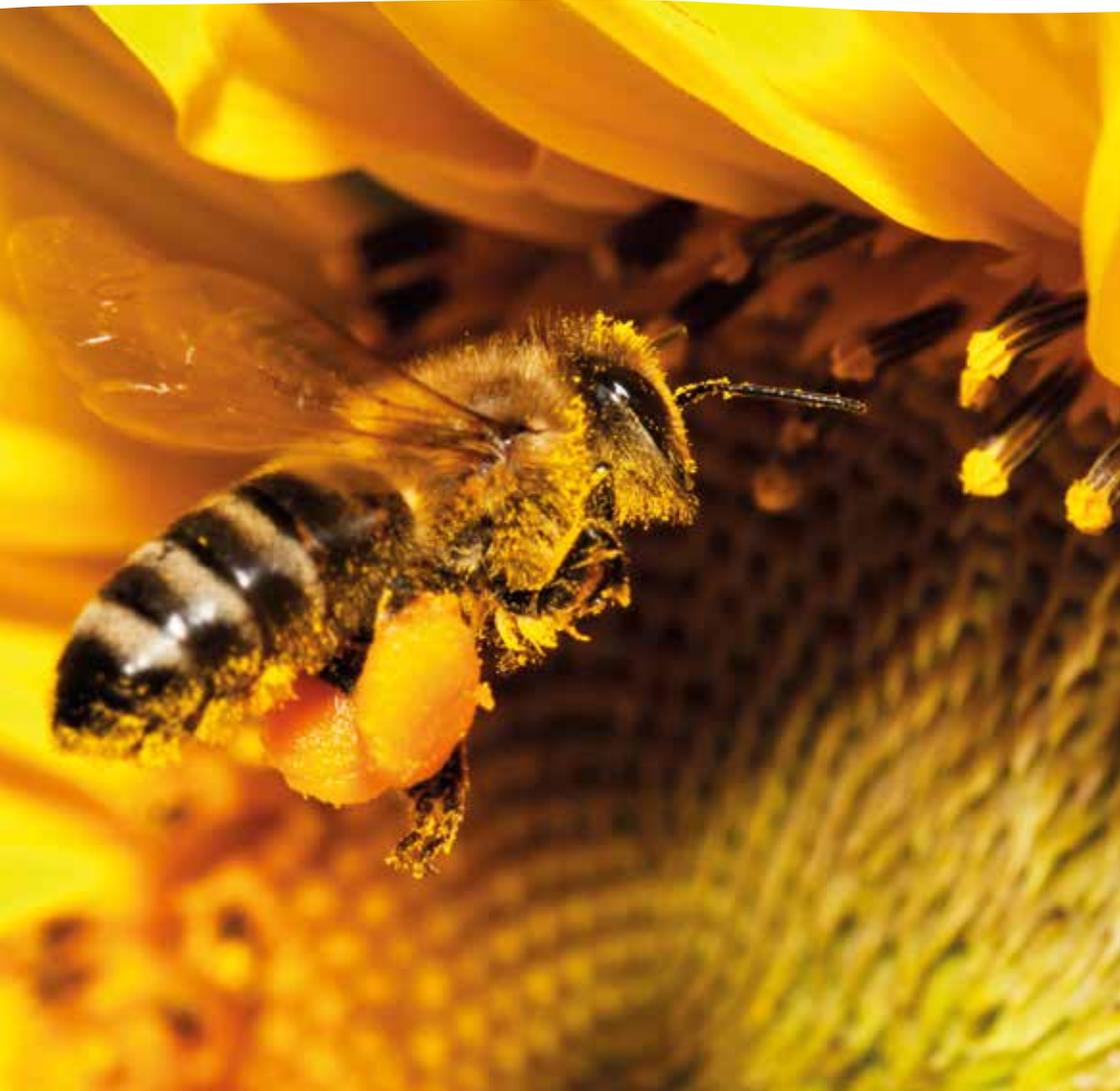


MACMILLAN
CANCER SUPPORT

FERTILITY

Support for young people affected by cancer



About this booklet

This booklet is about how cancer and its treatment can affect your fertility. It is for teenagers and young people who need information about this before, during or after cancer treatment. It may also help carers, family members and friends.

The booklet explains:

- how cancer treatments may affect fertility
- how fertility can be preserved before cancer treatment
- how fertility can be tested
- fertility treatments to help start a pregnancy
- other options for having a child.

This information is for you whether you are in a relationship or not and whatever your sexual orientation.

If you have other fertility issues, or are taking hormone treatment for gender reassignment, you may have extra questions. Your doctor or fertility clinic can help with this.

We hope this booklet helps you deal with some of the questions or feelings you may have. We cannot give advice about the best options for you. You should talk to your doctor, who knows your medical history.

We also have a booklet called **Sex and relationships – support for young people affected by cancer** which you might find helpful.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 5 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 66 to 70, there are details of other organisations that can help.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you, your cancer diagnosis and your treatment is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at [**macmillan.org.uk/cancerregistry**](https://www.macmillan.org.uk/cancerregistry)

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What is fertility?

Fertility means:

- being able to get pregnant and give birth to a baby
- being able to make someone pregnant.

The parts of your body that help you do this are called your reproductive system.

A woman has eggs stored in her ovaries. A man makes sperm in his testicles (balls).

To start a pregnancy, a man's sperm needs to fertilise a woman's egg. This may happen when a man and a woman have sex. This fertilised egg is called an embryo and may grow into a baby.

Some people have difficulty getting pregnant or making someone pregnant. They may need treatment to help them (see page 44 to 52).

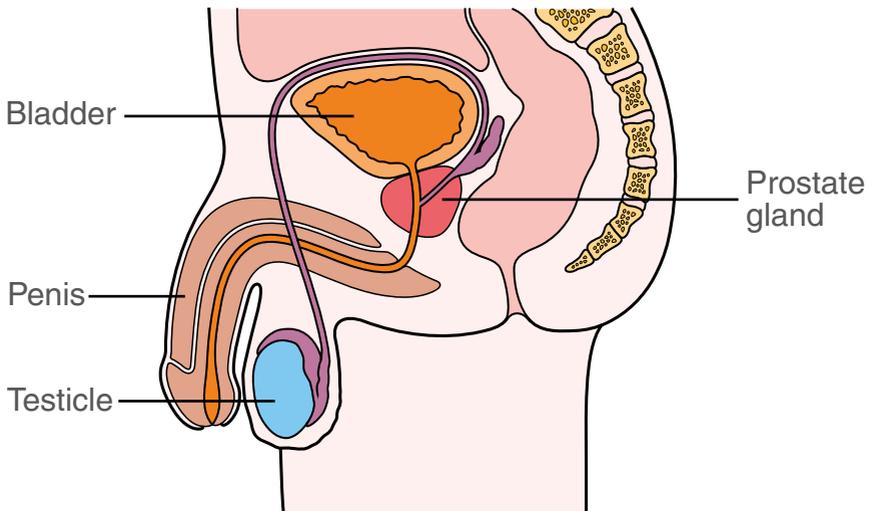
Fertility in men

Your reproductive system includes the:

- testicles
- penis
- prostate gland.

