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CANCER SUPPORT

A practical guide to living with and after cancer

CANCER TREATMENT AND FERTILITY INFORMATION FOR WOMEN



About this booklet

This booklet is for women who want information about the effects of cancer treatment on their fertility (the ability to have children). It explains the possible effects of treatments and ways of preserving or protecting your fertility.

Being told you have cancer and that treatment may make you infertile can be very difficult. For some women, the possibility of losing their fertility can be as difficult to accept as the cancer diagnosis itself. You may have planned to have children in the future or you may not have thought much about it before now.

We hope this booklet answers some of your questions and helps you deal with some of the feelings you may have.

We have included comments from women whose fertility has been affected by cancer. Some are from our online community ([macmillan.org.uk/community](https://www.macmillan.org.uk/community)). Others are from the website [healthtalkonline.org](https://www.healthtalkonline.org) and from women who have shared their stories with us. Some names have been changed.

'They explained that it could reduce fertility. But at the time I was 21 and it was the last thing on my mind. But it has been getting to me recently actually, as I've been getting older.'

Zara

You may find it helpful to talk to someone about how you feel. There's more information about this and the support available on page 44. Turn to pages 53–56 for some useful addresses and websites. On page 57 there is space for you to write down any notes or questions for your doctor or nurse.

If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you are hard of hearing, you can use textphone **0808 808 0121**, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **macmillan.org.uk**

If you find this booklet helpful, you could pass it on to other people such as a partner, family and friends. They may also want information to help them support you.

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Fertility in women

Fertility in women means being able to get pregnant and give birth to a baby.

The parts of your body that allow you to do this include your ovaries, fallopian tubes, womb (uterus), cervix and vagina. This is called your reproductive system.

The **pituitary gland** at the base of your brain is also important for fertility. It releases hormones (chemical messengers) that control how your reproductive system works.

Fertility in women depends on having:

- a supply of eggs from the ovaries
- a healthy womb (uterus)
- suitable hormone levels.

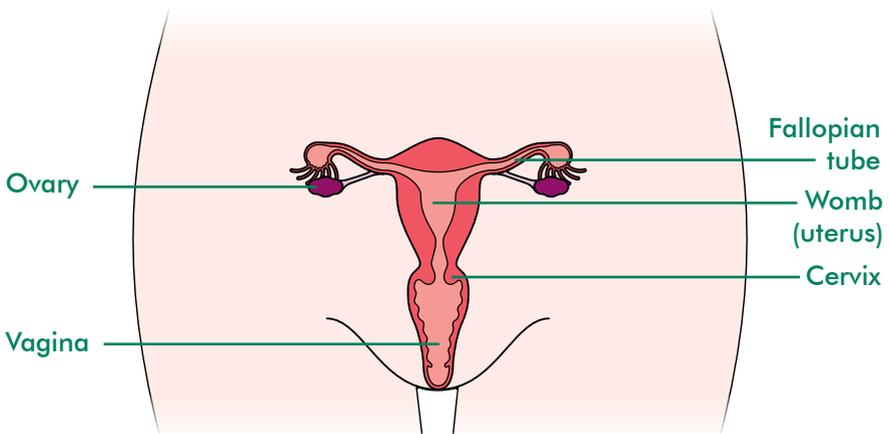
To become pregnant, a woman's egg needs to be fertilised by a man's sperm. Normally once a month, from puberty to menopause, one of the ovaries releases an egg.

This process is controlled by hormones produced by the pituitary gland and by the ovaries. The ovaries make the main female hormones oestrogen and progesterone.

The egg moves along the fallopian tube where it can be fertilised by a sperm. The fertilised egg develops into an embryo. The embryo continues to the womb where it can bury itself into the womb lining and grow into a baby. Hormones prepare the lining of the womb for the embryo. If the egg isn't fertilised, you have a period.

You're born with a large number of eggs and as you get older, the number and quality of your eggs decreases. When there are very few left, you go through the menopause.

The female reproductive system



Menopause

As women get older, hormone levels in the body change. The ovaries stop releasing eggs each month and periods stop. This is known as the menopause and means you can't get pregnant anymore. For most women, this happens naturally between their mid-40s and mid-50s.

As well as periods stopping, the menopause can also cause:

- hot flushes and sweats
- vaginal dryness
- mood changes
- altered concentration
- a low sex drive.

Some cancer treatments can affect the ovaries or the pituitary gland and cause an early menopause. Others can cause a temporary menopause or menopausal symptoms.

Talking to your medical team

It's important to talk to your cancer doctor or specialist nurse about fertility before you start cancer treatment. Having children is an important part of many people's lives or their future plans. But it may be hard to think about this when you're already coping with cancer.

Some treatments are unlikely to affect your fertility at all. Others may cause fertility problems during treatment or for a short time afterwards. Some treatments cause long-term or permanent damage to fertility.

