



Why is it important to think about your fertility when you have cancer?

Fertility—a woman’s ability to get pregnant or maintain a pregnancy—can be damaged by some cancer treatments. Many young women facing a cancer diagnosis want to have children in the future. Some may not know they have options to protect their fertility. The best time to preserve your fertility is before cancer treatment starts.

Ask your doctor about fertility-saving options as soon as possible after your cancer diagnosis.

How does cancer treatment affect fertility?

Girls are born with all the eggs they will ever have. Women cannot grow or make new eggs. Chemotherapy, radiation therapy, and some surgeries can harm or destroy the eggs or cause other fertility problems. Chemotherapy can damage your eggs, ovarian follicles (sacs in the ovaries that contain the eggs), and sex hormones. Radiation can do the same damage when treatment is to your whole body or near certain organs. These include your reproductive organs and the pituitary gland (a hormone-producing gland at the base of the brain).

Often, chemotherapy or radiation therapy can stop your periods for a while or make them irregular. Your periods may continue or return after treatment, but you should know that having periods does not always mean that you are fertile. In some cases periods may never return. There is still a small chance of pregnancy even if you are not having periods.

Chemotherapy or radiation therapy can cause infertility right away, or years later by causing you to go into menopause early. Premature menopause is the end of your menstrual periods before age 40.

Surgery that removes both ovaries causes menopause right away.

Your cancer treatment may affect your ability to carry a pregnancy. For instance, high-dose radiation to the pelvic region can raise the risk of a future miscarriage or cause premature birth.

Women who have had a hysterectomy (surgery that removes the uterus) cannot become pregnant.

What is the chance of infertility?

Not all women become infertile after cancer treatment. The impact that cancer treatment may have on fertility depends on many factors. These include:

- Cancer type and stage (how much it has spread)
- Site of surgery
- Type and total dose (amount) of chemotherapy
- Your age (risk of infertility rises as you age)
- Dose and location of radiation therapy
- Your fertility status before treatment

If you plan to have chemotherapy, ask your oncologist about options that are less likely to damage your fertility.

What are the options for fertility preservation?

Your doctor may refer you to a doctor who is a fertility specialist.

Fertility-saving options vary by person, type and stage of cancer, and how quickly you must start cancer treatment.

Standard methods include:

- Embryo banking. Freezing of embryos (fertilized eggs) may be an option. You may need fertility drugs (usually daily injections) to boost egg production. Your eggs are “harvested” (removed surgically) and combined with your partner’s (or donor’s) sperm in a laboratory dish. This is called in vitro fertilization, or IVF. The embryos stay frozen, or “banked,” until you need them.
- Egg banking (freezing unfertilized eggs). Like embryo banking, you may need fertility shots or other drugs to boost egg production. Your eggs are then harvested and frozen.



Will fertility preservation delay your cancer treatment?

Some methods of preserving fertility may delay the start of cancer treatment. For egg freezing, you most often will need about 2 weeks of medication to increase egg production, starting from when you get your period. After your eggs are harvested, you can begin cancer treatment.

What are the success rates and costs of fertility preservation?

Many young women who had cancer treatment have a child in the future. Fertility success rates vary by treatment and each woman's situation. Your doctor will be able to give you more information about your chances for success.

Is pregnancy safe after cancer treatment?

In general, pregnancy is safe after cancer treatment ends and you are in remission. Research shows that pregnancy does not cause a cancer recurrence. However, your doctor may suggest you wait 6 months or more after you stop treatment before you try to get pregnant. That is because if cancer recurs, it is most likely to do so in the first 2 years. In general, it is not safe to become pregnant during cancer treatment. Talk to your doctor about the birth control options that are right for you, even if you think you're infertile, until your doctor tells you that you may try to become pregnant. Some cancer treatments may cause heart or lung damage and complicate a future pregnancy. Ask your doctor if it's safe for you get pregnant.

What are the options if you are infertile?

If pregnancy is not possible after cancer treatment, there are other options to build a family. These include getting eggs from a donor, using a surrogate mother to carry a pregnancy (where it is legal), and adoption. Some adoption agencies may have restrictions on adoptions by cancer survivors, but others do not. It is common to feel sad or angry about not being able to have a child. You may find it helpful to talk to a counsellor or join an infertility support group.

What should you do with this information?

You should raise this issue if fertility is a concern for you. Here are some questions to ask your doctor:

- How quickly do I need to start cancer treatment?
- Will my cancer or its treatment affect my future fertility?
- What are my options to preserve fertility?
- Do any of these options make my cancer treatment less effective or raise the chance of a recurrence?
- I am not in a relationship but still want a child; what are my options?
- If my prognosis is poor, may I still bank embryos or eggs?

Resources

VITALAB
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