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Oncofertility Care Delivery in the French Departments of the Americas: A Multi-Source Comparative Study of Regional Disparities, Organisational Challenges and Future Directions

Christelle Montabord

christelle.montabord@chu-martinique.fr

Centre Hospitalier Universitaire de Martinique

Jacqueline Véronique

Centre Hospitalier Universitaire de Martinique

Clarisse Joachim-Contaret

Centre Hospitalier Universitaire de Martinique

Rémi Houpert

Centre Hospitalier Universitaire de Martinique

Emmanuelle Sylvestre

Centre Hospitalier Universitaire de Martinique

Cynthia Bichara-Petit

Eurofins (France)

Sandra Boyer Kassem

Centre Hospitalier Universitaire Pointe-à-Pitre

Karen Mence

Centre hospitalier universitaire de Guyane

Guillaume Joguet

Centre Hospitalier Universitaire Pointe-à-Pitre

Thierry Almont

Centre Hospitalier Universitaire de Martinique

Eric Huyghe

Centre Hospitalier Universitaire de Toulouse

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Abstract

Background

Fertility preservation is a core component of comprehensive cancer care, but its delivery can be uneven in geographically isolated settings with limited specialised resources. This study examined the organisation and reported activity of oncofertility services in Martinique, Guadeloupe and French Guiana, and compared territorial patterns with mainland France.

Methods

This multi-source descriptive study combined a structured narrative review of scientific publications, institutional reports and national and international guidelines published between 2007 and 2025 with a comparative analysis of aggregated cancer incidence and medical fertility preservation activity for 2018–2022. Procedure-to-incident cancer case ratios were calculated for corresponding age- and sex-specific groups. These ecological indicators were used only as descriptive proxies of activity and were not interpreted as coverage, uptake or cancer-specific procedure rates.

Results

The overall medical fertility preservation procedure-to-incident cancer case ratio was 17.3 procedures per 100 incident cancer cases in mainland France, compared with 6.2 in Guadeloupe, 1.8 in Martinique and 0.0 in French Guiana. Specialised fertility preservation services were concentrated in Guadeloupe. Martinique had limited private local capacity during the study period, whereas French Guiana relied on interterritorial referrals. The review identified geographical distance, logistical constraints, workforce shortages, variable professional awareness and fragmented referral pathways as the main organisational barriers.

Conclusions

Despite a common regulatory framework, oncofertility care delivery differed markedly across the French Departments of the Americas. Stronger interterritorial coordination, clearer referral pathways, professional training and local or satellite fertility preservation capabilities are needed to support more equitable and timely care in island and peripheral settings.

BACKGROUND

Oncofertility, a term coined in 2007 by Dr Teresa K. Woodruff, refers to the intersection of oncology and reproductive medicine.[1] Cancer treatments (including surgery, chemotherapy and radiotherapy) can severely impair reproductive function, leading to temporary or permanent infertility.[2] With cancer

survival rates constantly improving, the integration of fertility preservation into cancer care has become a major concern for the quality of life of survivors of childbearing age. It is essential to inform patients of this risk at an early stage and to offer them options for preserving gametes or germline tissue prior to treatment. This approach applies not only to adult men and women, but also to children and adolescents.[3]

In the French Overseas Departments (DFA), including the French West Indies and French Guiana, oncofertility faces numerous challenges. These territories are characterised by healthcare infrastructure that has historically been less developed than in mainland France due to their insularity and remoteness, as well as by a limited number of cancer centres and gamete preservation centres, with the exception of the Caribbean Centre for Medical Reproduction (CCRM) and the Centre for the Study and Preservation of Human Ovocytes and Sperm (CECOS) CARAIBES in Guadeloupe.[4] These specific characteristics highlight the importance of communication and optimisation efforts aimed at developing a suitable organisational model for fertility care for cancer patients in the French Overseas Departments and Territories (DFA).[5]

The aim of this narrative review, combined with a descriptive comparative analysis, is to provide a historical and contemporary overview of oncofertility interventions in the DFA. We will contextualise the issue in relation to national and international recommendations, in order to identify existing structural limitations, disparities in access to care, and potential areas for improvement

METHODS

Structured narrative review

Study design

This multi-source descriptive study combined a structured narrative review of the organisation of oncofertility care in Martinique, Guadeloupe and French Guiana with a comparative analysis of aggregated territorial data. The review incorporated scientific publications and institutional documents because evidence from these territories is scarce and care pathways must be interpreted in their organisational context.

