

WILL CANCER AND TREATMENT AFFECT MY FERTILITY?



Having children might be the last thing on your mind – or the thought of losing the option might be devastating. Let's look at how cancer treatment can affect your fertility and how fertility preservation treatment could help.

First up, a note on our inclusive language

We strive to make our information inclusive and accessible. We understand that people identify differently and for some, fertility could be a triggering subject.

We've tried to move away from talking about treatment for men and women, and have also tried to degender reproductive organs – not referring to them as male or female. If you have any thoughts about what we're doing well on or how we can do better, please get in touch using the details at the end of this factsheet.

How will I be affected?

Fertility

Your ovaries can be affected by some types of chemotherapy, radiotherapy, surgery or hormone treatment, damaging your eggs. This can lead to early menopause. If your womb (uterus) or vagina is being treated, this can also cause fertility problems.

Sperm production can be reduced or stopped by some kinds of chemotherapy and radiotherapy. This may be temporary, but for some it is permanent.

Sex drive

Your sex drive, changes to your vagina (like vaginal dryness), or ability to have an erection can also be affected by chemotherapy, radiotherapy, hormone treatment or surgery. It depends on the treatment and what part of your body is involved.

It's very normal to feel less confident and have less interest in sex while you're having treatment, or are dealing with the after-effects. If you're feeling this way, there are some great organisations who can help you to feel better about your body and regain some confidence:

- Look Good Feel Better – lgfb.ca/en
- Changing Faces – changingfaces.org.uk
- The Mix UK – themix.org.uk
- Trekstock's RENEW programme – trekstock.com
- Young Minds – youngminds.org.uk

What can I do about my fertility?

Fertility preservation treatment might allow you to have children in the future. You might have heard of freezing sperm or eggs – these are both types of fertility preservation treatment. It's something you should be offered if your treatment is likely to affect you.

Being confronted with this dilemma after your cancer diagnosis, and at this stage of your life, can feel wrong and unfair. Being asked to make a decision about having children in the future and whether you want to preserve your fertility, especially if you haven't really thought about it, could feel overwhelming. You understandably might not feel ready to make this decision.

Try to talk it out with people you love and trust. You could also talk to your nurse or doctor – they can help you understand more about the possibilities. Having this open and frank discussion, and helping you access appropriate fertility preservation treatment, is an important part of good cancer care.

Do I have to tell my partner?

If you're in a committed relationship, it's your choice whether you talk to your partner about this or not but, whatever the outcome, make sure you're doing what feels right for you. There's a lot to factor in – sometimes it needs to happen quite quickly before your cancer treatment starts, which means you might have to make a decision with limited time.

What does fertility preservation treatment mean for me?

If you have testicles, you might be able to freeze some of your sperm before your cancer treatment starts, in case you want to have biological children in the future.

If you have ovaries, you might be able to save some of your eggs before your cancer treatment starts. These frozen eggs can be used to try for a child in the future. Freezing an embryo (an egg that is fertilised with sperm) may be another option. If you freeze an embryo, both partners need to give permission at every stage, including if you want to use the embryo in the future.

Sometimes it's possible to freeze tissue from an ovary that contains immature eggs. This tissue can then be placed back in your body after cancer treatment, to try and get your ovaries working again. Ovary tissue freezing is only available in a few centres in Great Britain. If you want to find out more, ask your team whether this option is available. It's still seen as a technology that's in development.

What if I've already had my cancer treatment, or am in the middle of it?

It's hard to know what will happen in your unique case. Whether you're able to have children will depend on the type of cancer and what kind of treatment you had for it. If you're in doubt, you can have fertility tests after your treatment is finished. You can ask your GP or cancer team to arrange this.

In some cases it's possible to freeze eggs or bank sperm after your treatment has started, so don't ever feel like it's too late to talk about your options with your care team.

If you feel your fertility was never discussed with you properly and you're mid-treatment, make sure you go back to your consultant or someone on your team that you trust. It's important that any questions or concerns you have are addressed. There are lots of organisations who help people with fertility problems, so don't feel like you have to go it alone.

Contact us for support, Monday to Friday:

Phone: 0300 303 5220 (9am–5pm)

Email: getsupport@younglivesvs cancer.org.uk (9am–5pm)

Live chat at [younglivesvs cancer.org.uk](https://www.younglivesvs cancer.org.uk) (10am–4pm)



Scan the QR code for info on fertility and support with your options

Young Lives vs Cancer helps young people and their families find the strength to face everything cancer throws at them. We've been there before. We'll face it all, together.