Your doctor will explain the possible risks to you. Some women are referred to a fertility expert before starting cancer treatment. This is to discuss ways of increasing their chances of getting pregnant in the future (fertility preservation). But this isn't always possible. For example, there may not be enough time if cancer treatment has to start immediately.

Try to think about the questions you want to ask so you can get all the information you need. You may find the questions on page 45 helpful. If you have a partner, it might be a good idea to include them too.

'I am in a civil partnership and we had talked about children. Of course things are different with two women, but knowing I couldn't carry a child was really hard to deal with. It's still hard to come to terms with the total loss of my fertility.'

Rebecca

Cancer treatments and fertility

The main treatments for cancer are chemotherapy, radiotherapy, surgery, hormonal therapy and targeted therapy. These can affect your fertility in different ways.

Treatments can damage or affect:

- the eggs in the ovaries
- the pituitary gland and hormone production
- the womb, cervix or ovaries.

Doctors may not be able to predict exactly how your fertility will be affected. But your age and the planned treatment can help give an idea of your individual risk. Sometimes, it may be possible to reduce the effects of treatment on your fertility.

Menopausal symptoms

Some women find their periods stop during cancer treatment and come back afterwards. During treatment they might have some menopausal symptoms (see page 8). These may get better after treatment.

But sometimes cancer treatment causes permanent damage to the ovaries and periods don't come back. This is called **early menopause** or **premature ovarian insufficiency (POI)**. In this case, the symptoms of the menopause will continue.

Coping with menopausal symptoms can be hard. Ask your cancer doctor or specialist nurse for advice about treatments that can help. There are also organisations that support women who have an early menopause (see page 54).

Contraception during cancer treatment

Cancer treatments may harm a developing baby. Even if your periods stop during treatment you might still be able to get pregnant. So it's important to use contraception during cancer treatment and for a time after.

It's difficult to predict when fertility will recover. This could happen without you being aware of it. If you don't want to have a child, you should keep using contraception unless doctors tell you that your infertility is permanent.

If you've had breast cancer, your doctor may advise you not to use contraception that contains hormones, such as the contraceptive pill. This is because the hormones could encourage breast cancer cells to grow. Your cancer doctor or specialist nurse will give you more advice about this.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. It reduces the number of eggs stored in your ovaries and can mean fewer or no eggs are released. Your periods may become irregular or stop for a while (temporary infertility). It may take up to two years for them to come back again.

Chemotherapy sometimes causes permanent infertility and an early menopause. The risk of infertility depends on the following:

- **Your age** – Younger women are more likely to remain fertile and their periods are more likely to come back. Women over 35 already have a lower chance of getting pregnant as the number and quality of the eggs has started to decline naturally. The older you are and the closer you are to your natural menopause, the higher the risk of infertility.
- **The drugs you have** – Some chemotherapy drugs have a higher risk of causing permanent infertility. Others have little or no risk. We have more information about individual chemotherapy drugs.
- **The dose of the drug** – Higher doses of chemotherapy, especially before stem cell transplants, are more likely to affect fertility.

Chemotherapy can reduce the number of eggs you have. So even if your periods do come back, your menopause may start 5 to 10 years earlier than it would have done naturally. This means you have a shorter time to try to get pregnant.

In some cases, it may be possible to choose a chemotherapy treatment that is less likely to affect fertility. Or some women may be given a type of hormone therapy during chemotherapy to try to protect the ovaries. If you want to have children in the future, your cancer doctor can explain if these are options for you.



Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells. It can cause fertility problems by:

- affecting the eggs
- damaging the ovaries, womb or pituitary gland
- reducing hormones (oestrogen and progesterone).

Radiotherapy to the pelvis

Radiotherapy given directly to the ovaries and womb will cause permanent infertility. Your menopause will start and you won't be able to get pregnant.

Radiotherapy to other areas of the pelvis may indirectly damage the ovaries or the womb. This may stop the ovaries working for a short time or permanently. If the ovaries recover after treatment, you may be able to get pregnant. If the womb is damaged, you may be able to get pregnant but there will be a higher risk of miscarriage or premature birth.

Your risk of infertility depends on the dose of radiotherapy you have and your age. The risk increases as you get older. There's a higher risk of infertility when you have chemotherapy with radiotherapy (chemoradiation).

Sometimes it's possible to protect the ovaries with a lead shield during radiotherapy. Or in some cases, surgeons can move the ovaries out of the way before starting radiotherapy. This is called ovarian transposition. It is usually done by keyhole surgery.

Total body irradiation (TBI)

TBI is radiotherapy given to the whole body before a donor stem cell or bone marrow transplant. This usually causes permanent infertility. Your cancer specialist will talk to you about this before you agree to treatment.

Radiotherapy to the brain

Radiotherapy to the pituitary gland at the base of the brain can sometimes affect fertility. The pituitary gland releases hormones called gonadotrophins that stimulate the ovaries.