Eligibility criteria

Inclusion criteria

Original articles, literature reviews, guidelines, institutional reports, health policy documents and observational studies focusing on oncofertility, fertility preservation or gonadal preservation strategies in cancer patients. Publications concerning the French overseas departments in the Americas, the

Caribbean region, Latin America or other island territories facing comparable challenges were included. Documents published between January 2007 and December 2025, in French or English, were eligible.

Exclusion criteria

The following were excluded: publications unrelated to cancer or fertility preservation; documents of no relevance to the organisational or territorial aspects of oncofertility; duplicates; abstracts without accessible full text; and publications lacking data or information usable for the review.

Documentary sources

The literature search was conducted in the PubMed, MEDLINE, PsycINFO, Cochrane Library, ScienceDirect and Google Scholar databases. To supplement the available scientific data, a literature review of institutional reports, professional guidelines and documents produced by French health authorities (the National Cancer Institute, the Biomedicine Agency, Regional Health Agencies and the Ministry of Health) was also carried out.

Search strategy (keywords and MeSH terms)

The research strategy was based on a combination of three thematic areas: [1] oncology and cancer; [2] oncofertility and fertility preservation; [3] the regional contexts of the French overseas departments in the Americas, the Caribbean and Latin America. The free-text terms and keywords included, in particular: cancer, oncology, neoplasms, fertility preservation, oncofertility, gamete cryopreservation, French Guiana, Martinique, Guadeloupe, the Caribbean, Latin America and island territories.

Study selection process

The identified references were selected on the basis of their scientific relevance and their contribution to understanding the organisational, clinical or territorial challenges of oncofertility. Titles, abstracts and then full-text articles were examined in order to select the documents most relevant to the review's objectives. Particular attention was paid to publications describing organisational models, care pathways, inequalities in access and cooperation strategies relating to oncofertility.

Data analysis

The extracted data were analysed using a thematic approach. The information was grouped into four main dimensions: [1] the regulatory framework and recommendations; [2] the organisation of stakeholders and care pathways; [3] regional, logistical and human resource constraints; [4] prospects for improvement, regional cooperation and organisational innovation. This analysis provided an integrated overview of the challenges facing oncofertility in the French departments of the Americas and

identified areas for improvement that could be applied to other island territories or those with limited resources.

Use of generative AI in manuscript preparation

During the preparation of this manuscript, ChatGPT (OpenAI), a large language model, was used solely to assist with English-language editing and to improve clarity and readability. It was not used to analyse, interpret or generate the study data or findings. All AI-assisted text was critically reviewed, verified and revised as necessary by the authors, who take full responsibility for the final content.

Comparative analysis of regional access to medical fertility preservation

In addition to the structured narrative review, aggregated cancer incidence data were obtained from the Martinique and Guadeloupe Cancer Registries, the French Guiana Regional Cancer Network (DSRC Onco Guyane) and five-year projections published in the Bulletin Épidémiologique Hebdomadaire for mainland France [6]. Medical fertility preservation activity was obtained from French Biomedicine Agency reports. We included cancer incidence and reported procedures for patients aged 18–42 years for women and 18–59 years for men, in accordance with the French Biomedicine Agency reporting framework. General registries cover only part of the national territory. Martinique has an exceptional wealth of reliable cancer data dating back to 1983, thanks to the Martinique General Cancer Registry (PBCR). This register ensures the continuous and comprehensive recording of all cancer cases occurring among the population residing in Martinique, regardless of where the diagnosis or treatment took place. It is a member of the French Network of Cancer Registries (FRANCIM), the European Network of Cancer Registries (EUROCIM) and the International Agency for Research on Cancer (IARC). [6]

Like Martinique, Guadeloupe has had an operational cancer registry since 2008, and French Guiana since 2005.

For each territory, we calculated the procedure-to-incident cancer case ratio for medical fertility preservation and a relative fertility preservation activity index using mainland France as the reference (1.00). These indicators are ecological, descriptive measures of reported activity relative to cancer incidence; they do not estimate the proportion of eligible patients who received fertility preservation.

The analysis was descriptive and no statistical hypothesis testing was undertaken.

