



Concerns about Ability to Have Children After Cancer

Online version with active resource links at: <http://cancer-help.me/have-children>

How Some Treatments Impact Reproductive Health

Cancer treatment may affect reproductive health in a variety of ways; however, it is important to recognize that not all patients encounter fertility problems after treatment. Fertility problems that do develop may be permanent but can also be temporary.

It is important first and foremost to discuss this topic with your cancer care team. Because many cancer treatments can damage fertility, patients who are or will be at a childbearing age (or parents of children with cancer) should ask their cancer care team about the possible impact treatment might have on their ability to have children so options can be discussed.

The impact of cancer treatment is affected by the age of the patient, the drugs or agents and dosages used, and the underlying cancer itself. Patients and their doctors must also consider surgical or radiation therapies when discussing how treatment will specifically affect reproductive health.

Patients can be, or ask to be, referred to reproductive specialists who can collaborate with members of the cancer treatment team.

Content adapted from websites below.

Fertility Preservation

Females: Fertility preservation for women involves collecting eggs before beginning cancer treatment, a procedure performed by a reproductive endocrinologist. One approach is embryo freezing (cryopreservation). The first step is to stimulate the ovaries using medication so that multiple eggs will mature. When the eggs have matured, the woman undergoes egg retrieval during an office visit. The eggs are fertilized with sperm to create embryos (in vitro fertilization). The embryos are monitored for several days and then frozen and stored. Embryos can be stored for many years. The embryos can later be thawed and transferred into that woman's uterus or into the uterus of another woman (or "gestational carrier").

Males: Preservation involves collecting and freezing semen before beginning cancer treatment. The sperm can later be thawed and used to fertilize eggs of a partner.

Children With Cancer: Ovarian tissue banking is available for pre-pubertal girls, although again there is not a lot of information on how successful this technique is. For boys who have not reached puberty, testicular tissue banking is available at a handful of centers, but experts do not know how successful this procedure is.

For females: Surgery may require removal of organs needed to become pregnant or maintain a pregnancy (for example, hysterectomy, removal of ovaries). Radiation to the pelvis and some chemotherapy drugs may destroy eggs in the ovary, making pregnancy difficult or impossible.

Monthly menstrual periods may stop and may start again after some months. Some women develop premature (early) menopause, stop ovulating and are not able to become pregnant. Predicting who will be affected is difficult. Radiation to the pelvis may cause changes in the uterus. As a result, an embryo may not be able to implant, or the uterus may not be able to expand to hold a growing fetus. This can result in complications during pregnancy such as miscarriage, preterm (early) birth, or low birth weight babies. Radiation or surgery to certain areas of the brain may reduce development of pituitary gland hormones that stimulate the ovaries each month, disrupting the monthly menstrual cycle and interfering with ovulation.

Males: Surgery of reproductive structures may result in erectile dysfunction or retrograde ejaculation, leading to the inability to release sperm naturally. Radiation to the testes and some chemotherapy drugs can impair your ability to produce healthy sperm. You may recover from this after treatment; however, this may take months or even years. Predicting who will regain sperm production and who will not is difficult. Radiation or surgery to certain areas of the brain may reduce development of the pituitary gland hormones that stimulate sperm production.

Local Resources:

- [Northwestern Medicine Fertility and Reproductive Medicine](#)
 - [Northwestern Patient Navigator for Fertility Preservation](#)
 - [Ann & Robert H. Lurie Children's Hospital of Chicago, Fertility & Hormone Preservation & Restoration Program](#)
 - [UI Health, Fertility Preservation Program](#)
- Fertility Hotline 312-503-3378
312-503-3378
312-926-2000
312-355-2634

Resources for Additional Information:

- [Alliance for Fertility Preservation](#)
- [NCCN, Cancer and Fertility](#)
- [American Cancer Society, Fertility and Women With Cancer](#)
- [American Cancer Society, Fertility and Men With Cancer](#)
- [LIVESTRONG, Becoming a parent after cancer](#)
- [Cancer.Net, Fertility Concerns and Preservation for Women](#)
- [Cancer.Net, Fertility Concerns and Preservation for Men](#)
- [NIH, Sexual and Fertility Problems \(Women\)](#)
- [NIH, Sexual and Fertility Problems \(Men\)](#)
- [CancerCare.org, Coping With Fertility Concerns](#)

Recursos en Español:

- [NIH, Instituto Nacional Del Cáncer, Cuestiones de fecundidad en las mujeres con cáncer: niñas y adultas](#)
- [NIH, Instituto Nacional Del Cáncer, Cuestiones de fecundidad en los hombres con cáncer: niños y adultos](#)