If your pituitary gland has been affected, the ovaries may stop producing hormones and releasing eggs. This can happen some months or years after radiotherapy. Your periods may stop and you may not be able to get pregnant. This is not because you have run out of eggs, but because your ovaries aren't being stimulated to release them.

Radioactive iodine

Radioactive iodine is a type of radiotherapy used to treat thyroid cancer. It doesn't usually affect fertility, although your periods may stop for a while after treatment.

Radiotherapy to areas of the body not mentioned here won't cause infertility.

'At the time we were given the option of freezing the embryos. But it was a difficult and confusing time for us, because at the time of diagnosis we were young, so we hadn't really thought about children and family.'

Neesha

Surgery

Operations that can affect fertility are:

- having your womb removed (**hysterectomy**)
- having your ovaries removed
- surgery to the cervix
- surgery to the pituitary gland.

Surgery to the womb or ovaries

For some cancers, surgery involves removing the womb (a hysterectomy), the ovaries, or both.

If the surgeon removes your womb or both your ovaries, you won't be able to get pregnant. However, if only one ovary is removed and you still have your womb, the remaining ovary will continue to release eggs and hormones. You may still get pregnant naturally.

Having one ovary removed is sometimes called **fertility-conserving surgery**. This may be an option for young women with germ cell tumours of the ovary and some other types of ovarian cancer.

Surgery to the cervix

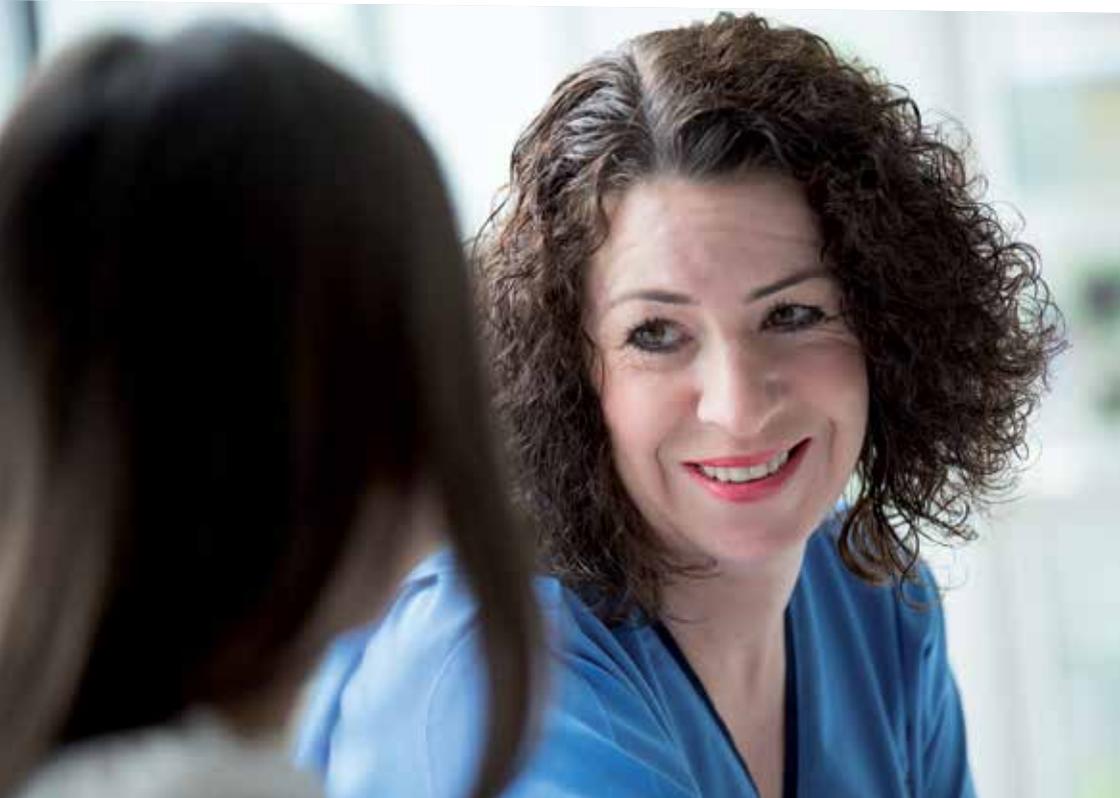
Occasionally, women with a very small, early cancer of the cervix can have an operation called a **trachelectomy**. This operation removes most of the cervix but leaves the womb and ovaries. It may be possible to become pregnant and have a baby afterwards, although there is a higher risk of miscarriage or premature birth.

Trachelectomy is a specialised operation and it's only done in a few hospitals in the UK.

Surgery to the pituitary gland

Surgery may be used to remove a tumour in the pituitary gland at the base of the brain. The pituitary gland releases hormones called gonadotrophins that stimulate the ovaries.

