

Concerns about Ability to Have Children After Cancer

Internet version of this handout with active resource links at: <http://cancer-help.me/have-children-Peoria>

During cancer treatment, patients have important and complex issues to consider, including present and future fertility.

Because many cancer treatments can damage future 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 they can discuss their options. Patients should be referred to or can ask to be referred to reproductive specialists who can collaborate with the oncologists and other members of the cancer treatment team. 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. In addition to the types of drugs or agents used, patients and their doctors must also consider surgical or radiation therapies when discussing how treatment will specifically affect reproductive health.

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. Knowing who will have trouble is difficult. Fertility problems that do develop may be temporary or permanent.

For men and/or boys: Surgery of reproductive structures may result in erectile dysfunction or retrograde ejaculation, leading to the inability to release sperm naturally into the vagina. 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.

For women and/or girls: 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 it more difficult or impossible to become pregnant.

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.

Fertility Preservation

Men: Preservation involves collecting and freezing semen before beginning cancer treatment. The sperm can later be thawed and used to fertilize eggs of a partner when they are ready to start a family. 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.

Women: 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").

Children With Cancer: Even for young children, ovarian tissue banking is available for pre-pubertal girls, although again there is not a lot of information on how successful this technique is. As the effects on reproduction of some new treatments are still unfolding, and as investigational options for fertility preservation may become available or more established, it is important first and foremost to discuss this topic with your cancer care team.

Content Adapted from: *Cancer and Fertility* adapted from NCCN https://www.nccn.org/patients/resources/life_with_cancer/fertility.aspx

Local Resources

UnityPoint Health Cancer Support Services	Downtown Peoria	https://www.unitypoint.org/peoria/services-cancer.aspx	309-672-4224
OSF St. Francis Cancer Support Services	Downtown Peoria	https://www.osfhealthcare.org/saint-francis/services/cancer/cancer-support-services/	309-308-0200

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](#)

Información Española

- [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](#)