# Preserving Fertility

Cancer and its treatment may affect fertility, but you can often take steps before starting therapy to keep your reproductive options open.

June 17, 2019 By Pippa Wysong

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Loss of fertility is a major concern for many people diagnosed with cancer. Some types of cancer and forms of treatment can impair a woman's ability to get pregnant and give birth or a man's ability to father children. It is often possible to preserve fertility, but advance planning is important.

Cancers of the reproductive system have the most direct effect on fertility. Sometimes it is necessary to remove reproductive organs such as the uterus, ovaries, prostate or testicles in order to treat or cure cancer. People who have only one ovary or testicle removed can often still produce children.

Radiation and some chemotherapy can harm the reproductive organs and damage the genetic material in eggs, sperm and immature reproductive tissue in children. Depending on the intensity and duration of treatment, these changes may be temporary or permanent.

Many people with breast, ovarian or prostate cancer receive medications to block hormones that promote cancer growth. Hormone therapy can disrupt the menstrual cycle in women and stop sperm production in men. However, its effects are often reversible after discontinuing treatment.

If you think you may want to have biological children in the future—or you're not sure—talk to your care team about possible options before starting treatment. Likewise, parents can ask about options for their children:

- Could the treatment cause or increase the risk of infertility?
- Are there other established treatments that are less likely to lead to fertility problems?
- What are some fertility preservation options?
- Can a fertility specialist become part of the cancer care team?

Treatment can sometimes be adjusted to preserve fertility. For example, shielding may be used to

protect the ovaries or testicles from radiation. In some cases, the ovaries can be surgically moved out of the way before radiation therapy involving the abdomen or pelvis.

For many people, freezing eggs or sperm for later use may be an option. Those with partners may choose in vitro fertilization and freezing the embryos. Collecting and freezing undeveloped ovarian or testicular tissue may be possible for children undergoing cancer treatment before puberty. For some, adoption may be an option.

A growing number of cancer centers have reproductive endocrinologists and others who specialize in fertility issues for cancer patients. But efforts to preserve fertility must be undertaken early, before potentially irreversible damage occurs.

Loss of fertility can be an upsetting consequence of cancer treatment. Many people want to have biological children, and being able to do so may be part of their sense of identity and purpose. While the possibility of infertility may be overwhelming, it’s important to discuss this up front with your care team. You may also benefit from talking with a counselor or attending a support group with others facing the same concerns. (For a story of fertility after cancer, click here; to read about the good news for women with BRCA-positive breast cancer hoping to become pregnant, click here).

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