

Before cancer treatment, you may have important and complex issues to consider regarding your fertility now and in the future. 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 fertility preservation

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.

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. 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 fertility.

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 treatments may affect reproductive health in a variety of ways; however, it is important to recognize that not all patients encounter fertility problems. Fertility problems that do develop may be temporary or permanent.

For male organs: 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 female organs: 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 months after treatment ends. 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 Options

- Men: Preservation involves collecting and freezing semen, testicular tissue or embryos before beginning cancer treatment. For more information, see <u>Oncofertility Consortium for Men Diagnosed with Cancer</u>
- Women: Fertility preservation for women involves collecting and freezing eggs, ovarian tissue, or embryos before beginning cancer treatment. For more information, see <u>Oncofertility Consortium for Women Diagnosed with</u> <u>Cancer</u>
- Children With Cancer: Even for young children, ovarian and testicular tissue banking is available for pre-pubertal people. It is important first and foremost before treatment begins to discuss this topic with the child's cancer care team. For more information, see <u>Oncofertility Consortium for Children Diagnosed with Cancer</u>

Content adapted from websites below.

Local Organizations providing support for anyone impacted by cancer:

•	University of Chicago, Fertility Services for Cancer Patients and Survivors (Oncofertility)	888-824-0200
•	Northwestern Medicine Center for Fertility and Reproductive Medicine Fertility Hotline	312-503-3378
•	Oncofertility Consortium's Patient Navigator for Fertility Preservation	312-503-3378
•	Ann & Robert H. Lurie Children's Hospital of Chicago, Fertility & Hormone Preservation & Restoration Program	312-926-2000
•	UI Health, Fertility Preservation Program	312-355-2634

Resources for Additional Information:

- Oncofertility Consortium, SaveMyFertility
- Alliance for Fertility Preservation
- American Cancer Society, How Cancer & Treatment Can Affect Fertility
- LIVESTRONG, Parenthood Options for Women For Men
- Cancer.Net, Fertility Concerns / Preservation Women For Men
- CancerCare.org, Coping With Fertility Concerns
- > NIH, Fertility Issues in Females with Cancer In Males

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Recursos en Español:

- <u>NIH, Instituto Nacional Del Cáncer, Cuestiones de</u> <u>fecundidad en las mujeres con cáncer: niñas y adultas</u>
- <u>NIH, Instituto Nacional Del Cáncer, Cuestiones de</u> <u>fecundidad en los hombres con cáncer: niños y adultos</u>
- <u>Cancer.Net, Preocupaciones acerca de la fertilidad y la</u> <u>conservación en mujeres</u>. <u>en hombres</u>

