

New Connections

HELPING YOU FIND YOUR WAY AFTER TREATMENT



Issue 11

Having cancer

doesn't mean
not having children.



Having had cancer doesn't mean *not* having children.

At one time or another, most of us think about having a family. While not everyone ends up deciding to have children, most people at least want the option. Now that you've completed treatment, you may be worried that you no longer have that option. The good news is, you do.

Many people who have had cancer and cancer treatment do not experience infertility, but some people do. It all depends upon the type of cancer treatment you received and many other physical factors, such as the type of cancer you had, where it was located, your age, gender, and your response to treatment.

Chemotherapy administered to women, for example, may damage some of the eggs stored in the ovaries, but young women 30 and under frequently begin producing eggs again after they have been off chemo for a while. Chemotherapy given to men may slow sperm production or stop it altogether, but sperm production usually returns in one to four years in men 40 or younger, and some men have had improvement after as many as 10 years. So you can see, there are many variables.

You may not yet know whether your fertility has been impacted by treatment or to what degree. Sometimes, only time will tell. There are, however, some evaluations that a fertility specialist can perform:

For women, having regular menstrual periods is a sign that you are producing eggs again and may be able to have a natural pregnancy through traditional intercourse (oncologists usually recommend that you wait two years before trying to get pregnant). It is possible that some women who are having menstrual cycles may have abnormal hormone levels, which suggests they are nearing premature menopause. These women, and even those who are having *irregular* menstrual cycles, may still be able to get pregnant through *in vitro fertilization*. That's why it is worth getting an evaluation of your "ovarian reserve" – the current state of your ovarian function. If your function is low, but you are not yet ready to get pregnant, you may then opt to freeze your eggs, embryos, or even ovarian tissue for use when you are ready.

A woman who is still fertile, but cannot carry a pregnancy, either because she no longer has a working uterus, or would be at high risk for a health problem if she got pregnant, may choose a surrogate to carry her developing child. This surrogate is known as a gestational carrier. She is a healthy female who receives and carries an embryo created by the intended parents. The gestational carrier does not contribute her own egg to the embryo and has no genetic relationship to the baby.

For men, fertility can be measured by semen analysis that reveals the number of sperm in the semen, how active they are, and what percent are shaped normally. Tests that actually measure potential damage to the sperm's DNA are also now available. Even after some radical treatment procedures that make semen ejaculations impossible, men may still

be fertile, i.e., their testicles still make sperm. In this case, sperm cells may be retrieved from their testicles in a minor surgery and then used to fertilize a partner's egg. Or, in some cases, sperm cells may even be retrieved from urine.

Options for those who are no longer fertile after cancer treatment:

Egg donation:

Egg donation is the most successful option and any woman who has a healthy uterus and can sustain a pregnancy is a candidate for a donor egg. These may come from a completely anonymous source or from a sister, cousin, or close friend. Egg donors, of course, need to be screened carefully for sexually transmitted diseases or genetic illnesses. In addition, every egg donor, including friends and family members, should be screened by a mental health professional to ensure that everyone is in agreement about what the child will or will not be told in the future, what the donor's relationship will be with the child, and that the donor has not been pressured emotionally or financially to donate her eggs.

These donor eggs may then be fertilized by a partner's (or even donor's) sperm through *in vitro fertilization* and the embryo implanted in the receiving woman's uterus. The success of the egg donation depends on careful timing: preparation of the lining of the uterus through hormone stimulation must coordinate with the growth of the donor's eggs. If the woman preparing to receive donor eggs has ovarian failure (is in permanent menopause), she must take estrogen and progesterone to prepare her uterus for the donor egg. After implantation, the receiving woman continues hormone support until her placenta develops and can produce its own hormones.

Embryo donation:

Embryo donation is an option that allows a couple to experience pregnancy and birth together, but neither parent will have a genetic relationship to the child. Embryo donations usually come from couples who have used assisted reproductive technology procedures, have frozen the extra embryos, and are willing to donate them. A potential problem is that the donor couple may not agree to supply a detailed health history or to have the same types of genetic testing as is done for egg or sperm donors. On the other hand, the embryos are given without compensation, so the cancer survivor only needs to pay the cost of getting her uterus ready and having the embryo implanted.

As with egg donation, any woman who has a healthy uterus and can sustain a pregnancy is a candidate for a donor embryo. And most women who attempt the donor embryo procedure must get the same hormonal treatments to mature the lining of her uterus and ensure the best timing of the embryo implantation, as well as continue hormone support until the placenta begins working on its own.

Sperm donation:

This is the flip side of egg donation, but is simpler and less expensive. Sperm may come from a completely anonymous source or from a brother, cousin, or close friend. Like egg donors, sperm donors must be screened for physical and mental health, genetic health, and for sexually transmitted diseases.

Insemination usually takes place in the doctor's office. The purified sperm sample is placed directly into the woman's uterus via a tiny tube. If needed, a woman may take hormones to ripen more than one egg, increasing the chance of a pregnancy. Since sperm donors, through sperm banks, are chosen specifically for their high sperm counts and motility, success rates are good. Most women under age 35 without fertility problems get pregnant in an average of three to six cycles.

Traditional Surrogacy:

Unlike gestational surrogacy discussed above, traditional surrogacy usually involves a healthy woman who is impregnated, through artificial insemination, with the sperm of the man in the couple who will raise the child. Since the surrogate's own egg is fertilized by the sperm, she not only carries the pregnancy, she is the genetic mother of the baby.

This type of surrogacy legally, can be an especially complicated and expensive process. Surrogacy laws vary, so it is important to have an attorney help you make the appropriate legal arrangements with your surrogate. You should consider state laws where the surrogate lives, the state where the child will be born, and the state where you will live. It is also very important that an expert mental health professional evaluate the surrogate mother. Very few surrogacy agreements go awry, but in those that do, one of these steps was typically left out.

Adoption:

Adoption is a feasible option for anyone who wants to become a parent. Adoption can occur within your own country through an agency or private arrangement, or internationally through private agencies.

There is extensive paperwork to complete during the adoption process, which can seem overwhelming at times. Many couples find it helpful to attend adoption or parenting classes before their adoption. These classes can help you understand the adoption process and allow you to meet other couples in similar situations.

The adoption process time varies depending upon the type of adoption you choose. Most adoptions can be accomplished in one to two years. There are many agencies (local, national, and international) that can help you adopt a child. Some agencies specialize in placing children with special needs, older children, or siblings. Costs also vary greatly, from about \$3,000 (for a public agency, special needs adoption) up to as much as \$40,000 (for an international adoption, including travel costs).

Most adoption agencies state that they do not rule out cancer survivors as potential parents, but most require a letter from your doctor stating that you are free of cancer and can expect a healthy lifespan and a good quality of life. Some agencies or countries require a period of being *off-treatment* and free of cancer before allowing a cancer survivor to apply for adoption. Five years is the average length of time.

You may be able to find an agency that has experience working with cancer survivors. Some discrimination clearly does occur both in domestic and international adoption. Yet, most cancer survivors who want to adopt a baby are able to do so.

**For more cancer information, call 1-800-ACS-2345
or visit www.cancer.org, anytime, day or night.**

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