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Cancer Diagnosis and Fertility Preservation



A cancer diagnosis is filled with anxiety and fear. Kindbody is here to guide you through the process of fertility preservation before you begin treatment. Together, we can quickly preserve eggs, sperm, or embryos without compromise to your current health and treatment plan. In this guide, we answer some of the most frequently asked questions about fertility preservation after a cancer diagnosis (oncofertility).

How common is ovarian failure, or premature menopause, following chemotherapy?

The risk of ovarian failure depends on the age of the patient and the type of chemotherapy she receives. Women are born with all of their eggs and are usually losing hundreds every month. Some types of chemotherapy can increase how quickly the eggs are lost. Alkylating agents, such as cyclophosphamide, tend to be particularly toxic to the ovaries. Since younger women have more eggs left in their ovaries, they are less likely to go into menopause at the time of their treatment. Older women, especially those in their 40's, have fewer eggs and are less likely to resume having periods.

How successful is pregnancy using frozen oocytes vs. frozen embryos?

Until 2012, the American Society for Reproductive Medicine considered oocyte freezing to be experimental. Since then, studies have shown that oocyte freezing can have very good success rates, and it is considered a standard option for cancer patients. As with any fertility treatment, the success of pregnancy will vary depending on individual patient factors. Overall, age is the most important predictor, and pregnancy rates are higher in younger patients.

How do you counsel women who are preparing for chemotherapy but are still interested in future pregnancy?

There are many factors to consider in counseling these patients, but the most important are her age, cancer diagnosis, how much time she has before starting treatment, and the type of chemotherapy. Young women who are at low risk of ovarian damage may not need to undergo any type of fertility preservation treatment. Women who are at higher risk may consider embryo or oocyte cryopreservation; these procedures usually take about two weeks to complete. Ovarian tissue cryopreservation is not as established but may be considered in situations where other options are not possible, such as prepubertal girls.

How soon after cancer treatment should a woman consider getting pregnant?

Timing of pregnancy after cancer will depend on the type of cancer and the health of the woman. In general, most oncologists will want the patient to wait 1-2 years before trying to conceive since that is the most likely time for a recurrence. Breast cancer survivors on tamoxifen may need to wait longer if they are going to complete this part of their treatment. For women who are not well enough to be pregnant or do not want to wait, there is the option of using a gestational carrier (surrogate).

Are there any ways to prevent premature ovarian failure as a result of chemotherapy?

Unfortunately, there are no established methods to prevent damage to the ovaries during chemotherapy. The use of medications to suppress the ovaries (GnRH agonists) has been highly debated since studies show conflicting results. However, it may be offered to women in the hope it may reduce risk of premature ovarian insufficiency, especially in breast cancer. Since there are no known ways to protect the ovary during chemotherapy, women should consider having a consultation with a fertility specialist (reproductive endocrinologist) about the impact of the planned cancer treatment on their individual fertility.