The pituitary gland is a small gland at the base of the brain. It releases hormones (chemical messengers in the body) that control how your reproductive system works.

The male reproductive system



Your fertility depends on:

- having the right hormone levels
- having healthy sperm
- being able to get an erection (hard-on)
- being able to ejaculate (come).

Puberty is when your body starts to change from being a child into an adult. This happens around the age of 12. When this happens, the testicles start to make and store sperm.

Hormones from the pituitary gland and the testicles control sperm production. The testicles make the hormone testosterone. Testosterone is important for sex drive and for getting an erection.

To start a pregnancy, you will ejaculate during vaginal sex. The fluid you ejaculate is called semen. Semen is mostly made up of fluid from the prostate gland. It also has sperm from the testicles. If one of the sperm reaches the woman's egg, the egg may be fertilised. This may start a pregnancy.

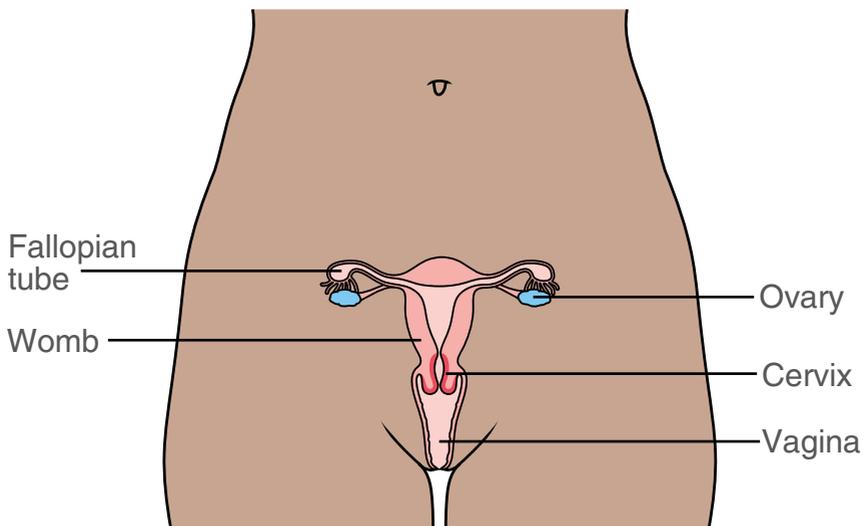
Fertility in women

Your reproductive system includes the:

- ovaries
- fallopian tubes
- womb (uterus)
- cervix
- vagina.

The pituitary gland is a small gland at the base of the brain. It releases hormones (chemical messengers in the body) that control how your reproductive system works.

The female reproductive system



Your fertility depends on having:

- a supply of eggs from the ovaries
- a healthy womb
- the right hormone levels.

Usually, one of the ovaries releases an egg once a month. The hormones from the pituitary gland help control this process. This starts at puberty and happens until the menopause.

To get pregnant, one of your eggs needs to be fertilised by a sperm. This may happen if you have vaginal sex.

The egg leaves the ovary and moves along the fallopian tube. This is where it can be fertilised by a sperm. If it meets a sperm and is fertilised, the egg develops into a group of cells called an embryo. The embryo moves to the womb where it settles into the womb lining. The embryo stays in the womb and grows into a baby.

Every month, hormones help make the lining of the womb ready for an embryo. If the egg is not fertilised, the womb lining comes out through the vagina. This is your monthly period.

Puberty and menopause in women

Puberty is when your body starts to change from being a child into an adult. This happens around the age of 11.

You are born with lots of eggs. These are stored in the ovaries. You do not make more eggs after you are born. As you get older, the number of eggs in the ovaries decreases. When you have very few eggs left, the ovaries cannot release an egg every month and your periods stop. This is called the menopause. This usually happens between the age of 45 and 55.



Cancer treatments and fertility

Before you start cancer treatment, your cancer doctor or nurse will talk to you about your treatment options and the possible side effects.

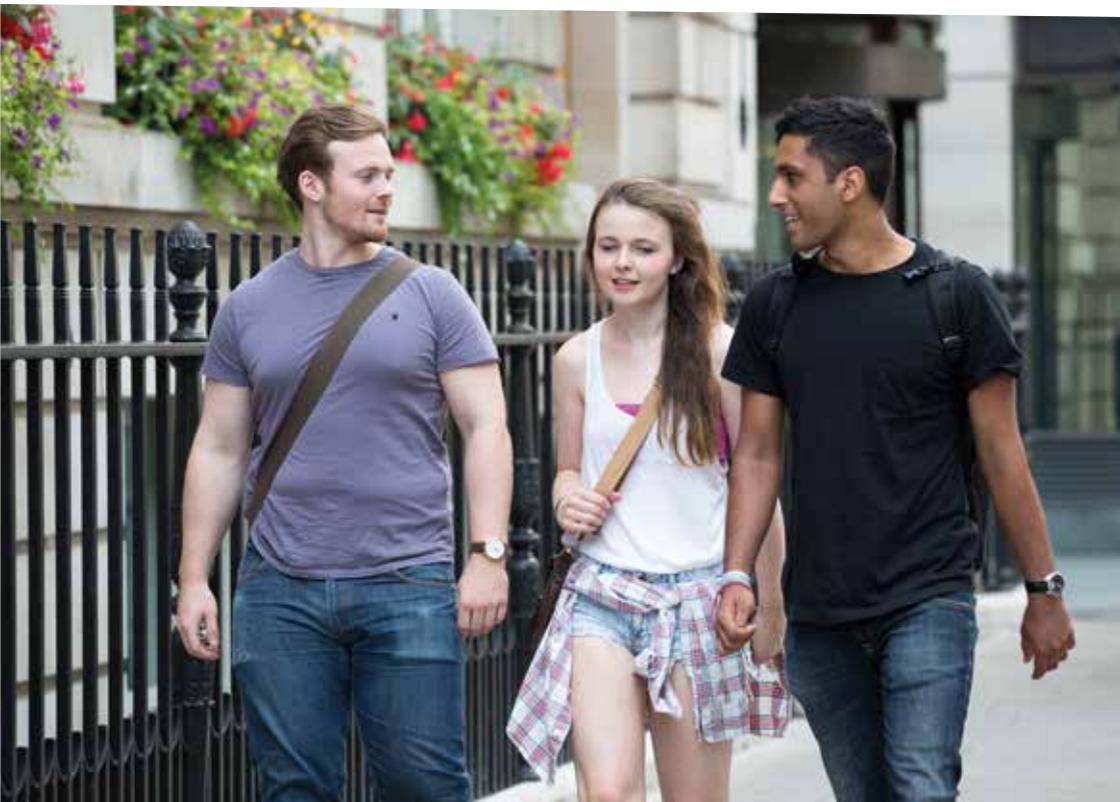
When you are diagnosed with cancer, it can feel like everything happens very quickly. You may need some time to adjust to what is happening. It can help to talk to family and friends or someone else you trust.

