

BLOOD CANCER AND FERTILITY – WOMEN

An information sheet for patients, families and whānau



This information sheet will help answer questions you may have about your ability to have children in the future. It will also provide information specific to time of diagnosis, treatment and after treatment has finished.

WHAT IS FERTILITY IN WOMEN?

Fertility means your ability to get pregnant and have a baby.

Fertility in women depends on:

- A supply of eggs from the ovaries
- Suitable hormone levels
- A healthy womb (uterus)

Once a month from puberty to menopause, an ovary releases an egg and to become pregnant it needs to be fertilised by a sperm. Hormones are essential in controlling the release of an egg and preparing the lining of the womb for the fertilised egg.

Will my treatment affect my fertility?

Unfortunately, for some girls and women, treatment for a blood cancer or other haematological condition can mean that they will be unable to get pregnant or have a baby.

This will depend on many things, including:

- What cancer or condition you have been diagnosed with.
- What treatment you will have (type and dosage).
- Your age.
- General fertility influences such as smoking, drug use and weight.
- Relevant medical history such as polycystic ovary syndrome or irregular periods.

It is not always possible for your doctor to predict what will happen with your fertility but they will give you the best information they can.

Why does treatment for a blood cancer or condition affect fertility?

Your reproductive system can be damaged by chemotherapy and radiotherapy. They can cause premature ovarian failure, which means your ovaries produce fewer or no eggs. They can damage the endometrium, which may affect a fertilised egg implanting or affect the ability to carry a pregnancy to term. Your hormone levels can also be affected. Your periods may become irregular or stop for a while or you may become menopausal. Some people might be prescribed a drug (similar to the contraceptive pill) to stop them from having a period during treatment.

Chemotherapy can have a temporary or permanent effect on fertility.

It is important to talk to your haematologist or nurse before your treatment starts about how it may affect your fertility.

- It is very important you understand your risk of infertility. Your haematologist will be able to repeat any information you need if you are unclear.
- Prepare any questions, worries and concerns about your fertility before your appointment and make sure you have the information you need before you leave.

Who can give you support?

People in your support team may include:

- Haematologist
- Clinical nurse specialist

- Nurse
- Fertility services
- GP
- LBC Support Services Coordinator
- Psychologist/counsellor
- Cultural support
- Social worker
- Spiritual leader
- Family/whānau and friends

What to expect from your health care team

Sexual activity – Ask your doctor or nurse if it is ok to be sexually active during your treatment. Most women can be, but it is good to talk about this with your doctor to confirm.

Infertility – Different treatments are high or low risk for causing infertility. If you would like to have children after treatment, it is important to talk about this with your health care team before starting. There may be a way to preserve fertility prior to treatment and a referral to a fertility specialist can be made.

Birth control – It is important to prevent pregnancy during treatment because of the potential harmful effects on a fetus. Even if there is a risk of being infertile with treatment birth control/contraception should be used. Your doctor will be able to advise you which birth control is best for you and your partner.

What emotional support is available to me?

Being told that treatment might affect your fertility, no matter what level of risk, for some people can be very difficult to accept. You may have planned children in the future or not given it much thought until you were told you might not be able to have children after treatment. As a result, people feel a whole range of emotions, including anger, depression, anxiety, guilt and uncertainty. You may find it helpful to talk to someone about how you feel. There are many people who can offer support, including a counsellor, psychologist, social worker, spiritual guidance counsellor or LBC Support Services Coordinator.

For some people, fertility is not a concern and does not impact treatment decisions.

Emotional support is available from diagnosis, through treatment and for many years after. It might not be until years following treatment that the impact on fertility is a concern. It is important to remember that you can always contact your GP, the haematology department at the hospital, a fertility clinic or LBC for more information and to discuss your options.

Will I have the option of being referred to a fertility specialist?

Unfortunately, not everyone will have the option of being referred to a fertility specialist before treatment starts. Due to the nature of some blood cancers and conditions (such as acute leukaemia and aggressive high-grade lymphoma) treatment needs to start immediately and it is life-threatening if it is not. Your haematologist will explain that to you if this is the case.

