



Sinai Health

Sinai Health Pre-Budget Submission Federal Budget 2025





Beyond Survival: Closing Canada's Fertility Preservation Gap

As one of the leading providers of fertility preservation services in Canada, Mount Sinai Fertility, part of Sinai Health is seeking to increase capacity and improve equitable access to high-quality oncofertility care across the country. Canada faces a critical gap in fertility preservation services for young cancer patients, with profound implications for their future reproductive health and quality of life¹. Currently, only a small fraction of newly diagnosed cancer patients access fertility preservation care before beginning treatment that may compromise or eliminate their ability to have biological children².

Beyond the individual impact, cancer survivors represent a meaningful component of Canada's productive workforce, making fertility preservation both a health equity issue and an economic investment in the national human capital.

The complexity of fertility preservation for cancer patients extends beyond standard fertility treatments, requiring urgent coordination between oncologists and fertility specialists, specialized clinical expertise, and immediate access to advanced procedures. This complexity has resulted in many fertility clinics declining to provide these services, further limiting access for vulnerable patient populations. Additionally, significant provincial disparities in coverage and service availability create inequitable access based on geographic location rather than medical need.

As Canada's healthcare system continues to improve cancer survival rates, ensuring that survivors retain the opportunity for biological parenthood becomes increasingly important for long-term quality of life and psychological well-being. Federal leadership is essential to address these systemic barriers and establish a coordinated national approach that serves all eligible patients across the country.

SINAI HEALTH RECOMMENDS:

In Budget 2025, Sinai Health recommends that the Government of Canada invest in three key areas:



RECOMMENDATION 1:

Establish a National Fertility Preservation Strategy with federal funding investment for universal fertility preservation coverage.



RECOMMENDATION 2:

Fund regional centers of excellence with a hub-and-spoke service delivery model to ensure equitable access across urban and rural communities.



RECOMMENDATION 3:

Develop national clinical standards, healthcare provider education and training programs, and a comprehensive research and data collection initiative to guide continuous improvement.



RECOMMENDATION 1: National Fertility Preservation Strategy

Establish a National Fertility Preservation Strategy with federal funding investment for universal fertility preservation coverage.

A National Fertility Preservation Strategy should establish universal coverage standards for fertility preservation procedures across all eligible patient populations. Annual sustainable funding mechanisms must be established that are distinct from general IVF funding allocations to prevent trade-offs between fertility preservation and infertility treatment services. The complexity of providing oncofertility care requires specialized clinical expertise and enhanced care coordination, necessitating dedicated funding streams that reflect the true cost of these services.

Federal leadership is essential to establish consistent national standards for fertility preservation that ensure uniform quality and access across all provinces and territories. This includes developing standardized clinical protocols, facilitating interprovincial care coordination to allow patients to access specialized services regardless of their home province, and creating mechanisms for knowledge sharing and best practice dissemination across the country.

Care pathways should be supported by comprehensive government policies that enable seamless patient navigation from cancer diagnosis through fertility preservation treatment. National standards would eliminate the current provincial disparities in coverage and establish clear protocols for urgent referrals, standardized treatment timelines, and quality assurance measures that ensure optimal outcomes for all patients accessing fertility preservation services across Canada.



RECOMMENDATION 2: Regional centers of excellence with a hub-and-spoke model

Fund regional centers of excellence with a hub-and-spoke service delivery model to ensure equitable access across urban and rural communities.

Canada's vast geography requires a strategic hub-and-spoke delivery model to ensure equitable access to specialized oncofertility services.

Regional centers of excellence should be established across the country to provide comprehensive multidisciplinary care, with satellite services extending reach to rural and remote communities. This model is particularly effective for advanced procedures such as ovarian tissue cryopreservation, where patients can have tissue procured locally at spoke sites and transported to specialized hub centers for expert processing and storage.

This approach has been successfully implemented internationally in Japan³, Denmark⁴, the United Kingdom⁵, Austria, Germany, Switzerland⁶, and the Netherlands⁷. Mount Sinai Fertility has demonstrated that this model is feasible in Canada, completing multiple successful cases in Ontario by serving as the hub and collaborating with multiple spoke sites including pediatric and adult cancer programs across the province⁸.

Federal funding should support the establishment of these regional centers with capacity to serve as provincial and territorial hubs, while developing partnerships with community hospitals and cancer centers to create an integrated network. This model enables broader adoption of fertility preservation services, reduces travel burden for patients, and ensures specialized expertise is available when time-sensitive treatment decisions must be made. Centers should incorporate telehealth capabilities and nurse navigator programs to extend specialized consultation services to remote locations.



RECOMMENDATION 3: Advancing Standards, Training, and Research

Develop national clinical standards, healthcare provider education and training programs, and a comprehensive research and data collection initiative to guide continuous improvement.

The Canadian fertility preservation landscape currently lacks standardized approaches, with research identifying significant barriers including absence of institutional guidelines, inconsistent referral pathways, and insufficient structural support that prevent proper fertility preservation discussions between healthcare providers and young cancer patients across the country^{9, 10}.

A comprehensive national framework should establish consistent protocols across all provinces and territories, ensuring that every eligible newly diagnosed young cancer patient is given the opportunity to have a fertility preservation consultation before beginning cancer treatment.

This must be supported by healthcare provider education and training programs that build awareness among oncologists, family physicians, and other healthcare professionals, along with standardized referral pathways that enable timely coordination between oncologists and fertility specialists.

Federal leadership should implement a comprehensive research and data collection initiative to monitor the effectiveness of fertility preservation care delivery and guide continuous improvement. This framework would establish performance indicators to measure program success and enable data-driven quality improvements, ultimately eliminating current provincial disparities in care access and outcomes while ensuring optimal fertility preservation services for all eligible patients across Canada.

Conclusion

The establishment of a National Fertility Preservation Strategy represents a critical investment in the future well-being of young Canadians facing cancer diagnoses. By implementing universal coverage standards, funding regional centers of excellence with hub-and-spoke delivery models, and developing comprehensive national clinical standards, Canada can ensure that no young person loses the opportunity for biological parenthood simply due to their geographic location or the timing of their diagnosis.

The proposed strategy addresses fundamental equity issues in healthcare access. With federal leadership and coordinated investment, we can transform the current fragmented system into a comprehensive national network that serves all eligible patients with the urgent, specialized care they require.

The time for action is now. Every month of delay means more young cancer patients will begin treatment without having the opportunity to preserve their fertility. We respectfully urge the federal government to prioritize this initiative in the upcoming budget to ensure that all young Canadians retain the hope and possibility of future biological parenthood, even in the face of life-threatening illness.

References:

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