Fertility and Cancer Treatment

This handout explains how cancer treatment may affect fertility for people who were assigned female at birth and may want to have children in the future. It also explains ways to help protect fertility before treatment begins.

Why is this Important?

Some cancer treatments can make it harder, or even impossible, to get pregnant. If you think you may want children in the future, there are ways to help protect your fertility. This is called *fertility preservation.*

How can cancer treatment affect fertility?

- **Ovaries:** You are born with all the eggs you will ever have. Some treatments can damage or destroy these eggs.
- **Uterus:** Some treatments can harm the uterus, making it harder to carry a pregnancy.

What affects the risk of infertility?

- Your age
- Your type of cancer
- The type of chemotherapy
- The location and dose of radiation
- The location of surgery

Talk with your doctor about how your treatment may impact your fertility.

How do cancer treatments affect fertility?

Radiation: Radiation to the belly, pelvis, or whole body can damage the eggs and uterus. Radiation to the brain may also affect the hormones needed for ovulation (egg release).

Chemotherapy: Some chemotherapy drugs can harm the ovaries and eggs. The risk is higher if you are over 35 years old or if you receive high doses of drugs that affect the ovaries, such as alkylating agents.

Talk with your provider about your specific treatment plan and risks.

Other Health Issues

- Delay in pregnancy can lower fertility due to age.
- Some cancer treatments can cause health problems that make pregnancy unsafe.

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Can I Still Have a Child After Treatment?

It depends on which parts of the reproductive system are affected:

- **Damaged ovaries, healthy uterus:** You might use frozen eggs, donor eggs, or embryos.
- **Healthy ovaries, damaged uterus:** You may need a **gestational carrier (surrogate)** to carry the baby.
- **Both ovaries and uterus damaged:** You may still use **frozen eggs or embryos** with a *surrogate* (a person who carries and gives birth to a baby for another person).

Options to Preserve Fertility Before Treatment

- **Egg Freezing:** Hormone injections help mature multiple eggs. The eggs are collected during a short procedure and frozen. This process usually takes 2–3 weeks and can often begin quickly.
- **Embryo Freezing:** This uses the same process as egg freezing, but the eggs are fertilized with sperm and allowed to develop in a lab before freezing. Good-quality embryos are saved for future use.
- **Ovarian Tissue Freezing:** One ovary is surgically removed and frozen. The tissue can later be reimplanted to try to restore fertility. This option is often used when there is not enough time to collect eggs.
- **Ovary-Protecting Hormones:** Medicine is given during treatment to put the ovaries in a resting state. It is not proven to protect fertility, but it may offer some protection and other benefits.

Will Insurance Cover It?

Not all insurance plans cover fertility preservation, even if you have cancer. It is important to contact your insurance provider to understand exactly what your plan includes. You may also want to explore financial support options, as the Cancer Reproductive Health Fund (CRHF) may offer grants or other forms of assistance

What Should I Do Next?

Talk to your oncologist as soon as possible and ask for a referral to a fertility specialist. They can help you learn which fertility preservation options are safe and possible for you.

Questions?

Your questions are important. Call your UWMC healthcare provider if you have questions or concerns.

Center for Reproductive Health and Fertility: Call 206.598.4225 weekdays between 8 a.m. and 5 p.m.

- After hours and on weekends or holidays, call 206.598.6190 and ask for the CRHF provider on call to be paged.
- Website: *uwmedicine.org/specialties/obstetrics-gynecology/fertility-care*

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