Surgeons try to leave some of the gland when removing the tumour, but this isn't always possible. When the whole pituitary gland is removed, this affects your hormones and your ovaries will stop releasing eggs. Your periods may stop and you won't be able to get pregnant. This is not because you have run out of eggs, but because your ovaries aren't being stimulated to release them.



Hormonal therapy

For some types of cancers, hormones encourage the cancer cells to grow. Your cancer doctor may treat you with a hormonal therapy. This treatment reduces the levels of hormones in your body or blocks their effect on cancer cells. It is often used to treat breast cancer. Hormonal therapy can affect your fertility but this is usually temporary. The drugs most commonly used are goserelin (Zoladex®) and tamoxifen.

Your periods may change or stop while you are taking these drugs. But it's still important to use contraception to prevent a pregnancy. This is because there's a risk these drugs may harm an unborn baby.

Goserelin will stop your periods but they usually come back again after you finish taking it. Tamoxifen can make your periods irregular or stop, but they usually start again a few months after you've finished taking it. Tamoxifen is often taken for at least five years.

Most women will get menopausal side effects such as hot flushes while taking goserelin or tamoxifen. These stop after you finish taking the drug. Some women go through their natural menopause during treatment. If this happens, you may not be aware of it because the side effects of the drugs are similar to the symptoms of the menopause (see page 8).

Targeted therapy

Targeted therapies are a newer type of cancer treatment. They are also called biological therapies and are used to treat many different cancers. It's not yet known exactly what effect they may have on fertility. Some targeted treatments have been shown to affect fertility. If you are treated with a targeted therapy, your cancer doctor can talk to you about possible risks to your fertility.

'They said, "The likelihood is that this treatment will make you infertile. There are things that we could do, we could extract eggs, but to be honest, you haven't got time". So I just said, "Right, let's just get on with it, because if you don't make me better now, then I'm not going to have children anyway".'

Gemma



PRESERVING YOUR FERTILITY

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Ways of preserving fertility

It can be difficult to predict if cancer treatment will affect your fertility. Some women may be referred to a fertility clinic for advice before starting cancer treatment. This will depend on their age and type of cancer.

The doctors at the fertility clinic will explain treatments that may save (preserve) your fertility and help you get pregnant in the future. This is called fertility preservation. They will give you information about any risks of fertility treatments. They will also tell you how likely the treatments are to result in pregnancy. This can be a lot of information to take in. You may want to take notes or have some questions ready to ask the doctor. You may be offered counselling or further support to help.

Fertility preservation usually involves stimulating your ovaries with drugs to release more eggs than normal (ovarian stimulation). These eggs are then collected and frozen. This means that the eggs can be fertilised in the future using a partner's sperm or donor sperm.

Or you may decide to have your eggs fertilised when they are collected. If this is successful, the embryos can be frozen. It is important to know that, if you have a partner who has provided sperm for this, he has equal rights in deciding what happens to the embryos in the future. If he withdraws the right for you to use the embryos, you will not be able to use them.

Even if you have a partner who can provide sperm, you can still choose to have unfertilised eggs frozen. Your partner has no say in how those eggs are used in the future.

Some women may have tissue removed from their ovary and frozen. This may be possible if you have to start cancer treatment quickly or you can't have fertility drugs. It may also be suitable for girls who haven't reached puberty.



Ovarian stimulation

Before your eggs are collected, you have injections under the skin of gonadotrophin hormones. This makes your ovaries produce more mature eggs than usual. It is called ovarian stimulation and takes at least two weeks.

Ovarian stimulation is not suitable for everyone. There may not be time for this if you need to start cancer treatment straight away.

For some women there are risks with the drugs used to stimulate the ovaries. These drugs increase the levels of the hormone oestrogen. Doctors are concerned that oestrogen may encourage some cancers to grow. This includes some types of breast, ovarian and endometrial (womb) cancer. Eggs may still be collected:

- without using drugs to stimulate the ovaries. One or two eggs may be collected in this way. But having fewer eggs reduces the chances of getting pregnant in the future.
- with one treatment of ovarian stimulation in the usual way.
- using a hormonal drug called letrozole during ovarian stimulation. Letrozole helps protect you from the effects of oestrogen on cancer cells.