The main treatments for cancer are:

- chemotherapy
- hormonal therapy
- targeted therapy
- immunotherapy
- radiotherapy
- surgery
- stem cell transplants.

Cancer treatments can affect your fertility in different ways. It is always best to ask your healthcare team for more information. We have more information about different cancer treatments and fertility for men and women in our booklets **Cancer treatment and fertility – information for men** and **Cancer treatment and fertility – information for women**. This information is for people of all ages, not just teenagers and young adults (see page 62).

You may feel less interested in sex during cancer treatment. Some treatments can cause side effects that make having sex difficult. This can also affect your chances of getting pregnant or making someone pregnant. You can find out more about coping with sexual problems in our booklet **Sex and relationships – support for young people affected by cancer** (see page 62).



How treatment can affect fertility in men

Cancer treatments may:

- stop or reduce sperm production
- cause problems with erections or ejaculating
- affect testosterone production.

Sperm

Some cancer treatments damage the cells that make sperm. This means you may make less sperm, or sperm that is not very healthy. Your body may still make semen, so you will still ejaculate (come). But there may be less sperm, or no sperm, in the semen. This means there is less chance of fertilising an egg.

After some types of treatment, the cells that make sperm may recover. But it is hard to know exactly when this will happen. Having your semen tested is the only way to know if you are producing healthy sperm again (see pages 38 to 41). Your doctor will arrange these tests for you after your treatment has finished.

Remember, having cancer treatment does not mean your sperm will definitely be affected. If you are having sex and do not want to have a baby, it is important to use contraception (see page 25).

Erections and ejaculating

Your pelvic area is the area between your hips and your belly button. Sometimes cancer, or cancer treatment to the pelvic area, can damage the nerves and blood supply to the penis and testicles.

Damage to this area can cause problems with getting an erection or how you ejaculate.

This does not happen often. But if it does, the damage can be permanent. You may still be able to have fertility treatment and use your own sperm to have a baby (see pages 44 to 52).

Testosterone

Some cancer treatments reduce your levels of the hormone testosterone. This can cause:

- difficulty getting an erection
- less interest in sex
- thinning of the bones (osteoporosis)
- tiredness
- low mood.

If your testosterone levels do not recover, you can take testosterone replacement therapy (TRT). You usually have TRT as:

- injections
- a gel
- patch on your skin.

TRT can help with sex drive and erections. But your body may not be able to make sperm when you are taking it. This means you may not be able to make someone pregnant while taking it. But you should still use contraception if you do not want to start a pregnancy.

You can take TRT for the rest of your life. If you want to have children, it may be possible to stop TRT for a while.

How treatment can affect fertility in women

Cancer treatments can cause changes to:

- the ovaries and eggs
- other parts of your body that can affect a pregnancy.

Changes to the ovaries

Some cancer treatments can stop your ovaries releasing eggs. If this happens, you cannot get pregnant. Your periods may stop and you might have some menopausal symptoms. These include:

- hot flushes and sweats
- vaginal dryness
- mood changes
- poor concentration
- less interest in sex.

If your ovaries start working again after cancer treatment, these symptoms will get better. Sometimes your periods may start again, but you may have fewer or less healthy eggs than before. If this happens, you may be less likely to get pregnant naturally.

Early menopause

If you have fewer eggs, you may have less time to get pregnant. This is because you might have an early menopause.

Some people have an early menopause because cancer treatment permanently stops the ovaries working. This means your periods will not come back after treatment and you will not be able to get pregnant naturally. An early menopause is also called premature ovarian insufficiency (POI).

It can be hard coping with early menopause when you are already coping with cancer. If you find any of the symptoms hard or upsetting, talk to your healthcare team for advice about treatments that can help. They can arrange for you to talk to a specialist and get extra support.

You may also be dealing with some difficult feelings about your fertility. You can call our cancer support specialists on **0808 808 00 00** to talk to someone. There are also organisations like The Daisy Network that support women who have an early menopause (see page 66).

Pregnancy and giving birth

Some cancer treatments can make it harder for your womb to carry a pregnancy for 9 months. This may mean there is more risk of losing a baby (miscarriage) or of giving birth early. If you have a higher risk of these problems, you will have extra check-ups and specialist care during your pregnancy.

Being pregnant and giving birth is hard work for your body. This might be a problem if cancer treatment has affected how well your heart or kidneys work.

If you are thinking about having a baby after cancer treatment, ask your doctor for advice. They may arrange for you to see a specialist. You may also have extra tests to check your heart and kidneys.

Some cancer treatments make it impossible for your body to carry a pregnancy or give birth. There may be other ways to start a family, such as surrogacy or adoption (see pages 53 to 54).

Your feelings

Being asked to think about the future when you have just been diagnosed with cancer can be hard. Having children may not be something you are thinking about yet. Maybe you are unsure if you want to be a parent. Or you may have always wanted a family and the idea of losing your fertility is very hard.

You may accept it quickly and feel that dealing with the cancer is more important. Or you may feel the impact months or years later.

People often find their feelings about fertility change over time. It may be something that becomes more important to you after cancer treatment. You might have different questions about fertility or need more information.

Whatever you are feeling, support is available if you want to talk or ask questions. It does not matter whether you are starting cancer treatment or have had treatment in the past. You may find it helpful to talk about things with a partner, family member, friend, or religious or spiritual adviser. It is not always easy to talk to the people closest to you about these issues. If you want to talk to a counsellor, your GP, cancer doctor or nurse can help arrange this. Fertility clinics also have counsellors.

Organisations such as the British Infertility Counselling Association (BICA) can offer support and counselling to people affected by infertility (see page 67). Talking to other people in a similar position may also help you feel less alone. You can use our Online Community to talk to people in a similar situation to you (see page 64).



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Starting cancer treatment

Talking to your healthcare team

Your cancer doctor or nurse should talk to you about fertility before you start cancer treatment. If there is a risk it may affect your fertility, they will talk to you about fertility preservation (see pages 27 to 31).

This means if your fertility is affected, you may still be able to have children in the future. You do not have to be in a relationship or know if you want to be a parent to have fertility preservation.

Your doctor or nurse will explain if fertility preservation is possible. For some people, cancer treatment needs to start straight away and there is not enough time.