RESULTS

The narrative review identified four main dimensions underpinning the organisation of oncofertility in the French Departments of the Americas: the regulatory framework and guidelines; the organisation of stakeholders and care pathways; operational functioning and regional constraints; and regional cooperation initiatives and prospects for development. The comparative analysis of aggregate data described territorial differences in reported fertility preservation activity relative to cancer incidence.

Regulatory framework and clinical recommendations

French bioethics legislation guarantees access to the collection, storage and subsequent use of gametes or germline tissue for individuals at risk of impaired fertility throughout the national territory, including the French Departments of the Americas (DFA).[7]

Successive Cancer Plans[8] and national guidance from the National Cancer Institute (INCa) and the Biomedicine Agency (ABM) recommend early patient information, systematic assessment of gonadotoxic risk and prompt referral to specialist fertility preservation centres.[9]

Recommended techniques include the cryopreservation of sperm, oocytes, embryos or germ cells according to the patient's sex, age and clinical context[10]. Regional activity is monitored through the ABM annual reports on assisted reproductive technology[11].

These provisions are consistent with ASCO, ESMO and ISFP guidelines, which recognise fertility preservation as a standard of care before potentially gonadotoxic treatment[12, 13].

The principal challenge in the DFA therefore lies in implementation rather than in the absence of a regulatory or normative framework.

Organisation, stakeholders and structure of oncofertility in the DFAs

Historical development and structure

Until the early 2000s, future reproductive prospects were rarely addressed in cancer care and the absence of local cryopreservation facilities limited fertility preservation options[12]. The 2004 Bioethics Act subsequently enshrined the right to preserve fertility[7]. followed by the establishment of CECOS Caraïbes in Guadeloupe in 2006. Uptake nevertheless remained limited because of insufficient information, unclear care pathways and perceptions that fertility preservation was incompatible with the urgency of cancer treatment[14].

Oncofertility was integrated more systematically into local practice under the 2014–2019 Cancer Plan, which promoted systematic patient information and access to fertility preservation platforms[8]. Local awareness initiatives and referral contacts were developed[14] while multidisciplinary tumor boards gradually incorporated fertility considerations before treatment[15] .

However, the effects of the previous absence of a formalised pathway remain visible in professional practices and referral processes.

A regional organisation based on a regional network

Oncofertility care in the French Departments of the Americas is organised on a regional basis, coordinated between the three university hospitals (CHUs) in Martinique, Guadeloupe and French

Guiana, and private clinics in Martinique and Guadeloupe. Patients are initially treated in their home region, where oncology teams assess the risk of treatment-related fertility impairment and, where possible, discuss fertility preservation options before the start of cancer treatment.

Fertility preservation centres

CECOS Caraïbes, based at Guadeloupe University Hospital, is the public centre of reference for medical fertility preservation in the French Departments of the Americas. It carries out cryopreservation procedures for gametes and germ cells and also provides regional expertise for complex cases.

Since 2020, Martinique has also had a complementary local service thanks to a private assisted reproduction laboratory authorised to carry out sperm cryopreservation for medical purposes and, since 2024, ovocyte vitrification. This development has strengthened local provision whilst maintaining close collaboration with CECOS Caraïbes.

In French Guiana, patients are treated at the French Guiana University Hospital (CHU de Guyane), mainly at the Kourou site, where pre-treatment assessments and evaluations of the need for fertility preservation are carried out. However, cryopreservation procedures are still performed at CECOS Caraïbes, requiring inter-territorial coordination for the transport of patients or biological samples.

Regional cancer networks

Coordination between these various organisations is provided by the regional cancer networks (GIP PROM, KARUKERA ONCO and ONCO Guyane), which facilitate the dissemination of national guidelines, exchanges between specialists and the organisation of care pathways. The Regional Health Agencies support this organisation through health planning, the development of partnerships and support for local initiatives.

Regional Health Agencies (ARS)

The ARSs in Martinique, Guadeloupe and French Guiana play a crucial role in coordination and planning to improve this ecosystem[16]. As part of the Cancer Plan, they have supported the creation of the Guadeloupe clinical-biological platform and encouraged collaboration between hospitals in the three French departments in the Americas. For example, agreements have been put in place to ensure the safe transport of biological samples and the reimbursement of patients' travel expenses.

