



QueenslandFertilityGroup
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FERTILITY PRESERVATION FOR CANCER PATIENTS

Diagnosis and considering your future fertility

A diagnosis of cancer can be extremely difficult to adjust to.

Having children may be the last thing you want to think about right now, but talking with a fertility specialist can help you to understand the possible effects of cancer treatment on your fertility, and the fertility options available. Both radiotherapy and chemotherapy can severely damage a person's sperm or eggs, and may leave a patient infertile and therefore unable to have children.

At Queensland FertilityGroup, we have a dedicated fertility preservation program with priority access designed to provide specialist fertility advice and urgent care to protect and preserve a woman or man's fertility in these circumstances.

With a referral from your oncologist, it is possible for us to arrange an appointment with a Queensland Fertility Group fertility specialist for you within 24-48 hours.

Our patient liaison team, staffed by experienced fertility nurses, is on hand to book appointments. They can be contacted on 1800 111 483, or by emailing info@qfg.com.au.

Women

In women, infertility following cancer treatment may arise for a number of reasons, including:

- The ovaries being unable to produce mature eggs (ovarian failure)
- Hormonal signaling between the brain and the ovaries being disrupted
- Damage to the uterus or fallopian tubes from either surgery, or chemotherapy/radiotherapy

If you are about to undergo cancer treatment, there are a number of different options a fertility specialist will discuss with you. The type of cancer you are diagnosed with, your treatment plan, your age and your relationship situation will all be taken into consideration and guide this discussion.

Talking with a fertility specialist is very important, as it will provide you with valuable information about the risks particular treatments may pose to your fertility, and the effective options available to you.

Embryo freezing

If you have a partner, you may choose to undergo an IVF cycle before undergoing cancer treatment, and to freeze resulting embryos for future fertility treatment (which might occur some years later).

IVF treatment involves ovarian stimulation with hormone injections, prior to the eggs being retrieved in a short surgical procedure, then fertilised with sperm in a laboratory and the resulting embryos frozen and stored.

Embryo freezing is a highly successful treatment option. As with a standard IVF procedure, women under the age of 38 at the time of egg retrieval will have a higher chance of pregnancy success in the future.

Egg freezing

Single women who undergo egg freezing have a stimulated IVF cycle, with egg collection, followed by the freezing of unfertilised eggs. These frozen eggs can be stored for many years.

Post cancer treatment, when a woman is ready to use her eggs, they are warmed (thawed) and then fertilised with sperm. Once an embryo has developed, it is then transferred into the women's uterus hopefully resulting in a successful pregnancy.

Depending on the urgency of cancer treatment, a woman may choose to undergo more than one cycle of stimulation and egg retrieval. This helps to ensure a higher number of eggs are retrieved and frozen, therefore increasing the chance of pregnancy in the future.

Again, a woman's age at the time of egg freezing is an important factor in determining pregnancy success, and women under the age of 38 would be expected to have a higher chance of pregnancy in the future.

Men

Sperm freezing

If you are diagnosed with a cancer where the recommended treatment option may affect your sperm quality or production, you may wish to consider sperm freezing in order to preserve your chance of having a family in the future.

Sperm freezing is an option for the majority of men, even those with poor sperm quality prior to undergoing cancer treatment.

To achieve the optimum amount of sperm we suggest that before a cancer patient begins treatment, a minimum of 2-3 samples are collected over a period of 7-10 days allowing a couple of days abstinence between collections.

Relationship status

For people considering freezing embryos, eggs or sperm, the stability of their relationship is important. Where embryos are created, both partners have a right to veto future use of the embryos, should the relationship run into problems or break down later.

The serious consequences of this, for either the woman or man undergoing fertility preservation would be that she/he could lose access to their own reproductive materials.

Getting started and who to contact

With a referral from your oncologist, it is possible for us to arrange an appointment with a Queensland Fertility Group fertility specialist for you within 24-48 hours.

This initial appointment will give you the opportunity to discuss your personal circumstances, and to learn about the different fertility preservation options available to you.

In appreciating the extraordinarily stressful situation you are facing, we have also minimised the out of pockets costs for your fertility preservation treatment. This includes a bulk billed consultation with a fertility specialist a significant reduction in the cost of an IVF cycle, and minimal storage fees. These can be discussed in more detail with our patient liaison team, your oncologist, or with one of our fertility specialists.