Article Series Talking About Cancer

5 Questions to Ask About Cancer and Fertility

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All Talking About Cancer

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Some cancer treatments, including chemotherapy, radiation, and surgery, can affect reproductive health. So, if you're living with cancer, you may have questions about your fertility and family planning.

Facing concerns about fertility can bring up a range of emotions, and it's natural to feel overwhelmed. It's also natural to experience feelings of sadness or stress when spending time with friends to have their own families, or when hearing pregnancy news from people you know. It's common for fertility concerns to take a

psychological toll.

Knowing which questions to ask is a good starting point for exploring your options and resources related to cancer and reproductive health. Here are five questions to consider asking your care team at your next appointment.

1.How might my treatment affect fertility?

Treatment can have a number of effects in men, women and people who identify as intersex, non-binary or trans. Radiation, for example, may cause harm to the uterus or block the tubes that sperm travel through. Some cancer treatments may cause changes in the reproductive paths that sperm has to travel through to fertilize the eggs. These changes can make natural conception difficult and increase the risk of infertility.

The level of risk of fertility issues may depend on factors such as the type of cancer you have, your treatment plan, and your age. Your doctor or a fertility specialist can explain your specific risks and suggest ways to preserve your fertility.

2. Which types of cancer are most likely to increase my risk of fertility issues?

Cancers such as, but not limited to, testicular, prostate, bladder, breast, ovarian, uterine, cervical, thyroid and some blood cancers, may affect fertility. For example, chemotherapy and radiation may affect female and male reproductive health by affecting eggs, sperm, or hormone levels. Surgeries involving the reproductive organs and surrounding areas, such as the removal of ovaries, uterus, testicles, or prostate, may interfere with hormone production, egg or sperm supply, or the ability to conceive naturally. Procedures involving the removal of testicles or the prostate gland can also interfere with sperm production or block sperm flow, making natural conception difficult.

3. What are my options to preserve my fertility?

If you’re planning to have a child in the future or are still undecided, your care team may tell you about options to preserve your fertility. For example, individuals diagnosed with cancer may choose to freeze their eggs or sperm.

Egg freezing involves stimulating the ovaries with hormones to produce multiple eggs, retrieving them, and freezing them for future use. Sperm freezing is a simple

procedure that involves collecting and storing sperm for future fertility treatments.

Other options include:

- Radiation shielding, which involves protecting the ovaries or other reproductive organs from radiation exposure during treatment
- Embryo cryopreservation, which involves freezing embryos created from harvested eggs and sperm
- Ovarian transposition, which is a surgical procedure to move ovaries out of the radiation field during treatment
- Surrogacy, either with a gestational carrier, who does not contribute her own egg to the embryo and has no genetic relationship to the baby –– or a traditional surrogate, who becomes pregnant with the sperm of the male in the couple and her own egg.
- Adoption or fostering a child, which involves working with an adoption agency or the foster care system.

4. What are the costs of fertility preservation?

The costs for fertility preservation can vary widely, ranging from several hundred to several thousand dollars. In the U.S., some states have mandated that insurance companies cover fertility preservation and IVF. For many, however, out-of-pocket costs can be significant, so check with your provider and consider financial assistance programs. You can also look at an online guide provided by a reputable source, like this one from Triage Cancer, that provides general information around fertility preservation options and cost.

5. Should I see a fertility specialist?

Your care team may recommend a reproductive endocrinologist who can explain your options more thoroughly and support you in specific ways. These professionals are trained to assess your situation, discuss fertility preservation methods, and guide you through treatments tailored for your needs.

As you explore your fertility options, consider these Microsteps, which may help you feel more informed and less stressed about what lies ahead. As always, consult with your care team for the guidance and recommendations that are best for you.

Writing down fertility questions you want to ask at your next doctor’s appointment.

Having a written list ensures that you don’t forget important concerns and that you make the most of the time with your healthcare provider.

Seeking professional mental health support if needed.

A cancer counselor may be a helpful source of support. They can discuss options with you based on your individual situation and help you cope with the changes brought on by cancer.

Unfollowing social media accounts you find triggering.

Curate your feed to reduce unnecessary stress, especially if you find yourself comparing your situation to others, such as those who are pregnant or growing their families.

Finding someone whose story inspires you.

Look out for interviews, memoirs, books, or podcasts, from people who have shared about their experience with cancer and fertility. Other people’s stories may be a source of strength and hope as you continue on your own journey.

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