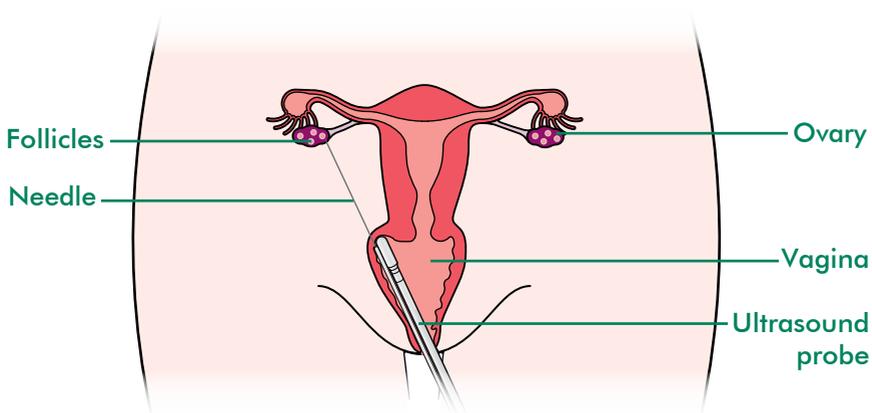
Your doctor will explain any risks of ovarian stimulation and give you information about your options.

Collecting eggs

After ovarian stimulation, you will have blood tests and ultrasound scans. An ultrasound uses sound waves to make an image of your ovaries. This is to check how the follicles which contain the eggs are developing in the ovaries.

When the follicles have developed enough, the doctor uses an ultrasound inside the vagina to guide a needle into the ovaries and collects the mature unfertilised eggs. The ultrasound probe is about the size of a tampon. The collection takes about 15 to 20 minutes. This can be uncomfortable so you will be sedated while it is done. You can usually go home a few hours after. Collecting as many eggs as possible increases your chances of a pregnancy in the future.

How eggs are collected



Freezing eggs

The eggs can be frozen and stored after they have been collected. There are different ways to do this. The most common is to freeze them slowly. However, the most successful way to freeze eggs is a technique called vitrification. This involves freezing the eggs very quickly. This is not available at every fertility clinic. Talk to your fertility doctor about your options.

Freezing embryos

This is another common and effective way of preserving fertility. After your eggs have been collected, they're placed in a sterile dish with sperm to encourage fertilisation. This is called in vitro fertilisation (IVF). The eggs that are fertilised grow into embryos, which are frozen and then stored.

As with eggs, embryos can be slowly frozen or quickly frozen by vitrification. Vitrification of embryos results in higher pregnancy rates than slow freezing. But both are safe procedures and many babies have been born using these techniques.

At present, freezing embryos is more likely to result in a pregnancy than freezing eggs. But success rates for freezing eggs are improving.

Storing embryos and eggs

The NHS often provides embryo and egg storage for women with cancer. But in some areas of the UK you may have to pay for it yourself. The staff at the fertility clinic will explain what's available in your area.

Embryos and eggs can be stored for at least ten years and for longer in some situations. They will be frozen and stored in a tank of liquid nitrogen. This is called cryopreservation.



Freezing tissue from an ovary

Before cancer treatment starts, doctors remove an ovary or small pieces of your ovary by keyhole surgery. These are frozen and stored. These pieces of ovary contain thousands of immature eggs. After cancer treatment, if you decide to try for a baby, the pieces of ovary can be put back into your body. This can make it possible to conceive naturally or with IVF treatment.

This technique is suitable for most women. It is especially suitable for those who have to start cancer treatment quickly, those who can't have fertility drugs, or girls who haven't reached puberty. It may not be suitable if there might be cancer cells within the ovary.

This is a newer technique and it isn't widely available in the UK. Only a few babies in the world have been born using this method.



AFTER CANCER TREATMENT

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Making plans

It can take time to move forward with life after cancer treatment. The decision to try for a baby is a big one for anyone to make. You may have worries and questions about fertility that didn't seem important before cancer treatment. If and when you're ready, you can talk to your cancer doctor again for more advice.

There is no evidence that cancer treatments harm children conceived after treatment. But doctors usually advise you to use contraception for a while after treatment to allow your body to recover.

If you're thinking about getting pregnant, it's a good idea to talk to your cancer doctor first. Depending on your age and the type of cancer and treatment you had, they may suggest trying sooner or waiting a bit longer. They will also give you advice about any health checks you need before trying to get pregnant.

If you're taking hormonal therapies for breast cancer, it may be possible to stop treatment temporarily so you can have a baby. Your cancer doctor can give you information about the risks and benefits of doing this.

As well as affecting your fertility, cancer treatment can change how you feel about having sex or make it physically difficult to have sex. Even if your fertility has come back, this can make it hard to get pregnant. It's not always easy to talk about, but your cancer doctor or specialist nurse can give you advice about this.

You can read more about coping with sexual problems in our booklet **Sexuality and cancer – information for women**. You can order a free copy by calling **0808 808 00 00** or visiting **be.macmillan.org.uk**

Some people worry about passing cancer or cancer genes onto their children. Cancer can't be passed from a parent to child. A small number of people have an inherited cancer gene that makes their risk of getting cancer higher. But this is rare and most cancers are not caused by inherited cancer genes. Talk to your doctor if you're worried about the risk of cancer running in your family.

You can read more about cancer genes and planning a family in our booklet **Cancer genetics: how cancer sometimes runs in families**.

