

Your Fertility and Cancer Treatment

■ What is fertility and infertility?

Fertility is the physical ability to have a child. It means you can become pregnant and give birth to a baby, or you are able to fertilize an egg with sperm.

Infertility means you are not physically able to have a child. A person with infertility is not able to become pregnant, maintain a pregnancy, or fertilize an egg.

■ Could cancer treatment affect my fertility?

Often, yes. Infertility has many different causes, including some types of cancer treatment. If you want to have a child after cancer treatment, talk with your oncologist about your fertility before starting cancer treatment.

Cancer treatment can cause infertility by damaging or destroying eggs or sperm and by damaging or removing organs involved in creating or carrying an unborn baby, such as the testicles, ovaries, or uterus.



■ Which cancer treatments can cause infertility?

Chemotherapy is the most common cancer treatment that may affect a person's fertility. Ask about targeted therapy and immunotherapy drugs, too. Some medications, especially drugs called "alkylating agents," have a higher risk of causing infertility. Cancer medications that affect fertility can be used for many different types of cancer.

Radiation therapy and surgery affecting certain areas of the body can also make you infertile. For example, removing the uterus or ovaries will cause infertility. If a treatment causes early menopause, the time when ovaries stop producing estrogen, it may cause infertility. Before treatment, ask your health care provider if any part of your cancer treatment plan could affect your fertility.

■ Can I plan ahead to have children after cancer treatment?

In many cases, yes. This is why talking with your oncologist is important. Ask about the chances your cancer treatment will make you infertile and what can be done now if you want children later.

"Fertility preservation" is a medical term to describe ways to protect your physical ability to have a baby after cancer treatment. For people who want to get pregnant, fertility preservation methods include freezing eggs or tissue from the ovaries for the future. Your oncologist might also be able to do surgery or radiation therapy in a way that protects or minimizes damage to the cervix, uterus, fallopian tubes, or ovaries.

Another main fertility preservation method is storing sperm before treatment starts. It can be frozen at a fertility clinic or sperm bank for later use.

Research continues into new methods of fertility preservation. Other options for having a child include surrogacy, donor embryos, donor sperm, donor eggs, and adoption.

■ Should I see a fertility specialist?

Yes. The best time to talk with a fertility specialist is before cancer treatment starts. Fertility specialists are doctors who treat people trying to have a baby. They can help you understand your options for preserving your fertility. Your oncologist may be able to help you find a fertility specialist who is experienced in helping people with cancer.

Questions to ask the health care team

Several types of cancer treatment can cause infertility. That's why you should talk with your oncologist and a fertility specialist before cancer treatment begins. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ How might my cancer treatment affect my ability to have children in the future?
- ▶ If I want children, is this treatment my best option or are there others?
- ▶ What can be done now to preserve my chances of having children in the future?
- ▶ Can you recommend a fertility specialist who has experience working with people with cancer?
- ▶ How does my age affect my chances of having children or preserving my fertility?
- ▶ What if I don't want children now, but may in the future?
- ▶ Could the cancer treatment I already had make me infertile?
- ▶ What does fertility preservation cost? What will my insurance cover?
- ▶ Where can I find emotional support for me and my family?

Find more information and resources at www.cancer.net/fertility. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

Words to know

Cervix: The lower, narrow part of the uterus (womb).

Fertility: The physical ability to have children.

Fertility preservation: Actions that can help you have a baby after cancer treatment, such as storing sperm or freezing eggs.

Oocyte cryopreservation: The process of collecting and freezing unfertilized eggs.

Oncologist: A doctor who specializes in treating cancer.

Ovaries: Small glands near the uterus that make hormones and store eggs.

Reproductive endocrinologist: A doctor who specializes in fertility and helping people have children. Also called a fertility specialist.

Side effects: Problems that happen during or after treatment. These could be from the cancer or how the treatment affects your body. Infertility can be a side effect from some cancer treatments.

Sperm banking: Storing sperm for later use.

Surrogacy: When someone else carries and gives birth to a baby that you will raise to adulthood.

Systemic therapy: The use of medication to destroy cancer cells. This includes chemotherapy, targeted therapy, and immunotherapy.

Testicles: The organs in a sac-like pouch under the penis. They make sperm and the hormone called testosterone.

Uterus: The organ where a baby grows before birth.

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