

Oncology Directorate and Haematology SDU

Cancer and Fertility: A Guide for Young Women

When you have just been diagnosed with cancer, having children some time when you're older is probably the last thing on your mind. However, some cancer and cancer treatments can affect your fertility – your ability to have children – so you need to think about this. If your doctors or nurses have not mentioned it, ask about it NOW. It might be embarrassing, but some fertility help can only be done before you start treatment, so it is important to speak up.

Whether your treatment will affect your ability to have children depends on your type and stage of cancer, and the type and dose of chemo or radiotherapy you have. It doesn't matter where the cancer is on your body – you don't need to have cancer in your reproductive organs for your fertility to be affected. Some treatments do cause infertility, some don't, and some we just don't know yet.

Surgery which removes part of your reproductive system can cause infertility; so can radiation to your abdomen or pelvis, depending on the amount you have and your age. Women can have the ovaries surgically moved out of the way, and then put back after treatment. If no one mentions the effect of your treatment on fertility, ASK!

You have recently been told you that you are going to need treatment for your cancer, which it is hoped will cure your disease. This treatment (chemotherapy, radiotherapy or surgery) may damage your future reproductive ability. The choice to consider fertility treatment is yours. We can advise you about what options may be available to you, and refer you to the reproductive medicine team for discussion and more detailed information. If you do not wish to discuss your future fertility, your decision will be respected.

Fertility Preserving Treatments

These are available to only young women 18+.

The treatments that may be available to young women include IVF (In Vitro Fertilization) and embryo cryopreservation (freezing), or oocyte (egg) freezing. The Cancerbackup booklet explains these procedures in more depth. These treatments can be arranged by the reproductive medicine team at Addenbrooke's.

If you decide not to have fertility preserving treatment there are future options available to you. It is possible that your fertility will return but this cannot be guaranteed; it is dependent on your age, treatment and type of cancer. If you decide not to have treatment, or your doctor does not feel it is appropriate for you (this will be discussed with you) and you would like to have a child in the future, all is not lost. Don't forget donor eggs or embryos, surrogacy and adoption could also be for you if you want to have children and your fertility is not saved.

Legal Requirements

There are a number of legal requirements about the storage of embryos and eggs. You will be asked to sign consent forms agreeing to treatment and storage of your embryos/eggs. You will also be asked what you would like to do with them if your cancer treatment is not as successful as hoped. In addition to this you will need to be tested for viruses such as HIV, hepatitis and syphilis before the embryos/eggs can be collected and stored. This is done to protect all other tissues that are in storage.

Cost

The cost of these treatments varies at different hospitals and national guidelines are currently changing. The reproductive medicine team will be able to offer you detailed information about the cost of these treatments.

Using the stored embryos or eggs

A common question when considering collecting embryos or eggs from you is how long before I can use them? It is usually recommended that you wait for about two years after completing your cancer treatment before you consider using your stored embryos or eggs. This is because it is advisable to be in a long lasting remission before you start planning fertility treatment.

DON'T assume that you are infertile because of your treatment – it's really important to use contraception during and at least a few months after treatment.

After treatment, many cancer survivors go on to have children. It is best to wait at least two years, as your eggs need time to repair themselves. It is not a good idea to be pregnant while on treatment - tell your consultant if you think this might have happened. Treatment can also make your periods stop, but they should come back within six months or sometimes doctors may give you medication to stop your periods while you are on treatment. It is a good idea to get your fertility tested, two years after treatment. If no-one mentions this to you **ASK** your key-worker or Consultant. At this point a result would provide the long term picture of your fertility.

So basically, your fertility may be affected by your cancer treatment, but there are options to you, even if the treatments on offer now don't fit the bill. Try www.fertilehope.org for more information on fertility options before, during or after treatment.

If you have any further questions please speak to your doctor or nurse.

Useful websites:

www.fertilehope.org

www.clic4tic.org.uk

www.mayoclinic.com

www.livestrong.org

www.outlook-life.org

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

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Turkish

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Bengali



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