If you get pregnant but the cancer treatment has increased the risk of miscarriage or premature birth, you'll be looked after by a team of specialists during the pregnancy.

If you've been trying to get pregnant for six months or there's a risk that your fertility won't recover, you can have tests to check your fertility (see pages 36–37).

Fertility treatments can be useful if your fertility does not come back or it's difficult to have sex (see page 39).

Some religions don't agree with any type of fertility treatment. If this is an issue for you, you may want to discuss it with your partner, family or religious adviser. You could also talk in confidence with a trained counsellor or social worker.

'When you have finished the treatment and life returns to being more normal, the impact of remaining childless hits home. It is something that you have to come to terms with.'

Josie

Some women consider adoption or fostering. Some choose surrogacy, which is when another woman carries a baby for you (see page 41). If you have had your womb removed or radiotherapy directly to the womb, you won't be able to carry a pregnancy or have fertility treatment. Adoption, fostering and surrogacy may be other ways for you to have a child after cancer treatment.

You can read more about adoption and surrogacy in our booklet **Relationships, sex and fertility for young people affected by cancer**. Visit be.macmillan.org.uk or call **0808 808 00 00** to order a copy.

You may decide that none of these options are right for you. Some people choose not to have children after cancer treatment. This can be a straightforward decision for one person and a complicated, upsetting decision for another. There's no right or wrong way to feel. Everyone is different.

Talking to other people can be helpful while you're thinking about your options. Whatever you decide, there's support available (see page 44).

'I may not be able to create a child, but that doesn't mean that I can't be a positive influence on other children. I remind myself that it takes a village to raise a child. I doubt that we will adopt, so I am going to be the best aunt, friend, fairy godmother, mentor, foster parent or whatever life suggests, ever.'

Faith



Fertility testing

The number of eggs in your ovaries is called your **ovarian reserve**. Cancer treatment can reduce your ovarian reserve so that you get to the menopause at an earlier age than you would have.

Usually a woman is referred to a fertility clinic after one to two years of trying to get pregnant. But women who have had cancer treatment can be referred for fertility testing sooner. This is because of the increased risk of early menopause after cancer treatment.

Fertility tests can help to measure your ovarian reserve or how close you are to the menopause. They don't always clearly show whether or not you can have children. They may help you decide what to do next and whether you want to have fertility treatments.

Your doctor will ask you about your periods and take blood tests. If you are having periods, you can have a blood test to measure a hormone called **follicle stimulating hormone (FSH)**. This should be done in the early part of your menstrual cycle as FSH levels vary during the month. Another test measures **anti-Mullerian hormone (AMH)**. This can be done at any time in the menstrual cycle and even if you're not having periods. You may also have an ultrasound scan of your ovaries to look at the follicles which contain the eggs. This is called an **antral follicle count**.

Taking the contraceptive pill or hormone replacement therapy (HRT) can affect the results of some of these tests. So let your doctor know if you're taking either of these.

Some women's periods come back months or years after cancer treatment. This is more likely if you're younger but it also depends on the treatment you've had. If your periods change, you can have these tests repeated. Your doctor will talk to you about the options available to you.



Fertility treatment

If cancer treatment has damaged your fertility or made it difficult to have sex, you and your partner may decide to have fertility treatment.

The NHS will usually pay for a number of fertility treatments, depending on your situation. There are rules about fertility treatment in the NHS. If you decide to have fertility treatment, it is important to remember that these rules will apply to your partner as well as to you. Fertility treatment rules and funding vary across the UK. Your fertility doctor will be able to give you information about this.

Many children have been born using fertility treatments. There don't appear to be any increased long-term health risks to the child. Your fertility doctor can give you more information about any possible risks with these treatments.

There's no evidence that fertility treatments increase the risk of your cancer coming back. But not a lot of research has been done in this area. If you're worried about this, talk to your fertility doctor and cancer doctor.

Fertility treatment doesn't always result in a pregnancy. Your fertility doctor will discuss this with you. But many people have had babies as a result of collecting and storing embryos or eggs before cancer treatment and then using fertility treatments.

If it's difficult to have sex

After cancer treatment some women find having sex difficult. If your fertility has come back, you may choose to have sperm put into your womb at the time when your ovaries are most likely to release an egg. This is called **intrauterine insemination (IUI)**. This procedure only takes a few minutes and feels similar to having a smear test.

Using your frozen eggs

When you're ready to try to get pregnant, the eggs are thawed. Then, under a microscope, a fine needle is used to inject a single sperm directly into an egg. This is called **intra-cytoplasmic sperm injection (ICSI)** and is done in the laboratory. If an egg is successfully fertilised, the embryo can be placed in your womb to see if a pregnancy develops.

Using your frozen embryos

When you're ready to try to get pregnant after treatment, the embryos are thawed. A doctor will place them in your womb to see if they implant. Usually, no more than one or two embryos are placed in at a time. You and your partner who provided the sperm for the embryos both have to give permission for this.

