in most cases. For those patients that may want to go forward with some sort of cryo-preservation, whether that's eggs or embryos or, or whatever, then we will quickly work with our other staff, so our financial, um, coordinator will get ahold of them and talk to them about the financial aspects and we'll do all the research into their insurance and any pre-authorization that's needed or coverage or talk about payment plans through WVU and things like that. Like Brittany said earlier, unfortunately these therapies are still expensive. Um, you know, on average we're, we're probably looking at about seven to $10,000 when you include the cost of these medications. And on top of, you know, receiving a cancer diagnosis that's already expensive and just a tough hit to deal with, now you're talking about something else that you didn't expect to have. And so we can help out as much as we can with, uh, with the insurance or with payment plans and or even give, um, there's scholarships or different programs out there that offer discounts for medications or help pay for their fertility preservation cycles or things like that. So we try our best to link patients up with those resources and, and help them, um, from that standpoint.

Speaker 1 (10:49):Lauren Hixenbaugh

That’s Great. And I'm sure that is a really hard conversation for you guys.

Speaker 3: Brittany Jarrett

Yeah. And we have a really, really motivated, um, tight-knit group over at our clinic. So we're always trying to work to the ends of the earth to figure out, you know, how we can make these things happen for patients. And like Dr. Heitmann said, one of the things that we can do, because we know medication cost really is usually the biggest upfront cost with this, you know, you can put a lot of the procedures and the office visits on payment plans, but unfortunately pharmacies don't really have payment plans for the most part. So when they're needing these medications to go through whatever intervention we've selected for them, or you know, that they have selected as well, that's their biggest upfront cost and it can be thousands of dollars that they're required out of pocket to pay to get those meds to even begin. So, um, one avenue that we will go down to something called the Heartbeat Program, which is done through Ferring Pharmaceuticals. So that's a pharmaceutical company that, um, produces, uh, stimulation, ovarian stimulation, and other medications used for in vitro fertilization. Um, they have a program and it's specifically for oncology patients. There are different specifics that you have to meet and criteria you have to meet. And they do provide only specific medications, of course, their brands of medications, but that is one option that we always look into for patients with an oncology diagnosis because there are times where we can get their medications completely covered or at least discounted through that. Um, again, you're working on a time crunch usually with this, and so our office really just flies into gear to try to get, you know, whether it's prior auths or getting someone put in to the heartbeat program. Um, so we really do the best we can to, to make these things available for people.

Speaker 1: Lauren Hixenbaugh

That's great. It's a great option for patients.

Speaker 2 (12:34):Dr Ryan Heitmann

And as we continue on, like, like Brittany said, the team just kind of all jumps in together and tries to make things happen as quickly as possible. So if, you know, we don't want to delay cancer treatment, like we mentioned in, in part one, our, our main goal is, is the patient and their survivability. We want them to beat their cancer and be a survivor. And if our fertility preservation delays that and, and makes their survivability lower than we haven't done any good. We've, we've, you know, the first rule is do no harm. And we just violated that sometimes with, with delaying treatments. Um, which, you know, our team is great about just sometimes jumping in and, and with the luteal phase, um, protocols that we have, it's, it's something that we can sometimes start at the, at the drop of a hat, almost like, Hey, we're gonna start tomorrow with these stimulations and our embryology team, you know, normally we kind of batch our IVF cycles and make things very scheduled, um, because it's nice on the lab and, and everything. And everybody has agreed that for these fertility preservation patients, they, they go off schedule whenever it needs to start, it starts, and if, you know, retrievals happen on the weekends, we're there on the weekends. So it, everybody's just like Brittany said, jumps in very well and, and really comes together very quickly, uh, to help these patients because we do feel it's very, very important.

Speaker 3 (14:00):Brittany Jarrett

Yeah. And once you make that in initial contact with us, you stay in very close communication with us throughout this entire process, especially if we're doing female fertility preservation. So you really get a kind of family team approach whenever you come to see us, which I think is, is the beauty of having a, a smaller clinic. Um, you know, we, I think this is a good time to, to plug an interest of ours because in the sake of talking about barriers to care, just an overview too, most states don't have coverage for infertility, and that counts for fertility preservation as well. So whether your infertility was something

