

Resources

For more information about infertility risk and fertility preservation options for men diagnosed with cancer:

- ▶ Visit SaveMyFertility.org
- Call the FERTLINE: 866-708-FERT (3378)
- ▶ Visit the Oncofertility Consortium Web site: oncofertility. northwestern.edu
- ▶ Use the online Clinic/Center Finder to find the fertility preservation center closest to you: http://oncofertility.northwestern.edu/find-a-clinic-or-center

References

Brannigan RE. Fertility preservation in adult male cancer patients. Cancer Treat Res. 2007;138:28-49.

Brannigan RE. Risk of infertility in male survivors of childhood cancer. Lancet Oncol. 2014; 15(11): 1181-2.

Osterberg EC, Ramasamy R, Masson P, Brannigan RE. Current practices in fertility preservation in male cancer patients. *Urol Ann.* 2014;6(1):13-17.

The Ethics Committee of the American Society for Reproductive Medicine. Fertility preservation and reproduction in patients facing gonadotoxic therapies: a committee opinion. *Fertil Steril.* 2013; 100:1224-31.

Jeruss JS, Woodruff TK. Preservation of fertility in patients with cancer. N Engl J Med. 2009;360:902-911.

Loren AW, et al. Fertility preservation for patients with cancer: American Society of Clinical Oncology clinical practice guideline update. *J Clin Oncol.* 2013; 31: 2500-10.

Tschudin S, Bitzer J. Psychological aspects of fertility preservation in men and women affected by cancer and other life-threatening diseases. *Hum Reprod Update*. 2009;15:587-597.



The Oncofertility Consortium® is an international, interdisciplinary initiative designed to explore the reproductive future of cancer survivors.

To learn more about fertility preservation, please visit **SaveMyFertility. org** for additional resources.

To learn more about the Oncofertility Consortium, visit oncofertility.northwestern.edu.



Ask Your Doctor About...

FERTILITY PRESERVATION









FOR MEN DIAGNOSED WITH CANCER



SaveMyFertility.org

Introduction

Many men who have been diagnosed with cancer think preserving their fertility is important and want information about their options. However,

- You may not feel comfortable bringing up fertility issues.
- You may not be aware of your options for preserving fertility.
- You may be focused on your cancer diagnosis and unable to think about fertility or the possibility of having a future family.

Even men with a poor prognosis may want to consider fertility preservation.

Understanding that there are fertility preservation options available and seeing a reproductive specialist in a timely manner can improve your emotional outlook and future quality of life.

You may later regret not considering fertility issues prior to starting cancer treatment.

Starting the Conversation

Discussing fertility preservation is important. These key points can help start the conversation with your doctor:

- ▶ How will my cancer and cancer treatment affect my fertility?
- ▶ Based on my cancer diagnosis and treatment plan, what is my risk of infertility [high, moderate, low]?
- What are my options for fertility preservation before I begin cancer treatment (see figure to right)?
- ▶ Can you refer me to a fertility preservation specialist to discuss my options further?

Although it may not be on your mind now, it is important to discuss fertility before you begin treatment.

Remember there are other ways to build a family after cancer if you are unable to preserve your fertility now. Talking with a specialist can help you explore other options that might be right for you.

Fertility Preservation — Where Does It Fit?

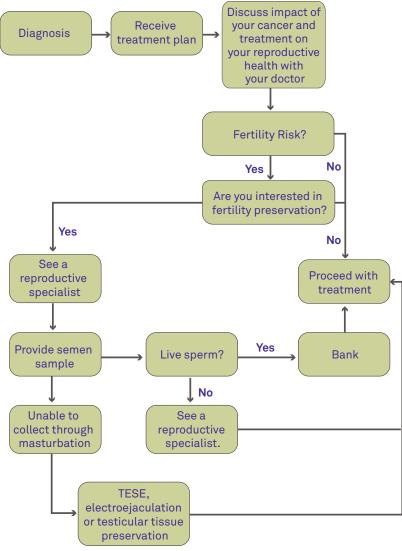


Figure adapted from Brannigan RE. Cancer Treat Res. 2007;138:28-49.

Options for Fertility Preservation



- The American Society of Clinical Oncology and the American Society for Reproductive Medicine recommend, when possible, at-risk patients should see a fertility preservation specialist prior to starting cancer treatment.
- There are standard options for men diagnosed with cancer who wish to preserve their fertility. These options are illustrated in the figure below.

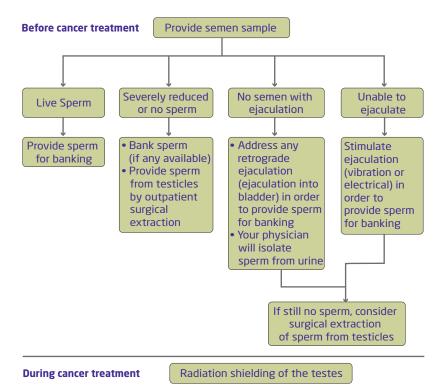


Figure adapted from Brannigan RE. Cancer Treat Res. 2007;138:28-49.

b See figure to right.