Using donated eggs, sperm or embryos

Some women who have been affected by cancer choose to use donated eggs, sperm or embryos.

Women who become permanently infertile and didn't have eggs collected before cancer treatment may consider using donated eggs or embryos. This may be suitable if cancer treatment damaged the ovaries but you're still able to carry a pregnancy.

Embryos are sometimes donated by other couples who have had fertility treatment previously. They may have several embryos stored and have to decide what to do with them when their family is complete.

Occasionally women choose to have their own eggs fertilised with a donor's sperm.

Choosing to use donated eggs, sperm or embryos is a difficult decision and it isn't going to suit everyone. It isn't funded by the NHS in all areas. There's also a shortage of donors, so it may not be an easy option. Some religions don't agree with using donors. Talk to your partner, family or religious adviser about any concerns you have. You can also talk to the staff at the fertility clinic about this.

Donors

Everyone who donates eggs, sperm or embryos is carefully selected:

- Usually a donor is matched as closely as possible for eye and hair colour, physical build and ethnic origin.
- The donor has to be fit and healthy with no medical problems.
- The donor is tested for infectious diseases such as HIV, hepatitis B and C and some genetic conditions.

Using a surrogate

Women who are unable to carry a pregnancy, may consider using a surrogate (a woman who carries the baby in her womb for you). Some of the organisations on pages 53–54 have more information about surrogacy.

'I had to say "Right, my health is the most important thing initially. That is what we have to deal with first but we will not dismiss possibly doing something like fostering, adoption or surrogacy." These are things that right from the start I thought, you know, "if we don't want to be childless we won't be".'

Eleanor



GETTING SUPPORT

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Getting support

People's reactions to the risk of infertility vary. You may come to terms with it quickly and feel that dealing with the cancer is more important. You may find that the impact doesn't hit you until treatment is over. You may not have given much thought to your fertility and whether or not you want a family in the future. Or you may have always known that you wanted to start a family.

Worrying about your fertility may seem especially hard when you're already coping with cancer. It can be difficult waiting and not knowing if your fertility will come back. Some people have a sense of loss and sadness. Others feel angry, anxious, lonely or disappointed.

You may find it helps to talk things over with your partner, family or friends. If you prefer to talk to a counsellor, your GP or cancer doctor can help to arrange this. Many hospitals also have specialist nurses who can offer support, and fertility clinics have counsellors you can talk to.

Talking to other women in a similar position may help you feel less alone. Some of the organisations listed on pages 53–56 can provide this, as well as specialist advice and counselling. Or you can talk to people online. Our online community at [macmillan.org.uk/community](https://www.macmillan.org.uk/community) is a good place to start. You can also talk things over with our cancer support specialists free on **0808 808 00 00**, Monday–Friday, 9am–8pm.

Questions for your medical team

Before cancer treatment

- How will my fertility be affected?
- Are there ways to protect my fertility during cancer treatment?
- Can I store embryos, eggs or ovarian tissue?
- What type of contraception should I use during cancer treatment?

After cancer treatment

- What type of contraception should I use and for how long after cancer treatment?
- When should I have tests to check my fertility?
- My partner and I want to try to get pregnant naturally. When can we start trying?
- What are my options for having children?
- What fertility treatments will help in my situation?



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AND CANCER —
INFORMATION
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WITH
HAIR LOSS**

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A practical guide to living
with and after cancer

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A practical guide to living
with and after cancer

**CANCER,
YOU AND
YOUR
PARTNER**

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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit [be.macmillan.org.uk](https://www.be.macmillan.org.uk) or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at [macmillan.org.uk/cancerinformation](https://www.macmillan.org.uk/cancerinformation). There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at [macmillan.org.uk/otherformats](https://www.macmillan.org.uk/otherformats)

If you'd like us to produce information in a different format for you, email us at cancerinformationteam@macmillan.org.uk or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial advice
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **[macmillan.org.uk/talktous](https://www.macmillan.org.uk/talktous)**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence. Find your nearest centre at **[macmillan.org.uk/informationcentres](https://www.macmillan.org.uk/informationcentres)** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

Online community

Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the online community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial guidance team can give you advice on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport) to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit [macmillan.org.uk/work](https://www.macmillan.org.uk/work)



Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Fertility treatments and surrogacy

Childlessness Overcome Through Surrogacy – COTS

Moss Bank,
Manse Road, Lairg,
Sutherland IV27 4EL

Tel 01549 402 777

Email info@surrogacy.org.uk

www.surrogacy.org.uk

Gives information, advice and support to current and potential surrogate mothers and would-be parents. A group called Triangle provides a contact service between surrogates and intended parents.