Charities and support organisations

The **Ligue contre le cancer**, through its regional committees, plays an important role in providing information and support to patients, particularly by disseminating messages on fertility preservation as part of supportive care[17]. Finally, **patient associations** are emerging to address fertility issues. Although they mainly focus on infertility in the broadest sense or on life after cancer, they help to encourage open discussion about the desire to have children after cancer and can, indirectly, support patients who have undergone fertility preservation treatment.

Cancer registries

Finally, the cancer registries of Martinique and Guadeloupe, together with the surveillance data collected in French Guiana, are essential tools for the epidemiological monitoring of cancers and the assessment of fertility preservation needs. They represent a key driver for the development of regional indicators and the continuous improvement of healthcare provision.

The structuring of oncofertility in the DFA regions also draws on long-standing collaborations developed within the field of oncology, notably through collaborative multidisciplinary consultation meetings (RCPs) involving several university hospitals and specialist centres in mainland France, such as the Gustave Roussy Institute (IGR) and Toulouse University Hospital. These partnerships cover both adult and paediatric oncology, a speciality that is particularly reliant on referral networks and expert support. In the three DFA regions, the current organisation relies on specialised medical resources that are still limited and varied, but are supported by functional links with mainland France.

Together, these stakeholders form a collaborative platform for oncofertility care that requires consolidation to achieve full efficiency.

The territorial organisation of oncology and oncofertility care is shown in Fig. 1.

Thus, despite a common regulatory framework and a coordinated regional organisation, the practical arrangements for accessing medical fertility preservation differ across the territories. In order to objectively assess these disparities, a comparative analysis of cancer incidence data and medical fertility preservation activity was carried out.

Comparison of medical fertility preservation activity relative to cancer incidence in the French Overseas Departments (DFA) and mainland France

Between 2018 and 2022, the overall medical fertility preservation procedure-to-incident cancer case ratio was 17.3 procedures per 100 incident cancer cases in mainland France, compared with 6.2 in Guadeloupe, 1.8 in Martinique and 0.0 in French Guiana. Among men, the ratio ranged from 15.5 in mainland France to 3.8 in Guadeloupe, 2.2 in Martinique and 0.0 in French Guiana. Among women, it was 23.4 in mainland France and 17.1 in Guadeloupe, while no procedures were reported in Martinique or French Guiana during the study period. The relative fertility preservation activity index was 0.36 in Guadeloupe, 0.11 in Martinique and 0.00 in French Guiana, compared with 1.00 in mainland France. These findings describe marked territorial differences in reported activity but should not be interpreted as measures of clinical coverage.

The detailed territory-specific indicators are presented in Table 1.

Table 1
Comparative indicators of medical fertility preservation in the French Overseas Territories of the Americas and mainland France (2018–2022)

	Martinique	Guadeloupe	French Guiana	Mainland France
Incident cancer cases				
Men†	1204	1150	564	217372
Women‡	220	252	255	63409
Total	**1424**	**1402**	**819**	**280781**
Medical fertility preservation procedures				
Men†	26	44	0	33714
Women‡	0	43	0	14848
Total	**26**	**87**	**0**	**48562**
Procedure-to-incident cancer case ratio§ (procedures per 100 incident cancer cases)				
Men†	2.2	3.8	0.0	15.5
Women‡	0.0	17.1	0.0	23.4
Total	**1.8**	**6.2**	**0.0**	**17.3**
Relative fertility preservation activity index¶				
	0.11	**0.36**	**0.00**	**1.00**

† Men aged 18–59 years.

‡ Women aged 18–42 years. These age categories correspond to the reporting framework of the French Biomedicine Agency (ABM) for medical fertility preservation activity.

§ **The procedure-to-incident cancer case** ratio was calculated by dividing the number of reported medical fertility preservation procedures by the number of incident cancer cases and multiplying by 100. As cancer incidence and fertility preservation activity were obtained from separate aggregate sources, this ratio is a descriptive ecological indicator of activity and must not be interpreted as a coverage rate, uptake rate, or cancer-specific procedure rate.

¶ **The relative fertility preservation activity index** was calculated by dividing each territory-specific procedure-to-incident cancer case ratio by the corresponding ratio for mainland France, used as the reference value (1.00).

