

Fertility and Cancer Treatment

Cancer treatment can make it harder or impossible to have a baby later in life. There are things that you can do to make it more likely for you to get pregnant or make someone pregnant before you start treatment. This is called “fertility preservation.”

The radiation therapy and chemotherapy that are used to treat cancer can sometimes cause problems with your fertility. “Fertility” means your ability to get pregnant or make someone pregnant. The harm that treatment can do to your fertility may get better over time, or it may be permanent. It is hard to know exactly what will happen with your fertility after treatment. Your ability to have a child later in life depends on lots of things, like:

- Whether you are male or female
- Your age at the time of treatment
- The kind of chemotherapy drugs that you take
- Where on your body you get radiation
- How much chemotherapy or radiation you get
- How long it has been since treatment when you try to have a baby

You can talk with your oncologist about how likely it is for your treatment to affect your fertility. They may be able to offer you some options for “fertility preservation,” or steps to make it more likely for you to conceive and have a baby in the future.

Some people worry that cancer or cancer treatment will make it more likely to have a child with cancer, diseases or other problems. Some people also worry that fertility treatments can cause problems. There is no scientific reason to worry about this. Talk to your oncologist if you want to know more.

What steps can I take to make it more likely for me to get pregnant or make someone pregnant later on?

For teens and adult men

Sperm banking is an option for men and for teens who are old enough to ejaculate. The flyer called [Sperm Banking: Is it Right for Me?](#) will tell you more about what to expect. There are many options for sperm banking. Your oncologist can tell you more about these options.

Testicular sperm aspiration is an option for younger teens who cannot ejaculate yet or for older teens and adults who are medically unable to ejaculate. It involves surgery to take out a small amount of tissue from the testicle that has sperm in it. The sperm are then frozen. This is usually done by a urologist.

To Learn More

- Hematology/Oncology
206-987-2106
- Ask your healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers
206-987-2280 (TTY)

For teens who have started menstruating and adult women

One option for teen girls and women is called embryo cryopreservation. This means freezing and storing a fertilized egg. For this, a partner's or donor's sperm is used to fertilize the egg before it is frozen. Later on, the fertilized egg can be placed into your uterus to make you pregnant.

The other option is called oocyte cryopreservation. This means freezing an unfertilized egg and storing it. Later, when you are ready to have a baby, your partner's sperm can be used to fertilize the egg. This is not offered at all fertility clinics. If it is available, it is a good option for teens and women who do not have a spouse or partner and want to preserve their fertility without having to use donor sperm. Scientists are still studying how well this works.

Both of these options involve taking hormones to make you ovulate before you start treatment. Then, a minor surgery is done to remove your eggs. For embryo cryopreservation, the eggs are fertilized and then frozen. For oocyte cryopreservation, the eggs are frozen without being fertilized.

These options take at least 2 weeks to finish before you start treatment for cancer. This is the amount of time it takes for the hormones to make you ovulate. You can talk to your oncologist about whether these are an option for you.

These procedures can be done at a reproductive center before you come to Seattle Children's for treatment. Most people have reproductive centers nearby where they live. You can call FertileHope at 866-965-7205 for help finding one in your area. FertileHope also has a [database](#) that you can search online. This is at www.fertilehope.org. Follow links to "Find a Doctor." You can search the Cancer & Fertility Referral guide by location or service.

Is fertility preservation covered by insurance?

It depends. You can talk with the staff at the reproductive clinic to find out what may or may not be covered and how much you will have to pay. Ask them about financial assistance programs like Sharing Hope (part of the Lance Armstrong Foundation).

What if I cannot do anything about my fertility before I start treatment?

Not all patients are old enough, or have the time to take steps to preserve their fertility before they start treatment. It is important to remember that we cannot be absolutely certain about who will have problems having children after treatment and who will not. As part of your long term follow-up, your healthcare team will check your fertility and help you plan for the future. If fertility is a problem, they can help you think of other ways to start a family.