Donor Conception Network

154 Caledonian Road,
London N1 9RD

Tel 0207 278 2608

Email

enquiries@dcnetwork.org

www.dcnetwork.org

The largest UK network of parents with children conceived through donated sperm, eggs and embryos. It supports people thinking about or having treatment. Supplies useful publications and a range of children's story books for children conceived in this way.

Human Fertilisation and Embryology Authority (HFEA)

10 Spring Gardens,
London SW1A 2BU

Tel 020 7291 8200

Email

enquiesteam@hfea.gov.uk

www.hfea.gov.uk

Regulates licensed assisted conception treatment and research in the UK. Produces free patient information on licensed UK units with success rates for live births and how to go about choosing a clinic. Also has a range of useful leaflets.

Surrogacy UK

PO Box 323, Hitchin,
Hertfordshire SG5 9AX

Tel 0845 5577319

www.surrogacyuk.org

Voluntary organisation that provides information and support to anyone interested in surrogacy.

Adoption and fostering

Adoption UK

Linden House,
55 The Green,
South Bar Street,
Banbury OX16 9AB

Tel 0844 848 7900

(Mon–Fri, 10am–2.30pm)

www.adoptionuk.org

Run by adopters, for adopters or people considering adoption. Offers information, support and advice, including basic legal advice by email. Has free books and videos on adoption and a network of adoptive families who support each other.

CoramBAAF Adoption and Fostering Academy

CoramBAAF,
Coram Campus,
41 Brunswick Square,
London WC1N 1AZ

Tel 020 7520 0300

Email

advice@corambaaf.org.uk

www.corambaaf.org.uk

The website gives comprehensive information on adoption and details of all UK adoption agencies. Also produces books and leaflets for prospective foster carers and adoptive parents, birth families and children.

Early menopause

The Daisy Network

PO Box 71432,
London SW6 9HJ

Email

info@daisynetwork.org.uk

www.daisynetwork.org.uk

A support group for women who have had an early menopause. The website gives information about premature menopause and related issues. Paying members have access to extra support, information and online forums.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

BACP House,
15 St John's Business Park,
Lutterworth LE17 4HB
Tel 01455 883 300
Email bacp@bacp.co.uk
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

British Infertility Counselling Association

Email info@bica.net
www.bica.net
A charity dedicated to providing the highest standard of counselling and support to people affected by infertility. You can use the website to find a counsellor in your area.

Infertility Network UK

Charter House,
43 St Leonards Road,
Bexhill-on-Sea TN40 1JA
Tel 0800 008 7464
Email admin@infertilitynetworkuk.com

www.infertilitynetworkuk.com
Provides information, support, telephone counselling and helpful contacts for people with fertility difficulties.

UK Council for Psychotherapy (UKCP)

2nd Floor,
Edward House,
2 Wakley Street,
London EC1V 7LT
Tel 020 7014 9955
Email info@ukcp.org.uk
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Support for the LGBT community

LGBT Foundation

5 Richmond Street,
Manchester M1 3HF

Tel 0345 3 30 30 30

Email info@lgbt.foundation

www.lgbt.foundation

Charity offering services, resources and support to the lesbian, gay, bisexual and transgender community. Has a helpline and email advice service.

Pink Parents

Email info@pinkparents.org.uk

www.pinkparents.org.uk

The website has information about gay and lesbian parenting issues, and same-sex adoption in the UK.

Stonewall

Tower Building,

York Road,

London SE1 7NX

Tel 0800 050 20 20

Email info@stonewall.org.uk

www.stonewall.org.uk

Campaigns for equality for people from the LGBT community. Has a section on parenting on its website.

Switchboard LGBT+ helpline

PO Box 7324,

London N1 9QS

Tel 0300 330 0630

(10am–11pm, every day)

Email chris@switchboard.lgbt

www.switchboard.lgbt

Charity providing support on the phone, and through email and instant messaging services to lesbian, gay, bisexual and trans communities.



You can search for more organisations on our website at macmillan.org.uk/organisations or call us on 0808 808 00 00.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Dr Marco Gaudoin, Medical Director; Ms Adeola Olatain, Consultant Gynaecological Oncologist; and Lesley Patterson, Clinical Nurse Specialist. Thanks also to the people affected by cancer who reviewed this edition, and to those who shared their stories.

Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at bookletfeedback@macmillan.org.uk

National Institute for Health and Care Excellence (NICE). *Fertility problems: assessment and treatment*. February 2013. <http://www.nice.org.uk/guidance/CG156/>

Peccatori FA, et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology*. 2013. 24 (6).

Royal College of Physicians, The Royal College of Radiologists, Royal College of Obstetricians and Gynaecologists. *The effects of cancer treatment on reproductive functions: Guidance on management*. Report of a Working Party. 2007. RCP, London.

The Human Fertilisation and Embryology Authority. *Code of practice*. 8th edition. First published 2009. Revised October 2015. HFEA, London.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.

Non-English speaker? Interpreters available.

Braille and large print versions on request.

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