that you were born with or whether we're causing it by chemo, radiation or surgery, we just currently don't have a lot of legislation in place that supports insurance companies being mandated to cover this. And then even if we do have coverage, it's usually pretty minimal and it's not enough to cover the full procedures themselves. So, on a small kind of local level, we would love to be able to eventually establish some kind of fund either within WVU or here locally in Morgantown, um, that would be solely used for the purpose of helping these patients out with, whether it's, um, medication costs or payment plan costs, or traveling to clinic to be able to do these things. We would love to be able to have, you know, a, a pot of money to be able to help these patients for, because currently, you know, we mentioned there are grants, there are scholarships, but they're pretty few and far between. And there are also not necessarily in the interest of time, you know, for allowing patients to be able to apply for these things. So that's a really large hope of ours is that, you know, we'll maybe be able to create some sort of fund one day. Um, but also it's important to make your voice heard about this. And something I'm really passionate about is working with Resolve. So again, speaking, um, with resolve.org, Resolve is an advocacy organization on a national level. Um, but they also have state representatives. So state by state, there's advocacy efforts that happen year round trying to make our voices heard about expanding coverage, not only just for, you know, standard infertility patients, but for fertility preservation specifically. Advocacy day this year is gonna be May 14th. I, last year got to be, um, involved with West Virginia on a state level and got to meet with different, uh, legislative efforts, different, um, office holders via Zoom, and got to kind of speak about my personal experience as a provider working with these patients and how important it is that, um, all of our representatives speak and let their voice be heard at a state and national level to hopefully, you know, increase insurances, uh, capabilities with these patients. And, and that's something that everyone can get involved with, whether you're a survivor, whether you're going through treatment, whether it's your mom or your sister or your child, that's something that you can be a part of locally and nationally. And resolve.org is a fantastic resource that you can go on and get immediate information about how to get involved, um, on whatever level that you see fit.

Speaker 1: Lauren Hixenbaugh

You know, one thing I hope is coming through as we're talking is the passion both of you have, I mean, people can't see your faces, but I hope they truly can hear it in your voices how passionate you both are about this topic. Um, and with that being said, do you want to share any personal stories that you've had that maybe folks can resonate with?

Speaker 3: Brittany Jarrett

I mean, I just think in general, I don't know about like personal patient stories, um, but I always am very transparent and, and like to work with Resolve because before I ever worked at the Center for Reproductive Medicine, I was a patient there and obviously not, I was very fortunate was not in, you know, an oncology sense of things, but I utilized our wonderful services to be able to have my now three and a half year old. And that's what kind of inspired me to leave cancer, which is what I loved working in as an RN. But to be able to actually act as a provider and be able to be a part of these people's journeys. So just getting to touch base with these people and, you know, also be able to, to kind of speak with them about what their journey's gonna look like, whether it's gonna be at the cancer center, getting chemo or radiation. It's really, really important to me that patients, I guess, get this knowledge set and are able to advocate for themselves because I find very frequently people just don't know that there's options available. Um, and just seeing, like I said in personal experience, giving chemo and seeing these patients daily, um, it's really, really special to be able to be on the front side of things and hopefully give

them options that weren't available 20 years ago, you know, for people and, and hope that moving forward we get even better at what we do and are able to help more people than we can even help now.

Speaker 2 (18:50):Dr Ryan Heitmann

Yeah. I don't think I have a specific patient experience. I mean, they're all memorable, right? You, you try to remember all the patients, whether it's just infertility or fertility preservation or, or things. And I think that's what drives us every day is the satisfaction of seeing those patients graduate to OB. We have nurses that will they will cry with the patients when they leav,e when they, when they're like eight weeks, 10 weeks, whatever it is, when they graduate some of our nurses will 'cause we don't see 'em. You know, we may have seen these patients for a year, two years, three years trying to get them pregnant and now they leave us. So I always joke with the patients, we love our patients.

Speaker 1 (19:35):Lauren Hixenbaugh

You've seen them in some of their worst moments.

Speaker 2: Dr Ryan Heitmann

Yeah. We will joke with the patients sometimes and be like, we, we like all our patients, we really want to see all our patients, but we don't, we don't want you to keep coming back to see us. Um, you know, we, we all tell them when they graduate that they have to come back in nine months and show off their babies. And that's the, that's like the most rewarding part of what we do.

Speaker 3 (19:56):Brittany Jarrett

We have, I think my favorite kind of places in our clinic is, um, especially around Christmas time, and I've, I've only, this is, uh, been a year for me that I've been here. So this is my first holiday season being there. And we have a wall that's just full of Christmas cards from, from patients with, uh, you know, their babies. They were able to have or, you know, whatever the case may be. And like that's awesome. You don't, you can't really get more rewarding than that. Um, a little lighthearted thing I will say, I get some personal satisfaction from, um, like I said, I do a lot of ovarian suppression therapy and I've had patients who completed their treatment, completed their radiation, completed their chemo, their disease free, we stopped their Lupron therapy and then their period came back in four months. And like, I've never been so excited and celebrating with someone over their period than I do then. And I know it sounds kind of silly to others, but like that, that's an amazing feat for somebody. And they, they went through and they battled all of this and they hopefully still came out with the ability to, to have their fertility and make those decisions. And I think that's really at the end of all of this is, is getting people the resources to empower themselves that they get to decide what their future fertility looks like and it's not being decided by whatever their diagnosis is.

Speaker 2 (21:10):Dr Ryann Heitmann

Yeah. Giving some of the power back Yeah. To the patients to feel like they're, they're in control in a situation where there's so much out of control for them. So, and I will say that the, the Christmas time is the best time because we get the, the cards from people and it's not just those from last year or two. We'll get Christmas cards from people and their kids are teenagers. Or young adults. Then, you know, so we're talking 15, 20 years ago, and then they'll still send Christmas cards. So.

Speaker 1 (21:39):Lauren Hixenbaugh

And we're all a little choked up now. Okay. So as we're talking about this, um, yeah, we were all a little choked up, so that that was our moment of that gathering ourselves there, but do we wanna talk at all, Um, I think we do probably about like their future of per of fertility preservation, like moving forward.

