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Having a Baby After Cancer: Fertility Assistance and Other Options [1]

This section has been reviewed and approved by the Cancer.Net Editorial Board [2], 01/2013

Key Messages:

- Permanent infertility (inability to have children) is sometimes a long-term side effect of cancer treatment.
- There are several options for having children that both men and women can consider if they are faced with fertility issues following cancer treatment.
- Other options for starting or expanding your family include surrogacy, a gestational carrier, or adoption.

Some treatments for cancer, including surgery, radiation therapy, and chemotherapy, have the potential to decrease fertility in a variety of ways. For some people, physical changes make it more difficult to conceive a child, while for others these changes lead to a complete, permanent loss of fertility. Although there are options available to protect a person's fertility during cancer treatment [3], preserving fertility isn't always possible. However, there are still a number of ways to start or expand your family even if your or your partner's fertility has been affected by cancer treatment.

Options for women

Assisted reproduction. Treatment with chemotherapy may reduce the number of eggs in a woman?s ovary (called the ovarian reserve), making it difficult for her to become pregnant naturally. If blood tests and ultrasounds show this has occurred, an infertility specialist may be able to use assisted reproduction techniques, such as in vitro fertilization (a process that involves collecting a woman's eggs and fertilizing them with sperm outside her body, for the purpose of later transferring the embryo back into her body for it to develop, IVF), to help the woman conceive. Because a low ovarian reserve may lead to early menopause (when no eggs are left), it is important to talk to an infertility specialist as soon as possible.

Donor eggs. If cancer treatment damages a woman?s ovaries, causing early menopause, she may be able to use another woman?s eggs to become pregnant. The donated eggs are fertilized in a laboratory with the sperm of the woman?s partner or a donor using IVF techniques. The

fertilized eggs (embryos) are then transferred into the uterus of the woman who wants a child. A woman?s uterus must be healthy for her to successfully carry the pregnancy, and she will have to take hormones before and after receiving the embryos.

Egg donation allows at least one parent to have a genetic relationship to the child. By law, all egg donors, whether they are a family member, friend, anonymous donor, or known donor from an agency, are screened for psychological issues, medical conditions, and potential genetic diseases before they are allowed to donate eggs.

Donor embryos. Donor embryos usually come from couples who had an infertility treatment that resulted in extra embryos. As with egg donation, the embryos are then transferred into the uterus of the woman who wants a child, and the woman will have to take hormones before and after the embryos are inserted. Although a couple or individual who uses a donated embryo will not be genetically related to the child, the procedure allows a woman with a healthy uterus who is unable to become pregnant experience pregnancy. By law, the couple donating the embryos must have the same tests that are required for the egg donor process.

Options for men

Donor sperm. If a man who had cancer treatment did not store his sperm before starting treatment, he can use sperm donated to a sperm bank by another healthy male to become a father. In most cases, the sperm, which is screened for infectious diseases, is donated anonymously. However, sperm banks usually record the physical traits of the donor.

Testicular sperm extraction. Even if a man has no sperm in his semen after finishing treatment, he may still have healthy sperm in his testicles. During this surgery, the doctor removes small pieces of testicular tissue. Any sperm cells found in the tissue can be used in a fertility procedure like IVF or frozen for future use. However, the success rates of this procedure are not as high as using sperm obtained through conventional methods.

Surrogacy and gestational carriers

If a woman is not able to carry a child, or if becoming pregnant could put her health at risk, using a gestational carrier (another woman who carries the baby during pregnancy) is an option. This procedure is called surrogacy if the cervix or uterus of a woman who is able to carry a pregnancy is injected with the sperm of the man who will be the child?s father in a process called artificial insemination. If the woman who is to carry the child is impregnated with an embryo created from another woman?s egg and her partner?s sperm, the woman who carries the child is called a gestational carrier. Surrogacy and gestational carrier laws are different in each state, so it is important to consult an attorney if you choose this option.

Adoption

If you do not want to undergo medical procedures to have a child or are uncomfortable with the idea of surrogacy, you may consider adopting a child. Adoption is the permanent, legal transfer of parental rights of a child from the birth parent to another couple or individual. Although most adoption agencies allow cancer survivors to adopt, some require a letter from a doctor certifying good health, and others may require a certain amount of time to pass after you have completed

treatment for cancer.

Some of the adoption options to consider include:

Domestic adoption or inter-country adoption. A domestic adoption is adopting a child from the country you live in. An inter-country adoption (also called international adoption) is adopting a child that lives in another country.

Open adoption or closed adoption. In an open adoption (also called a fully disclosed adoption), the birth parents and adoptive parents communicate. In a closed adoption, no identifying information about the birth parents or the adoptive parents is shared with either party.

Agency adoption or independent adoption. Many adoptions are handled by private agencies or public adoption agencies run by a county or state. These agencies are licensed and have strict regulations and rules to follow. Independent adoptions are handled by an adoption lawyer or facilitator instead of an agency.

Questions to ask the doctor

Consider asking your doctor the following questions when discussing your options for having children after finishing cancer treatment.

- If I am infertile, what are my options for becoming a parent?
- How can I find out if my ovarian reserve was affected by chemotherapy?
- How do I confirm that I am infertile?
- Can you recommend a fertility specialist?
- Could fertility hormones or drugs cause my cancer to return or cause a new cancer to develop?
- Which infertility clinics specialize in treating cancer survivors?
- How does my age affect my options?
- Where can I learn more about the cost of each option?
- Where can I find adoption resources or support?
- Where can I find surrogacy or gestational carrier resources or support?

More Information

Fertility and Cancer Treatment [4]

Moving Forward Videos: Fertility for Young Adults with Cancer [5]

Relationships and Cancer [6]

Additional Resource

Child Welfare Information Gateway: Adoption [7]

Links:
[1] http://www.cancer.net/survivorship/life-after-cancer/having-baby-after-cancer-fertility-assistance-and-other-options

[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/29096
[4] http://www.cancer.net/node/25268
[5] http://www.cancer.net/multimedia/videos/young-adults-cancer/fertility
[6] http://www.cancer.net/node/25112
[7] http://www.cancer.net/childwelfare.org/adoption