Making decisions about your treatment

Talking about sex and fertility can be hard. It is personal, and some people feel embarrassed. But your healthcare team often have these conversations and they will try to answer your questions. It is important you get all the information and support you need. This will help you make decisions about your treatment. If your healthcare team uses words you do not understand, ask them to explain.

If you need time to go away and think, let them know. There may be questions you do not want to ask in front of your partner, family or other people. Tell your doctor or nurse you want to talk about something privately. They will arrange a time and place to do this.

Contraception

Preventing pregnancy

It may be confusing if your doctor tells you to use contraception when they have also told you that you may be infertile. It is not always possible to know how cancer treatment will affect your fertility. You may still be able to get pregnant or make someone pregnant.

Some cancer treatments may harm a baby if the pregnancy starts during treatment. You should use contraception to prevent a pregnancy during your treatment and for some time after.

There are many types of contraception. Ask your doctor or nurse which is best to use during your treatment. This will depend on you and the type of cancer treatment you are having.

Condoms or caps (diaphragms) can be used during all types of cancer treatment. Some hormonal contraceptives (such as the pill, patch, injection or implants) may not work during some types of cancer treatment. This is because of:

- the drugs you are taking
- side effects you may have, such as diarrhoea and vomiting.

Safe sex during cancer treatment

If you have sex during cancer treatment, it is important to protect you and your partner.

Small amounts of chemotherapy, or other drugs, can get into your body fluids. This includes fluid made in the vagina and the fluid that contains sperm. To protect your partner, your cancer doctor may advise that for a few days after treatment you:

- use a condom or a latex barrier such as a dental dam for oral sex
- use a condom for vaginal or anal sex.

Using condoms and dental dams also helps protect you from sexually transmitted infections (STIs). This is important even if you are not having cancer treatment. But it is even more important if your cancer treatment affects how your body fights infections.

We have more information about safe sex during treatment in our booklet **Sex and relationships – support for young people affected by cancer** (see page 62).

Fertility preservation

For men, fertility preservation means collecting and freezing sperm. Boys who have not reached puberty can have testicular tissue frozen.

For women, fertility preservation means collecting and freezing eggs or pieces of ovary. If you have a male partner, collected eggs can sometimes be fertilised with their sperm. If embryos develop from this, these may be frozen.

If cancer treatment damages your fertility, the sperm, eggs or embryos can be used in the future with fertility treatments to help you try to have a baby. Your cancer doctor may arrange for you to talk to a specialist fertility doctor about this. They can explain what fertility preservation involves. If you decide to have fertility preservation, this is usually at a fertility clinic.

A fertility counsellor will be available to support you and your partner if you have one.

For men and boys

Storing sperm

You can store (bank) sperm at any age after puberty. This is when your body starts to change from being a child into an adult. Storing sperm usually involves masturbating (wanking) into a small container. You can do this at the fertility clinic in a private room. You might be embarrassed about doing this. The staff at the clinic will be very understanding and will try to put you at ease.

Sometimes it may be possible to collect a sample at home and take it to the clinic. You need to keep the sample warm and take it to the fertility clinic soon after producing it. You can talk to your nurse or doctor about this.

The clinic freezes and stores your sperm.

Some people are asked to give 2 to 3 samples in a week. But if you only give one sample before cancer treatment starts, that may still be enough. Your fertility doctor or nurse will tell you how many samples you need to give. You are usually advised not to have sex or masturbate for a couple of days before you collect each sample. This allows more sperm to be collected.

If you cannot give samples by masturbating, it may be possible to collect a small amount of sperm from the testicle.

We have more information about collecting and storing sperm in our booklet **Cancer treatment and fertility - information for men**. There is also a video of Robert talking about his experience of sperm banking on our website. Visit macmillan.org.uk

Freezing testicular tissue

Your body only starts making sperm after puberty. If you need cancer treatment before puberty, you cannot store sperm.

Boys who have not reached puberty may have testicular cryopreservation as part of a research trial. This means collecting and freezing small samples of tissue from the testicles.

Researchers are seeing if the tissue can be used to produce sperm. They are looking at ways of doing this in the laboratory. They are also researching if the tissue can produce sperm if it is put back into the body after cancer treatment. This research is still at an early stage. It has not been used to start any pregnancies and doctors do not fully know the risks involved. Very few centres in the UK offer this.

For women and girls

Storing eggs or embryos

If your periods have started, it may be possible to store your eggs before cancer treatment starts. This takes at least 2 weeks and involves:

- taking fertility drugs that make your ovaries release more eggs
- having blood tests and ultrasounds to check the eggs in the ovaries
- collecting the eggs.

When your eggs have been collected, you can either:

- have the unfertilised eggs frozen and stored
- fertilise the eggs with sperm from a male partner – if suitable embryos develop, these can then be frozen.

If a partner gives sperm to fertilise the eggs, they have equal rights in deciding what happens to the embryos in the future. This means that if they withdraw the right for you to use the embryos, you will not be able to use them. For example, this could happen if the relationship ends or they change their mind.

Freezing tissue from an ovary

This means that before cancer treatment starts, doctors remove an ovary, or small pieces of an ovary. They do this using keyhole (laparoscopic) surgery. The ovary or pieces of ovary are frozen and stored. They hold thousands of immature eggs. After cancer treatment, if you decide to try to get pregnant, the doctors can put the ovary or pieces of ovary back into your body. This can make it possible to get pregnant naturally or with IVF treatment (see page 46).

This technique is suitable for:

- women who must start cancer treatment quickly
- women who cannot have fertility drugs
- girls who have not started having periods.

It may not be suitable if there might be cancer cells in the ovary.

This is a newer technique and it is not 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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Deciding whether to become a parent

Becoming a parent is a big decision for anyone to make. It might not be something you are ready to think about yet. When you are ready, this section has some things to think about.

When is it okay to try to start a pregnancy?

You should avoid starting a pregnancy if you are having cancer treatment. Some treatments may damage sperm (see page 16). This can affect a baby if a pregnancy starts during treatment. Cancer treatment can also harm the baby as it grows in the womb. It may cause problems during the pregnancy, or long-term problems for the child later in life.

If you are thinking about starting a pregnancy, talk to your GP or cancer doctor first. This is important even if you finished treatment some time ago. They can give you information about any extra health checks you need.

For men

When you have finished cancer treatment, you may need to wait for your sperm to recover. It is hard to know how long this will take or if it will happen. Getting your semen tested is the only way to find out if your sperm has recovered (see page 41). Your doctor or specialist nurse can tell you more about this and how long you should wait.

For women

When you have finished cancer treatment, your body may need time to recover. Doctors usually advise waiting at least a year before trying to get pregnant. But it can depend on the type of cancer and treatment you had.