You may wish to speak to a fertility specialist even if you are at a lower risk of infertility after treatment. It might be possible to arrange a consultation over the phone.

There is a lot of emotional support available to you, along with the possibility of being referred to see a fertility specialist to talk about your options before, during or after treatment has finished.

If I am able to see a fertility specialist before treatment, what options might be available to me?

Some women may be referred to a fertility specialist before starting cancer treatment. There may be some treatment options available to you that increase your chance of getting pregnant in the future.

In vitro fertilisation (IVF) and embryo cryopreservation.

- Embryo cryopreservation is the process of freezing and storing fertilised eggs.
- Your ovaries are stimulated and eggs are collected. The eggs are then fertilised by sperm to create embryos, which are then stored.
- The process takes at least two to four weeks, but sometimes longer.
- Your partner must donate sperm or you will need to use a sperm donor.

- It is funded by the Government if you are less than 40 years old and do not already have a child.

Mature egg freezing (oocyte cryopreservation)

- Your ovaries are stimulated and eggs are collected and stored.
- The process takes at least two weeks.
- It is funded by the Government if you are less than 40 years old and do not already have a child.

Unfortunately, successful egg collection or future pregnancies are not guaranteed.

Ovarian tissue freezing

- Ovarian tissue is removed by laparoscopic (keyhole) surgery and the tissue is frozen.
- It is funded for girls less than 18 years of age but currently there is no funding to replace the ovarian tissue, although this may change in the future.

For some females, the option for harvesting tissue or eggs may not be offered as there is not enough time prior to commencement of treatment.

Should I see a fertility specialist once I have finished treatment?

You may like to see a fertility specialist when you have finished treatment. They may be able to check if the chemotherapy has affected your fertility. This is done through a blood test.

If it is unlikely that you are able to get pregnant, they will be able to talk through the options available to you.

If you cannot have children naturally or with IVF, it is still very important that you get support from a fertility specialist. There are options available that mean you can still be a parent even if you cannot conceive.

These include:

- Donor egg
- Adoption
- Fostering
- Surrogacy

When can I start trying to get pregnant once I have finished treatment?

Generally haematologists will recommend you wait for a year after you finish treatment before you start trying to get pregnant. This is for many reasons,

including monitoring for signs of the cancer coming back and being emotionally and physically ready for pregnancy and motherhood. Speak with your haematologist or GP when you feel ready to start trying to get pregnant, or for more information or referral to a fertility specialist at this stage.

Please remember, during treatment it is very important to wear a condom when having sex, as treatment could harm a developing baby.

What support is available to partners or parents of someone whose fertility might be affected by treatment?

For some people, being told your partner or child may be infertile after treatment can be distressing. Your partner or child's emotional support team are also available to make sure you get the help you need. Please contact an LBC Support Services Coordinator if you would like to have more information about establishing your own support network.

Support for Adolescents and Young Adults (AYA)

Fertility and having a baby might not be on your mind and may or may not be something that you see happening in the future.

No matter what age or stage you are at, it is important that you have all the information you need to plan for the future.

If you were young when diagnosed with cancer and received treatment, it is a good idea to ask your haematologist and/or parents if any egg or ovarian tissue storage was done if you cannot remember.

What should I do if I finished treatment many years ago and am unable to get pregnant?

For some people, it may be many years before they find out they are unable to get pregnant. Your doctor can refer you to a fertility clinic for assessment and support. If you are still visiting the haematology clinic you can speak with the team there, or your GP, or you can contact the fertility clinic directly.



Helpful questions to ask your health care team about fertility

- Will the treatment I receive make me infertile or have high or low risk for having children in the future?
- What are all of my options now if I would like to have children in the future?
- How long should I use some method of birth control after I finish treatment?
- Could you refer me to a fertility specialist who I can talk with to learn more about fertility and my options?



Important information available online

For more information and to download other fact sheets, see our website www.leukaemia.org.nz

QUESTIONS & NOTES
