

# &sexuality Fertilityfemales

## WILL I BE INFERTILE FROM THE CANCER OR TREATMENT I HAD?

Not all cancers and cancer treatments can affect your fertility, but some do, so it is important to understand your individual risks. You may not be able to become pregnant and have children or you may have reduced fertility (more difficulty in conceiving) due to reduced stores of eggs. Certain treatments may also cause early menopause.

## INFERTILITY OR REDUCED FERTILITY MAY RESULT FROM:

- Certain types of chemotherapy drugs, specifically alkylating agents. The most commonly used alkylating agents for childhood cancers are: Cyclophosphamide, Melphalan, Busulfan, CCNU, BCNU, Thiotepa, Procarbazine, \_\_\_\_\_

The greatest risk is from high total doses of these drugs and if combined with radiation to the brain, pelvis or lower spine.

- Radiation to the abdomen, pelvis, lower spine and total body irradiation (TBI).
- Surgery to the ovaries or uterus.
- Radiation or surgery to the brain.

## HOW DO I KNOW IF THIS IS A PROBLEM FOR ME?

These are important issues for young people. If you have been through puberty, and are having regular periods the chances are that you are not totally infertile. Blood tests can be done at this time to check if you are producing enough hormones.

Some young girls may not go into puberty and will need to take hormone replacement medicine.

There are specialised tests that can be used to assess fertility including ultrasound of the ovaries or blood tests that can assess the number of eggs you have. There are a number of options available to assist in achieving a pregnancy: if necessary a referral can be made to a specialist fertility clinic where your fertility can be checked more fully, and treatments and options that are available can be discussed.

CAN I HAVE CHILDREN?

HOW DO I KNOW I HAVE A PROBLEM?



## CURRENTLY, NO TEST IS 100% ACCURATE FOR FEMALES.

If the type of treatment you had means you are at a high risk of your fertility being affected, you will be given more specific information when you come to clinic.

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## WHAT ABOUT MY SEX LIFE?

Fertility and sexual function are different. Even if you are told you are infertile you can still have a normal sex life.

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## SHOULD I USE CONTRACEPTIVES?

**Yes!** Do not assume that because you have had some of these treatments you will be infertile. It is important that you take precautions until you are ready to have a family. It is also important to protect yourself from sexually transmitted diseases.

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## IF I BECOME PREGNANT, DO I NEED TO DO ANYTHING DIFFERENT?

If you become pregnant it is important to let your lead maternity carer know you have had cancer and what treatment you had.

Give your maternity carer a copy of your Health Passport at your first appointment.

1 in 10 couples is infertile in the general population.

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## WILL MY BABY HAVE CANCER?

Some young cancer survivors worry that the treatment they had may affect their baby, there is no evidence of increased health problems or abnormalities in children of people who have had treatment for cancer.

Except for some rare inherited cancers there is also no evidence that children of cancer survivors have an increased risk of developing a cancer compared to other people.

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THESE ISSUES CAN BE DISCUSSED IN MORE DETAIL WHEN YOU COME TO CLINIC AS THE RISK OF ANY PROBLEMS WITH FERTILITY IS DIFFERENT FOR EVERYONE.

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## LIKE MORE INFORMATION?

The following are good websites to checkout:

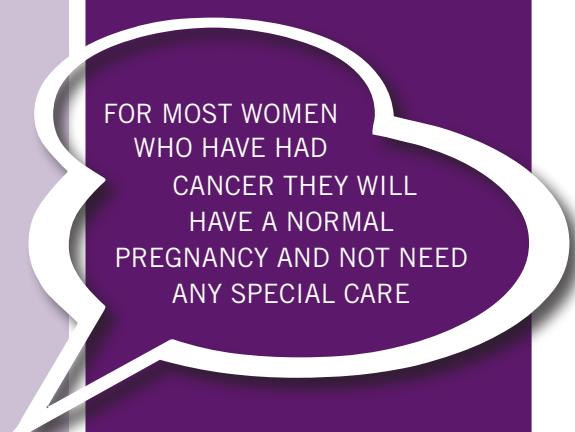
[www.youngwomenshealth.org/cancer.html](http://www.youngwomenshealth.org/cancer.html)

[www.fertilehope.org](http://www.fertilehope.org)

[www.fertilityassociates.co.nz/Understanding-your-fertility.aspx](http://www.fertilityassociates.co.nz/Understanding-your-fertility.aspx)



SEX



FOR MOST WOMEN WHO HAVE HAD CANCER THEY WILL HAVE A NORMAL PREGNANCY AND NOT NEED ANY SPECIAL CARE

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IF YOU HAD RADIATION OR MAJOR ABDOMINAL SURGERY YOU MAY BE AT RISK OF A PREMATURE LABOUR OR MAY NEED A CAESAREAN SECTION TO DELIVER YOUR BABY.

SPECIAL CARE MAY NEED TO BE TAKEN IF YOU HAVE BEEN TOLD YOU HAD A TYPE OF CHEMOTHERAPY CALLED ANTHRACYCLINES (E.G. DOXORUBICIN, DAUNORUBICIN, EPIRUBICIN, IDARUBICIN OR MITOZANTRONE ETC). IF YOU HAVE HAD ANTHRACYCLINES THERE IS A SEPARATE INFORMATION SHEET THAT EXPLAINS THIS IN MORE DETAIL.

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