For some women, cancer treatment may cause an early menopause. This may mean you have less time to get pregnant. If you want to try for a baby, your doctor may advise you to start before your mid-30s.

Not having children

Some people decide not to have children. This may be a clear choice they are happy with. Sometimes it is more complicated. You may feel cancer has taken the choice away from you. This can be very upsetting. It may help to talk to someone about this. There is no right or wrong way to feel. Everyone is different.

Your GP can give you support and may suggest a counsellor for you to talk to. Or you can call us on **0808 808 00 00**. Other organisations can also offer emotional support, such as the British Infertility Counselling Association and Fertility Network UK (see page 67).

If you are single or in a same-sex relationship

If you are single or in a same-sex relationship and want to have children, you can become a parent by:

- adoption or fostering
- co-parenting – an agreement to conceive and raise a child with someone who is not your partner
- surrogacy
- fertility treatments – women can use donor sperm (see page 48).

NHS funding rules for fertility treatment apply and may be different in different areas. It is always best to talk to your GP for more information.

There are laws about becoming a legal parent in all these situations. If you are in a same-sex relationship, organisations such as Stonewall and Pink Parents can offer information and support. The Human Fertilisation and Embryology Authority (HFEA) has more information about fertility treatments. There is more information about these organisations on page 66 to 68.

Worrying about cancer coming back

It is natural to worry about cancer coming back. No one can tell you exactly what will happen in the future. But your cancer doctor may be able to give you information about what is likely to happen. For some people, the risk that cancer will come back gets less as time goes on. They may decide to wait for a few years before trying to start a pregnancy.

Can being pregnant make cancer come back?

Research suggests that for almost all types of cancer, pregnancy does not make cancer more likely to come back. If you have one of a rare group of tumours called gestational trophoblastic disease, your doctor will talk to you more about this.

Can cancer be passed on to children?

No. Cancer cannot be passed from a parent to child. A small number of people have an inherited cancer gene that increases their risk of getting cancer. But this is rare and most cancers are not caused by inherited cancer genes. Talk to your doctor if you are worried about the risk of cancer running in your family. They can arrange for you to see a specialist if needed.



Fertility testing

After cancer treatment, it is often hard to know exactly if or when your fertility will recover. You can have tests to check your fertility. They may show:

- how likely you are to have children naturally
- if fertility treatment might help.

Your cancer doctor or GP can refer you to a fertility specialist. They can do fertility tests for you. The results may help you decide what to do next. For example, you might want to have fertility treatment. Tests are free on the NHS. But you may have to pay to have tests done privately.

Deciding whether to have fertility tests

It is your decision whether to have fertility tests or not. Some people want to get as much information as possible about their fertility. Having the test results may help you understand your options and plan for the future. But everyone is different. This section has some things to think about before you decide.

Do I want fertility tests?

Some people decide to have tests because they want to try to have a baby. But you do not have to be in a relationship or be ready to start a pregnancy to have fertility tests. You may just want to know more about your fertility.

Sometimes other people want you to have fertility tests. This might be a partner or close family. This may seem like a good reason, but it may mean you have tests when you are not ready. Think about if you want to have the tests. If you do, decide when is a good time for you.

Am I ready for the results?

It is important to feel you can cope with the test results. If you are not sure you are ready to know, it may help to talk to your healthcare team first. They can answer any questions and explain the possible issues for your fertility. Think about who will support you when you get your test results.

If you have a partner, it may help to talk to them before having the test. Try to talk about your plans for the future, how the test results might affect these and how you would cope.

When is the right time to have fertility tests?

Your cancer doctor will talk to you about how long you should wait after you have finished cancer treatment before you have fertility tests. If you have tests too soon after cancer treatment, your body may still be recovering and you will not get an accurate test result.

Some people decide they do not want to have tests until they are:

- ready to cope with the results
- a certain age
- in a long-term relationship
- ready to have a child.

Some stages of life are busier or more stressful than others. You may be going through exams, leaving school or college, leaving home or starting a new job. If you are coping with a lot of changes, it may not be the best time to think about fertility testing.

Fertility tests for men

Your cancer doctor can tell you how long you have to wait after cancer treatment before having your semen tested. When you are ready, you can talk to your cancer doctor or GP about fertility testing. You can have your semen tested to find out if you are producing healthy sperm. The semen sample will be analysed in a laboratory. If needed, you can redo the test to see if things have changed. If you had sperm frozen before cancer treatment, you can also ask to have this tested. A fertility specialist will usually talk to you about the test results.

What does the test involve?

You give a sample of semen by masturbating (wanking) into a small container. You do this at the fertility clinic, in a private room close to the laboratory. This means the results are more accurate as the sample can be checked quickly.

You might be embarrassed about doing this. The staff at the clinic will be very understanding and will try to put you at ease.

Sometimes it may be possible to collect a sample at home and take it to the clinic. You need to keep the sample warm and take it to the fertility clinic soon after producing it. You can talk to your nurse or doctor about this.

If you cannot give samples by masturbating, it may be possible to collect sperm from the testicle. There is more information about this in our booklet **Cancer treatment and fertility – information for men** (see page 62).



Fertility tests for women

Usually women can be referred to a fertility clinic after trying to get pregnant for 1 to 2 years. But after cancer treatment, your cancer doctor or GP can refer you sooner or before you start trying.

If needed, you can have these tests done again to see if things have changed.

What do the tests involve?

Fertility tests can measure the number of eggs in your ovaries (your ovarian reserve) or how close you are to the menopause.

Your doctor will ask you about your periods and take blood tests. There is a blood test you can have even if you are not having periods. You may also have an ultrasound scan of the ovaries to look at the follicles that hold the eggs. The ultrasound probe is put inside the vagina. This scan is called an antral follicle count.

Taking the contraceptive pill or hormone replacement therapy (HRT) can affect the results of some fertility tests. Let your doctor know if you are taking either of these.

If cancer treatment has made your periods stop, they may sometimes come back months or years after cancer treatment finishes. If your periods change, you can have these tests done again. Your doctor will talk to you about the options available to you.

Fertility treatment

If you are finding it hard to start a pregnancy, you may want to think about fertility treatment.

Getting fertility treatment

You usually start by seeing your GP. They may arrange for you to have some fertility tests (see page 38). If you want to have fertility treatment with a partner, they will need to have some tests too.

Your GP will then arrange for you to talk to a specialist doctor at a fertility clinic.

At the fertility clinic, the doctor will talk to you about your fertility and any treatments that may help. They will answer any questions you have and arrange any other tests you need. Your fertility doctor will also ask you questions about your lifestyle. This can help them see if there are changes you can make that might help improve your fertility.

Some people find it hard to make the decision to have fertility treatment. This can be because of moral, cultural or religious views. You may want to talk to a partner, family member or religious adviser. Or you may find it useful to talk to someone else, such as your GP, a counsellor or a social worker.

