



## Resources

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

- ▶ Visit [SaveMyFertility.org](http://SaveMyFertility.org)
- ▶ Call the FERTLINE: **866-708-FERT (3378)**
- ▶ Visit the Oncofertility Consortium Web site: [oncofertility.northwestern.edu](http://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

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- 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.
- Woodruff TK. The Oncofertility Consortium—addressing fertility in young people with cancer. *Nat Rev Clin Oncol*. 2010;7:466-475.



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](http://SaveMyFertility.org) for additional resources.

To learn more about the Oncofertility Consortium, visit [oncofertility.northwestern.edu](http://oncofertility.northwestern.edu).



## Ask Your Doctor About...

# FERTILITY PRESERVATION



## FOR WOMEN DIAGNOSED WITH CANCER



[SaveMyFertility.org](http://SaveMyFertility.org)

## Introduction

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

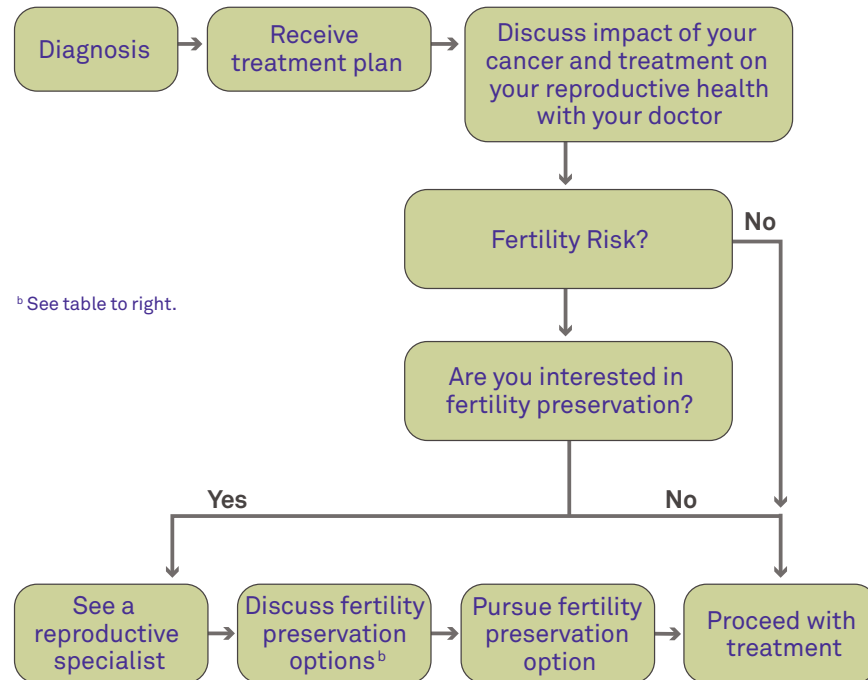
- ▶ You may not feel comfortable bringing up fertility issues.
- ▶ You may not be aware of your options for preserving fertility.
- ▶ You may be focused on your cancer diagnosis and unable to think about fertility or the possibility of having a future family.

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

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

Understanding 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.

## Fertility Preservation—Where Does It Fit?



## Starting the Conversation

These key points can help start the conversation:

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

The American Society of Clinical Oncology and American Society for Reproductive Medicine recommend, when possible, at-risk patients should see a fertility preservation specialist prior to starting cancer treatment.

The following table gives a brief description of options available to women who wish to preserve their fertility. Discuss available options with your doctor.

Several resources are listed on the reverse that can help you locate a fertility preservation specialist.

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.



## Options for Fertility Preservation

OPTION	Embryo Banking	Egg Banking	Ovarian Tissue Banking (Experimental)	Radiation Shielding	Ovarian Transposition	Radical Trachelectomy	Ovarian Suppression (Experimental)
<b>DEFINITION</b>	Ovarian stimulation; Harvesting eggs, IVF and freezing of embryos	Ovarian stimulation; Harvesting and freezing of unfertilized eggs	Surgical removal of ovarian tissue and processing of tissue for freezing	Use of shielding to reduce scatter radiation to the ovaries	Surgical reposition of ovaries out of radiation field	Surgical removal of the cervix with preservation of the uterus	GnRH analogs used to suppress ovaries
<b>TIMING</b>	Before or after treatment	Before or after treatment	Before or after treatment	During treatment	Before treatment	Before treatment	During treatment
<b>TIME REQUIREMENT</b>	10–15 days outpatient surgical procedure	10–15 days outpatient surgical procedure	Outpatient surgical procedure	In conjunction with radiation treatments	Outpatient procedure	Inpatient surgical procedure	In conjunction with chemotherapy
<b>OTHER CONSIDERATIONS</b>	Need partner or donor sperm		Autotransplantation of tissue has produced live births; studies ongoing for IVFM	Does not protect against effects of chemotherapy		Limited to early stage cervical cancer	Data are mixed on the effectiveness of this option.

Table adapted from LIVESTRONG, and *Cancer and Fertility: Fast Facts for Reproductive Professionals* (2008).  
 IVF=*in vitro* fertilization • GnRH=gonadotropin-releasing hormone