Practical implementation and organisational constraints

In practice, the pathway for a patient wishing to preserve their fertility relies heavily on the initiative and vigilance of the referring doctor. When the oncologist, haematologist, gynaecologist or urologist raises the issue at an early stage, a referral to the CECOS Caraïbes or the laboratory in Martinique can be arranged. However, the centralisation of services and the scarcity of specialists make the system vulnerable.

In the French Overseas Departments (DFA), the development of oncofertility services must take into account the constraints specific to low-resource settings, in particular the limited number of reproductive biologists and specialist clinicians; this shortage undermines the continuity of care and can lead to gaps in treatment; these difficulties are thought to contribute in part to the proportionally lower uptake of fertility preservation compared with mainland France[11], despite an identical regulatory framework, highlighting the need for multi-faceted initiatives at local, national and international levels to remove barriers to access to care.[18]

Comparison between mainland France and the Caribbean context

In terms of regulations and medical standards, the DFA centres are integrated into the French healthcare system. Fertility preservation protocols, clinical indications and available techniques comply with the national recommendations of the INCa and with international standards. Professionals working in the DFA centres receive the same training as their counterparts in mainland France, and the CECOS Caraïbes applies the same quality and traceability requirements as other French CECOS centres.

The main difference lies in the operational accessibility of oncofertility services. In mainland France, the network of over thirty authorised CECOS centres provides rapid and local access to cryopreservation.[10] [3]. Conversely, in the French West Indies and French Guiana, the concentration of the sole public service – that of the CECOS in Guadeloupe – necessitates more complex administrative procedures and, at times, burdensome travel[14], as evidenced by the ABM's indicators. Data published by the French Biomedicine Agency show that the rate of use of fertility preservation services is proportionally lower there than in most metropolitan regions, reflecting structural and organisational inequalities in access. [19]

In mainland France, more than ten years of active awareness-raising — through ASCO's recommendations dating back to 2006, INCa's initiatives and the development of structured networks — have led the majority of oncologists to spontaneously incorporate fertility considerations into patient care; however, further efforts are still needed to strengthen coordination between specialists, standardise care pathways and improve training for healthcare professionals in order to optimise access to and the quality of care for patients[20]. In French overseas departments (DFA), this culture is more recent and still unevenly established[14]. Sociocultural factors may also hinder dialogue between patients and healthcare professionals[21] .

Parts I and II of the Repro-Can-OPEN study highlighted higher oncofertility scores in settings with optimal resources than in those with limited resources, both in paediatric oncology — particularly for the cryopreservation of ovarian and testicular tissue — and in breast cancer, where established options such as the freezing of ovocytes, embryos and ovarian tissue were used more frequently[22] [23] ; the situation in the French Overseas Departments thus provides a particularly striking illustration of the gap that can exist between the national framework for oncofertility and its actual implementation in island territories with a low volume of activity.

In the wider Caribbean context, the situation for DFAs appears mixed. Many countries in the region have no public cryopreservation infrastructure, and patients must turn to private facilities abroad, often at a prohibitive cost. The presence of CECOS Caraïbes therefore gives DFA a significant comparative advantage. However, this position remains fragile due to the constraints of small island economies, low volumes of activity and the difficulty in maintaining a critical mass of specialised professionals[24]. The recurring threat to private reproductive medicine facilities, particularly in Martinique, illustrates this vulnerability[25] .

The main barriers and potential strategies for improvement are summarised in Table 2.

Table 2
Main Barriers to Oncofertility Care and Potential Improvement Strategies

Domain	Identified Barrier	Potential Impact on Patients	Potential Strategies for Improvement
Geography	Insularity and long travel distances	Delayed access to fertility preservation, missed opportunities before treatment	Telemedicine, interterritorial coordination, satellite services
Organisation	Territorial concentration of specialized fertility preservation services	Unequal access across territories	Development of satellite units and strengthened referral pathways
Human resources	Shortage of reproductive medicine specialists	Reduced service availability and continuity of care	Workforce development and specialist training
Logistics	Transport of patients and biological samples	Additional delays and cost for patients	Standardised logistics pathways and formal inter-hospital agreements
Information	Variable awareness among healthcare professionals	Missed referrals and underuse of available services	Continuing medical education and decision-support tools
Health policy	Limited territorial integration of oncofertility programs	Persistent inequalities in access to care	Dedicated regional strategy and sustainable funding

COLLABORATIVE INITIATIVES AND OUTLOOK:

Cross-border cooperation has emerged as a response to geographical isolation and fragmented resources in the DFA. Pan-American collaboration can support the pooling of expertise and research capacity[26], while regional initiatives developed through the Cancer Plans([27] and inter-register programmes[28] provide an existing framework for cooperation across the Caribbean.