Which fertility clinic will you go to?

This depends on whether you have NHS treatment or private treatment.

Your GP can tell you which clinics offer NHS treatment in your area. If you have already had fertility preservation (see pages 27 to 31) or fertility tests (see page 38), you may be able to go back to the same clinic. If you have private treatment, you can choose your clinic. You can arrange this yourself, but it can be useful to have a referral letter from your GP.

You can get details of all the fertility clinics in the UK from the Human Fertilisation and Embryology Authority (HFEA) (see page 67). The HFEA also give advice on choosing a clinic.

How much fertility treatment costs

The NHS may pay for some fertility treatments, but there are rules. These rules apply to the person you are having fertility treatment with as well as you. NHS rules and funding are different across the UK. Your fertility doctor can give you information about this.

Private fertility treatment

Some people choose to pay for some, or all, of their fertility treatment privately. You may be thinking about this if:

- you are not eligible for NHS treatment
- you are worried about NHS waiting times
- the NHS does not offer the treatment you want or need.

There are no standard charges for private treatment. You can contact clinics to find out what treatments they offer, how much they charge and their success rates.

Types of fertility treatment

IVF (in vitro fertilisation)	
How does it work?	<p>The specialist mixes collected eggs and sperm together in a dish. They do this in a laboratory.</p> <p>Some eggs may be fertilised and grow into embryos.</p>
What happens next?	<p>If suitable embryos develop, the specialist puts one embryo or occasionally more into the womb.</p> <p>They can store any other embryos for future use.</p>
How do they do it?	<p>The specialist puts a fine tube through the cervix and into the womb. They use the tube to put the embryo into the womb.</p>

ICSI (intracytoplasmic sperm injection)

<p>How does it work?</p>	<p>This is similar to IVF. But the specialist uses a fine needle to inject a single sperm into an egg. They do this under a microscope.</p> <p>Some eggs may be fertilised with the injected sperm and grow into embryos.</p>
<p>What happens next?</p>	<p>If suitable embryos develop, the specialist puts one embryo or occasionally more into the womb.</p> <p>They can store any other embryos for future use.</p>
<p>How do they do it?</p>	<p>The specialist puts a fine tube through the cervix into the womb. They use the tube to put the embryo into the womb.</p>

IUI (intrauterine insemination)

How does it work?	The specialist puts the collected sperm directly into the womb. They do this when an ovary is most likely to be releasing an egg.
What happens next?	If an egg is fertilised, a pregnancy may develop.
How do they do it?	The specialist puts a fine tube through the cervix into the womb. They use the tube to put the sperm into the womb.

Fertility treatment using a donor

Some people have these treatments using donor sperm, eggs or embryos. But this can be more complicated and it will not suit everyone. This might be because:

- it is not always funded by the NHS
- it can be hard to find a donor
- of moral, cultural or religious views.

Some people may find it hard to make the decision to use a donor. The fertility clinic will offer you and your partner (if you have one) counselling before you decide to use a donor. You may also want to talk to your family, friends or a religious adviser. You can also talk to a social worker.

We have more information about using donors for men and women in our booklets **Cancer treatment and fertility – information for men** and **Cancer treatment and fertility – information for women** (see page 62).

Fertility treatment for men

If you decide to use your frozen sperm, it will be carefully thawed in a laboratory when it is needed. If you did not have sperm collected before cancer treatment, it may still be possible to use your fresh sperm. Your fertility doctor can talk to you about your options.

If your sperm count is low

If you are producing sperm, but not very many, you may be able to start a pregnancy by having sex. But your chances of starting a pregnancy are likely to be higher using ICSI or IVF. You may also decide to use sperm that you stored before cancer treatment.



If your hormone levels are low

To produce sperm, your body needs hormones from the pituitary gland and the testicles. Some cancer treatments can affect your hormone levels. You may be able to have injections that replace the missing hormones. This may help you start producing sperm again. These are called gonadotrophin replacement injections.

While you are having the injections, you may be able to start a pregnancy by having sex. Or you can collect sperm to use with IVF or ICSI. When you stop having the injections, your body will stop making sperm again.

If your body does not produce sperm

If your body does not produce sperm, you cannot start a pregnancy by having sex. If you stored sperm before your cancer treatment, you can use this for IVF, ICSI or IUI. Or you may choose to use sperm from a donor.

If you cannot have sex

Rarely, cancer treatment causes changes that mean you might not be able to have sex. You may find it difficult to get or keep an erection. This is called erectile dysfunction. This can be very difficult to cope with. If your body is still producing sperm, your doctor may be able to collect sperm for IVF or ICSI. If you stored sperm before your cancer treatment, you may be able to use this. Or you may decide to use sperm from a donor.

Fertility treatment for women

If you are releasing eggs

If your ovaries are releasing eggs, you may be able to get pregnant by having sex. But if tests show you are unlikely to get pregnant this way, fertility treatments such as IVF or ICSI might increase your chances (see pages 46 to 47).

If you are not releasing eggs

If your ovaries have been removed or have stopped releasing eggs, you will not be able to get pregnant naturally. If you stored eggs, embryos or ovarian tissue before your cancer treatment, you may be able to use these. Sometimes people use eggs or embryos from a donor.

If you decide to use your frozen eggs or eggs from a donor, these are usually fertilised using ICSI (see page 47). If suitable embryos develop, they may then be put in your womb. If you decide to use your frozen embryos or embryos from a donor, these are carefully thawed and put in your womb in the same way. If you froze ovarian tissue, this can be put back in your body using keyhole (laparoscopic) surgery. If the tissue starts making eggs, you may be able to get pregnant naturally or with fertility treatments such as IVF or ICSI (see pages 46 to 47).

If it is hard to have sex

After cancer treatment, you may find it hard to have sex. There are treatments that can help, but it can depend on what is causing the problem. It is always best to ask someone from your healthcare team for expert advice.

If your fertility has come back, IUI may help you get pregnant without having sex (see page 48).

What if fertility treatment does not work?

Unfortunately, there is always a risk that fertility treatment will not work. This can happen to anyone having fertility treatment, not just people affected by cancer.

Your chance of fertility treatment working may be affected by:

- the type of cancer treatment
- your fertility test results
- age (for women).

Your fertility doctor will explain this before you start treatment. But it is still upsetting if treatment does not work.

Some people decide to try again. But this can be a hard decision to make. Fertility treatment can be emotional and stressful. It can also be hard physically. And if you are paying for treatment, it can be expensive.

You may want to think about whether adoption, fostering or surrogacy are right for you.

Counsellors in fertility clinics can offer support and advice. There are also organisations that offer counselling, such as the British Infertility Counselling Association (BICA) (see page 67). Your healthcare team might also know about support groups in your area. If you are 16 or over, you can join our Online Community (see page 64).

