



FERTILITY AND CANCER: BEFORE TREATMENT

Common Concerns BEFORE Breast Cancer Treatment

Being able to get pregnant is a major quality of life concern of young women with breast cancer. Since you are starting treatment for breast cancer, it is best to understand your options to maintain fertility. Here are some suggestions:

- Different types of chemotherapy have different effects on your body. Some may make your periods and/or ovulation stop. You may want to talk with your oncologist about the different chemotherapy options that may help keep your menstrual function during treatment and that are still effective in your type and stage of cancer.
- Any woman over the age of 35 years is of “advanced maternal age”. If you are starting chemotherapy and are 35 years of age or older, you may have less chance of being able to become pregnant. It is very important to be realistic about being able to get pregnant after treatment.
- After you have finished your breast cancer treatment, some doctors suggest you wait at least 2 years to try and get pregnant. Not all doctors feel this way, and this is best discussed with your doctor and a Reproductive Endocrinologist (a fertility doctor). It is best to understand these things BEFORE treatment begins.

Sometimes Assistive Reproductive Therapy (ART or fertility treatments) before chemotherapy begins can be the best chance of successful egg freezing. Women may not be aware of these options or even given information to help them pursue these options. Here are some additional suggested strategies:

- Ask for a referral to a reproductive endocrinologist who can work with your oncology team to give you important information about ART.
- Since ART may be expensive and not be covered by your health insurance, the reproductive endocrinology team can give you more information to help you find out how good your chances are of preserving fertility.
- While some ART procedures are very effective, not all have been done very often. Below are some options for you.

Fertility-Sparing Options Before Treatment



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Since the effects of chemotherapy on the ability to get pregnant are well known, women may try things to preserve fertility before treatment.

Before Treatment Options

ART used in women with breast cancer include embryo freezing combined with in-vitro fertilization (IVF). Egg freezing, and ovarian freezing and transplantation are sometimes used.

See for more options:

- <http://www.uabmedicine.org/-/options-for-fertility-preservation?inheritRedirect=true>
- <http://images.livestrong.org/pdfs/livestrong-fertility/LIVESTRONG-Fertility-Brochure.pdf>
- <http://www.livestrong.org/we-can-help/fertility-services/risks/>
- http://images.livestrong.org/pdfs/livestrongfertility/LF_PreservationOptionsChart_Women.pdf

Embryo Freezing

- With embryo freezing, embryos are removed, fertilized using standard in-vitro fertilization, frozen, and stored.
- The procedure works best if it is done before chemotherapy starts to be sure you have enough embryos.
- This procedure has been used for many years with similar success compared with fresh embryos.
- Embryo freezing provides a way for women to become pregnant using their own eggs when they are likely to stop ovulating and having periods after breast cancer treatment.
 - There are two disadvantages with embryo freezing:
 1. It takes at least 4 weeks (one menstrual cycle) which may delay the start of your cancer treatment
 2. You must have an available partner or donor sperm.



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- Embryo freezing after ovarian stimulation (making the ovaries produce eggs) with Tamoxifen and IVF has had good results in some women with breast cancer.
- Tamoxifen has been used instead of other hormonal stimulating agents to stimulate egg growth and make ovulation happen before the start of breast cancer treatment. Tamoxifen is OK for women with breast cancer.
- GnRH antagonists are new medicines that have been used to make you ovulate so you can have IVF before chemotherapy or surgery.
- Treatment with a GnRH antagonist doesn't take as long (average 12 days) as other medicines that take at least 20-30 days.

Egg Freezing

Eggs are retrieved before a woman starts chemotherapy or radiation. Eggs are frozen and not fertilized before they're frozen. This is still experimental, but let's the woman freeze her eggs without having to have a partner or donor before it's done.

Ovarian Tissue Freezing

This procedure is also experimental. The ovarian tissue is removed and frozen. There is no need for medicines like with IVF. It lets a woman begin treatment without delay. Storage of the tissue can be for years, and it is then re-implanted after treatment is done.

Ovarian Transposition or Relocation

This procedure may be used when the ovaries need to be moved out of the pelvis to not get exposed to any radiation. It does not apply to breast cancer since women with breast cancer do not get radiation to their pelvis.



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Useful Websites:

- <http://images.livestrong.org/pdfs/livestrong-fertility/LIVESTRONG-Fertility-Brochure.pdf>
- http://images.livestrong.org/pdfs/livestrong-fertility/LF_PreservationOptionsChart_Women.pdf
- <https://www.uabmedicine.org/-/options-for-fertility-preservation?inheritRedirect=true>
- http://www.breastcancer.org/tips/fert_preg_adopt?gclid=CIfjgYq5rLYCFQvnnAodgWEAWA