Oncofertility nevertheless remains under-researched in the French West Indies. Martinique's institutional and university hospital resources make it a potential pilot site for collaborative approaches. The inter-hospital programme between Martinique University Hospital and Ramón González Coro Hospital has established a Caribbean partnership for transferring expertise and standards of care in oncofertility and oncosexuality[27, 29] illustrating the potential of regional cooperation in small populations. E-cohorts and telemedicine could further support long-term follow-up and the assessment of clinical outcomes.

DISCUSSION

This study highlights a progressive development of oncofertility care in the DFA since the mid-2000s. It is supported by a robust legislative framework, established clinical guidelines and a regional centre of expertise. Nevertheless, structural constraints may limit the practical implementation of fertility preservation for some patients.

The principal challenge concerns structural inequalities in service delivery, largely linked to the centralisation of public cryopreservation at CECOS Caraïbes in Guadeloupe. Martinique and French Guiana, which lack public cryopreservation centres, rely on alternative arrangements: a private laboratory in Martinique and interterritorial referrals from French Guiana. These arrangements and complex logistics may expose patients to delays that are sometimes incompatible with the urgency of cancer treatment, thereby increasing the risk of missed opportunities [30] .

Preserving female fertility involves a greater number of stakeholders and requires more complex logistical organisation than for men, due to the need for hormonal stimulation, specialised procedures for egg retrieval or ovarian tissue preservation, as well as close coordination between oncologists, reproductive specialists, surgeons, biologists and anaesthetists, often within tight timeframes before the start of cancer treatment. A shortage of medical staff is another major weakness in the system. The limited number of specialist professionals, combined with difficulties in recruiting and retaining skilled staff, jeopardises the stability and long-term viability of the teams.

Finally, the alternative solutions implemented, such as the transport of biological samples or the use of medical evacuations, whilst operational, would create additional logistical complexity and constitute a further source of stress for patients and their families. These factors reflect a structural shortfall, already documented in other areas of the overseas healthcare system, from which reproductive medicine and oncofertility are not exempt.

Potential levers for improvement

Reducing regional inequalities requires sustained institutional, political and financial support. Successive Cancer Plans[31], the Ten-Year Strategy for Combating Cancer 2021–2030[32], and the Ministerial Plan for Human Reproduction, Embryology and Genetics 2022–2026[33] establish national commitments to quality of life and equitable provision. Martinique's previous Regional Health Plan and INCa reports also identified the structuring of oncofertility pathways as a priority[15, 34], although the 2023–2027 Regional Health Programme does not explicitly address fertility preservation in cancer care.

Implementation should prioritise local or satellite fertility preservation capacity in Martinique and French Guiana, harmonised referral pathways and stronger regional cancer networks linking public and private providers, patient organisations and health authorities. Targeted professional training, decision-support tools and systematic patient information are also needed to reduce missed referrals.

International hospital partnerships[27] and digital tools could support expertise sharing, e-health services and structured data collection. A regional oncofertility network could therefore integrate existing resources, harmonise practices and generate the real-world clinical and organisational evidence required to evaluate care pathways and adapt policy to island and peripheral settings.

Limitations

The literature component of this study is based on a heterogeneous body of publications and institutional reports that vary in methodology, level of detail and degree of standardisation.

Furthermore, the lack of structured data on oncofertility care in France's overseas departments limits the ability to assess the effectiveness of existing care pathways, as well as long-term reproductive and psychosocial outcomes.

One aspect that remains largely unaddressed in oncofertility strategies in the French overseas departments is the potential impact of environmental exposures, particularly to pesticides, on reproductive function. From this perspective, oncofertility in the French overseas departments cannot be considered solely from the angle of treatments, but should form part of a more comprehensive approach to reproductive health, incorporating environmental determinants. Taking these exposures into account in risk assessment, patient information and prioritising access to fertility preservation could provide a further means of reducing lost opportunities and improving equity of access to care.