Speaker 3: Brittany Jarrett

Yeah, absolutely. I mean it's actually, it's, it's kind of open-ended right now. Um, as we, as many people might know or may not know, this whole field of reproductive endocrinology is all pretty new. It's not something that's been around forever and ever and ever. And so there's a lot of unknowns moving forward with how specimens will do what, you know, what options will have 10 years from now. Right now, as far as you know, what your options are, if you are someone who has sperm frozen or has eggs or embryos frozen currently, we don't have a limit on when those can be used or not used. So you're looking at kind of indefinite options. Um, we've had individuals, you know, using embryos that are 20 years old, so you aren't necessarily on a timeline once we get these interventions done. Um, now it's gonna depend diagnoses wise, what your surveillance period's going to look like after treatment. Um, and we work really hand in hand with primary oncology team for their recommendations as well, because especially in certain breast cancers or different populations, you're gonna have a, a very, you know, specific recommendation on when it's safe to be able to carry a pregnancy moving forward. But even that information is coming out and showing that it's looking like less and less time, um, is needed for patients to still be able to go on and successfully conceive. So I think that's gonna be an ever changing subject. But as far as timeline to use of, you know, your specimens, it's really indefinite and of course in line with your, whatever your fertility looks like afterwards and you know, whatever specific situation you're left in. But the, the, it's very open-ended right now, so.

Speaker 2 (23:55):Dr Ryan Heitmann

Yeah. In addition to just the duration of time that these, you know, eggs or embryos can be frozen, I think what type of tissue can be frozen is also expanded. You know, when I started my training, it was very, very common that it was embryos that were frozen. So you had to fertilize the egg and because that embryo survived the, the freezing and the thawing process much better than the eggs did. Um, and then about a decade and a half ago, a technique was developed to do a different type of freezing, almost like an instantaneous freeze called vitrification. And that took the survivability of the, of eggs and embryos up. And so now, you know, whether you're freezing eggs or freezing embryos, your chance of getting pregnant later on in the future with either of those is about the same now. Um, which is important for some of our patients who are younger, who may not be married or may not have a partner. You know, if they want to freeze their eggs, they have to use a sperm donor. Well now that takes away your future options and, and really limits you in that sperm source 'cause you've already made that decision and you can't go back. So the option of just freezing eggs has really opened up a lot of flexibility for these patients to be able to have those decisions in the future for when they are, they, they do have a partner, or if they still don't have a partner, then they can use a sperm donor in the future. But you haven't backed them into a corner at all. You've really kept all their options open for them.

Speaker 3 (25:33):Brittany Jarrett

Which it is, again, empowering for people. Yes. 'cause you don't, they get to decide. Yeah. They get to decide. It's, it's their eggs and you get to decide how and when you wanna use them when you're ready and when it's safe, you know, for you to be ready.

Speaker 1: Lauren Hixenbaugh

That’s great. So as we begin to wrap up today. I wanna take a moment to revisit. Now again, this is kind of a two part podcast, so maybe think back to even part one of the podcast, but if listeners were to remember one tip out of today's podcast, what would you hope it would be?

Speaker 3: Brittany Jarrett

I think it would be to not be afraid to ask questions, to ask whoever you're seeing, whether it be a primary care physician, an oncologist, whoever it may be. Ask the question, how do I, how can I speak to somebody about my future fertility needs? We're trying to make this, you know, part of a screening process for new patients at the cancer center currently so they're ask, they're asked about it upon intake, but everyone even outside of our system, just be empowered to ask, because that's your right and it's your fertility future that, you know, that could be being affected and not being put at the forefront. So just feel empowered to ask and know that you don't have to know what the right intervention is. You just need to feel comfortable enough to ask the question of who can I talk to? Who can I go to and who can help me?

Speaker 2 (26:52):Dr Ryan Heitmann

Yeah. I think that's would probably be my same answers, is we've talked about advocacy from a different standpoint earlier. Mm-Hmm. But I think it's advocacy for yourself. Ask the questions, you know, stick up for your, your healthcare and your needs and just say, Hey, I, I want to talk to these people. I may not know what I want to do, but I need to talk to the specialists or the experts so I can get more information and make an informed decision for myself. And, and again, leave those empowering options and choices up to you.

Speaker 1 (27:26):Lauren Hixenbaugh

Great. Thank you both so much. We will, um, be able to attach all of the references that you've both mentioned, the websites to make sure folks are getting reliable science-based resources to look at and to be able to advocate even better. And then if there's additional questions, of course, um, there'll be an email attached to the bottom of the information of the podcast to be able to reach out to us and we can get in touch with folks at the Center for Reproductive Medicine. But Living Beyond Cancer would really like to thank both of you, Dr. Ryan Heitmann, and Brittany Jarrett for joining us today, uh, for both podcasts. And we really hope that our listeners will continue to join us.

Speaker 3: Brittany Jarrett

Thank you so much.

Speaker 2 (28:09):Dr Ryan Heitmann

Thank you so much for having us.