Other options for becoming a parent

Some people cannot have fertility treatment. And some decide they do not want treatment. They may prefer to have a child another way.

If you are thinking about adoption, fostering or surrogacy, it may help to:

- talk about it with family or friends
- talk to someone who has become a parent in this way
- find out more from a support organisation (see pages 66 to 70).

Make sure you get all the support and information you need to make the right decision for you.

Adoption and fostering

If you cannot or do not want to use medical treatment to help you have a child, you could think about adoption or fostering.

Adoption means becoming the legal parent of a child. Fostering means looking after a child who is not able to stay with their own family. This might be short-term or long-term.

People from all backgrounds can apply to become a parent in these ways. Sexuality, gender and disability should not matter. And you do not have to be in a relationship or married.

Adoption and fostering can be rewarding ways to have a child. An organisation or local authority can arrange this. If you want to find out more, ask:

- your social worker, if you have one
- your local social services department – you can look online for details or ask your GP
- an organisation such as CoramBAAF or Adoption UK (see page 68 to 69).

Surrogacy

Surrogacy is where a woman becomes pregnant and gives birth to a baby for you. She is called the surrogate (or host). The pregnancy may be started using IUI or IVF (see pages 46 to 48).

There are different reasons people may choose surrogacy. For example, women who cannot carry a pregnancy can use surrogacy to have a baby using their own eggs or embryos. Men may think about using surrogacy if they are single, in a same-sex relationship, or if their female partner cannot carry a pregnancy.

Surrogacy laws in the UK are complicated. Organisations such as Childlessness Overcome Through Surrogacy (COTS), Surrogacy UK and Brilliant Beginnings can give you more information and support with surrogacy (see page 69).

Questions about cancer and fertility

Will my fertility be affected?

This can depend on your age, the cancer type, and the treatment you have. Different cancers and treatment can affect fertility – not just cancers or treatments related to the reproductive system. It is important to get the right information from your cancer doctor or nurse. They can explain:

- how your fertility might be affected
- whether it may recover
- when it is likely to recover.

Are there ways to preserve my fertility?

If there is a risk that cancer treatment will affect your fertility, you may be able to have fertility preservation before treatment starts (see page 27 to 41).

Your cancer doctor will plan your cancer treatment to protect your fertility as much as possible. For example, it is sometimes possible to protect the testicles or ovaries from radiotherapy damage by moving or shielding them.

My periods have started again. Am I fertile?

Having regular periods does not always mean you can get pregnant. The best way to find out more about your fertility after cancer treatment is to have fertility tests (see page 38).



What happens if the cancer or treatment has affected my fertility?

If you find out cancer or its treatment has affected your fertility, you may start thinking about fertility testing and treatment.

You may have to decide:

- whether to have fertility tests (see pages 38 to 39)
- whether to have fertility treatment (see pages 44 to 45)
- which type of fertility treatment to have (see pages 46 to 48)
- whether or not to stop fertility treatment.

It may be useful to talk to a professional who is trained to help with these decisions. You can talk to staff at the hospital where you had your treatment. Or you could contact an organisation that offers support (see pages 66 to 70).

If I have an early menopause, are there any treatments I can have to help with the effects?

You can have treatment and support to cope with any symptoms and the emotional effects of an early menopause. You can also have treatment to protect you from the long-term effects of the menopause. This can include thinning of the bones (osteoporosis) and heart disease.

You may be offered:

- support from your GP or a specialist who treats women who have had an early menopause
- treatment and advice to help you cope with symptoms
- hormone replacement therapy (HRT) or a type of hormonal contraceptive to prevent long-term effects.

Your doctor will explain the possible risks and benefits of any treatment to you. Some women cannot take HRT safely because of the type of cancer they have. Your doctor will tell you if this treatment is suitable for you.

If I am infertile, will my body change?

If your body stops producing certain hormones, you may notice some changes. These might include changes to your:

- hair
- skin
- weight
- emotions
- sex life.

There are treatments and support available to help with these changes. Ask your cancer doctor, specialist nurse or GP for advice.

Hormonal changes can also increase your risk of some health problems later in life. To reduce this risk, you can take replacement hormones:

- For men, this is testosterone replacement therapy (TRT).
- For women, this is hormone replacement therapy (HRT) or a type of hormonal contraceptive.

Your doctor can give you more information.

I am worried about using a donor or surrogate. Who can I talk to?

For some people, fertility treatment can raise difficult issues. You may have concerns about using an egg donor, sperm donor or surrogate. You might worry how your child will feel about it in the future. Or you may have legal questions about who will be the child's parent.

Take your time to think, talk and find out more. You can talk to a fertility specialist, and some organisations offer more information about these questions (see pages 66 to 70). You may also want to talk to a partner, family member, friend or religious advisor.



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

Online information

All our information is also available online at [macmillan.org.uk/information-and-support](https://www.be.macmillan.org.uk/information-and-support) You can also find videos featuring 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.be.macmillan.org.uk/otherformats)

If you would 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**.

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

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 7 days a week, 8am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- 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**

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** 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.

Book reviews

Our volunteers review many books about cancer. These include people's stories of living with cancer, and books for children. Visit [publications.macmillan.org.uk](https://www.macmillan.org.uk/publications) and search 'book reviews'.

'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 team can give you guidance 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** 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**

Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser (Monday to Friday, 8am to 6pm).

Macmillan Organiser

This includes a records book to write down information such as appointments, medications and contact details. You can also download the app on IOS or Android.

Other useful organisations

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

Early menopause

The Daisy Network

Email info

@daisynetwork.org

www.daisynetwork.org

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.

Fertility treatments

Donor Conception Network

Tel 0207 278 2608

Email enquiries@dcnetwork.org

www.dcnetwork.org

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

Human Fertilisation and Embryology Authority (HFEA)

Email enquiristeam@hfea.gov.uk

www.hfea.gov.uk

Regulates licensed assisted conception treatment and research in the UK. Provides free patient information on licensed UK units with success rates for live births, how to choose a clinic, and a range of useful leaflets. Information is also available on the website.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

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

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.

Fertility Network UK

Tel 01424 732361

Email [info@](mailto:info@fertilitynetworkuk.org)

fertilitynetworkuk.org

www.fertilitynetworkuk.org

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

LGBT-specific support

LGBT Foundation

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

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

Stonewall

Tel 0800 050 20 20

(Mon to Fri, 9.30 to 4.30)

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

Tel 0300 330 0630

(Daily, 10am to 10pm)

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.