CONCLUSION

Oncofertility care in the French West Indies and French Guiana has gradually developed within a regulatory and organisational framework aligned with national recommendations and international standards. The establishment of CECOS Caraïbes in Guadeloupe is a major component of regional fertility preservation provision. However, territorial inequalities persist because of the centralisation of specialised services, workforce shortages, and geographical, logistical and socio-cultural constraints specific to the French Departments of the Americas.

Reducing these inequalities requires an integrated approach combining the strengthening of existing services, the development of local or satellite fertility preservation capabilities in Martinique and French Guiana, clearer referral pathways, and enhanced interterritorial coordination within cancer care. Continuing professional development, systematic patient information and sustained political and financial support are also essential to minimise missed opportunities and ensure equitable and timely access to oncofertility services.

A multi-level regional governance model, supported by digital health tools and the structured real-world data collection, could facilitate collaboration between clinicians, reproductive specialists, healthcare facilities and public authorities. Such a model would support harmonised practices, long-term monitoring of reproductive outcomes and expertise adapted to overseas settings, while providing evidence to guide health policies and post-cancer care planning [35]. The experience of the French Departments of the Americas could inform other island and peripheral health systems facing similar constraints in accessing specialised care.

To address the remaining knowledge gaps, the ONCOFERT-AG study will adopt a mixed-methods, multi-stakeholder approach combining quantitative and qualitative data to explore the experiences, perceptions and practices of patients, healthcare professionals and institutional stakeholders involved in oncofertility care in Martinique, while accounting for its regional interactions within the French Departments of the Americas. By identifying barriers, facilitators and unmet needs throughout the care pathway, this research will contribute to the co-development of context-specific recommendations for a more equitable and coordinated model of oncofertility care.

Abbreviations

ABM
French Biomedicine Agency
AFSOS
Francophone Association for Supportive Cancer Care
AMP
Assisted Reproductive Technology
ARS
Regional Health Agency
ASCO
American Society of Clinical Oncology
CECOS
Centre for the Study and Preservation of Human Ovocytes and Sperm
CHU
University Hospital
AG
French West Indies and French Guiana

BEH
Weekly Epidemiological Bulletin
DFA
French Departments of the America
DSRC
Regional Cancer Management Schemes
ESMO
European Society for Medical Oncology
GIP-PROM
Martinique Oncology Network Platform Public Interest Group
INCa
National Cancer Institute
ISFP
International Society for Fertility Preservation
WHO
World Health Organisation
PEGh
Human Reproduction, Embryology and Genetics
PMSI
Programme for the Medicalisation of Information Systems
RCP
Multidisciplinary Team Meeting

Declarations

Ethics approval and consent to participate

This secondary descriptive analysis used only aggregate, non-identifiable data. The authors did not access any individual-level, directly identifiable or pseudonymised data and had no direct contact with patients.

Cancer-incidence data for Martinique and Guadeloupe were provided in aggregated form by the respective cancer registries. The Martinique Cancer Registry is authorised by the French Data Protection Authority (Commission nationale de l'informatique et des libertés, CNIL) under authorisation No. 987001, issued on 16 November 1987 and last amended on 5 June 2015. The Guadeloupe Cancer Registry is authorised by the CNIL under authorisation No. 909113, issued on 29 June 2009.

For French Guiana, aggregated hospital activity data were provided by the French Guiana Regional Cancer Network (DSRC Onco Guyane), acting under a data-processing agreement with the French Guiana Regional Health Agency and using DIAMANT, a national decision-support system incorporating hospital data from the French Programme for the Medicalisation of Information Systems (PMSI), the national

hospital discharge database. French regional health agencies are authorised to access the data necessary to perform their public-service duties, including, where provided by law, data from the French National Health Data System.

Ethics approval was not required for this secondary descriptive analysis because the study team received only aggregate, non-identifiable data and had no access to individual-level data or contact with participants. Individual informed consent was therefore neither sought nor obtained. The study was conducted in accordance with the applicable French regulations governing the processing and secondary use of health data.

Clinical trial number

Not applicable

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Availability of data and materials

Aggregated cancer incidence data from the Martinique Cancer Registry, the Guadeloupe Cancer Registry, and the Regional Cancer Network of French Guiana (DSRC Onco Guyane) were provided specifically for this study and are not publicly available. Requests for access should be addressed to the respective data custodians, subject to their authorisation procedures.

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Authors' contributions

CM, TA and EH conceptualised the study. CM, JVB, TA, EH and ES contributed to the methodology. CM, JVB, TA, EH, RH and CBP contributed to data acquisition and interpretation. CM wrote the original draft. All authors reviewed and edited the manuscript, and approved the final version.

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Figures

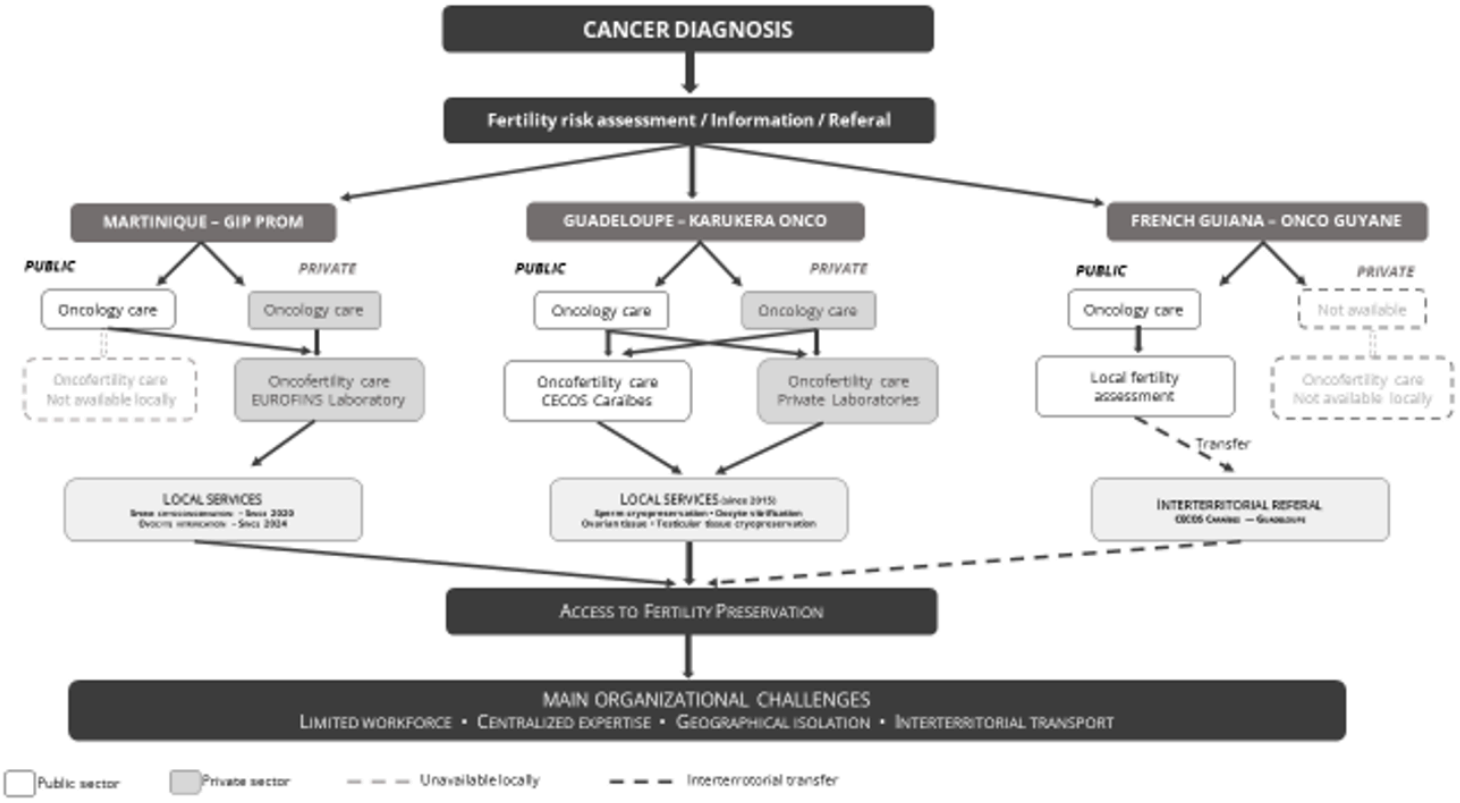


Figure 1

Organisation of Oncology and Oncofertility Care in the French Departments of the Americas