Adoption and fostering

Adoption UK

Helpline England

07904 793 974 (Mon to Thu, 10am to 2.30pm, and Fri 10am to 12.30pm)

Helpline Northern Ireland

028 9077 5211 (Mon to Thu, 10am to 4pm, and Fri, 10am to 2.30pm)

Helpline Wales

02920 230319 (Mon to Fri, 10am to 2.30pm)

Helpline Scotland

0131 322 8500 (Mon to Fri, 10am to 2.30pm)

Email (England) helpline@adoptionuk.org.uk

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

Tel 020 7520 0300

Email advice@

corambaaf.org.uk

www.corambaaf.org.uk

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.

Surrogacy

Brilliant Beginnings

Tel 020 7050 6875

Email hello@

brilliantbeginnings.co.uk

www.brilliantbeginnings.co.uk

A UK agency that provides help and support to anyone interested in surrogacy.

Childlessness Overcome Through Surrogacy (COTS)

Tel 0333 772 1549

Email kim@surrogacy.org.uk

www.surrogacy.org.uk

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

Surrogacy UK

www.surrogacyuk.org

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

Support for young people with cancer

Children's Cancer and Leukaemia Group (CCLG)

Tel 0333 050 7654

Email info@cclg.org.uk

www.cclg.org.uk

Provides information about childhood cancers, including information for teenagers and young adults who have had a childhood cancer.

CLIC Sargent

Tel 0300 330 0803

(Mon to Fri, 8am to 6pm)

www.clicsargent.org.uk

Provides clinical, practical, financial and emotional support to children, teenagers and young adults with cancer in the UK.

Teenage Cancer Trust

Tel 0207 612 0370

(Mon to Fri, 9am to 5.30pm)

Email hello@

teenagecancertrust.org

www.teenagecancertrust.org

UK-wide charity devoted to improving the lives of teenagers and young adults with cancer.

Runs a support network for young people with cancer, their friends and families.

Cancer registries

The cancer registry

A national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is one in each country in the UK:

National Cancer Registration and Analysis Service

Tel 020 7654 8000

Email enquiries@phe.gov.uk

www.ncras.nhs.uk

Tel (Ireland) 021 4318 014

www.ncri.ie

Scottish Cancer Registry

Tel 013 1275 7050

Email nss.csd@nhs.net

www.isdscotland.org/

health-topics/cancer/

scottish-cancer-registry

Welsh Cancer Intelligence and Surveillance

Unit (WCISU)

Tel 029 2037 3500

Email general.enquiries@

wales.nhs.uk

www.wcisuwales.nhs.uk

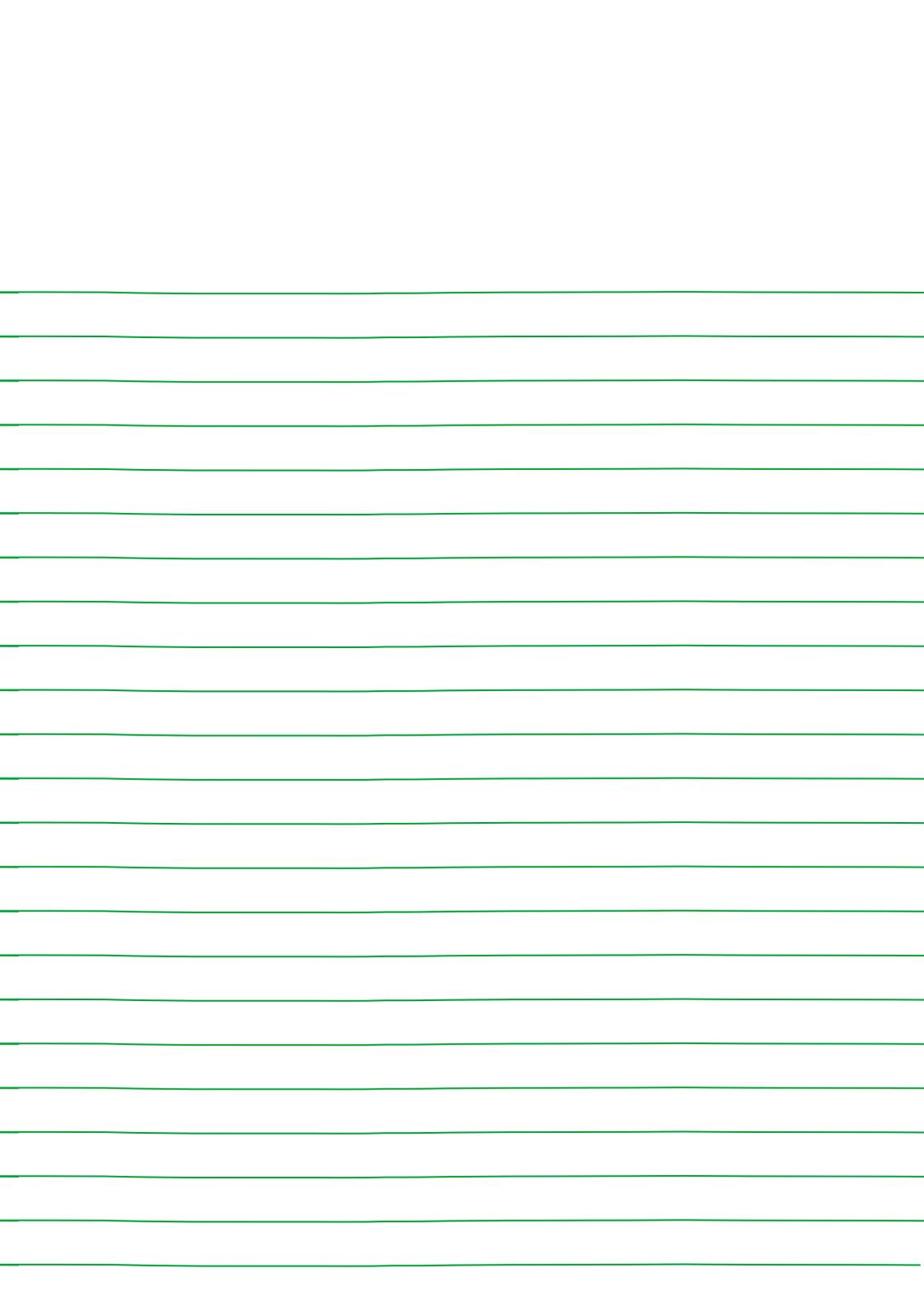
Northern Ireland

Cancer Registry

Tel 028 9097 6028

Email nicr@qub.ac.uk

www.qub.ac.uk/nicr



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 photos 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 Senior Medical Editor, Dr Gill Levitt, Honorary Paediatric Oncologist.

With thanks to: Julie Cain, Clinical Nurse Specialist for Teenagers and Young Adults with Cancer; Dr Marco Gaudoin, Medical Director, Fertility; and Dr Nivedita Reddy, Associate Specialist, Reproductive Medicine.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact [**cancerinformationteam@macmillan.org.uk**](mailto:cancerinformationteam@macmillan.org.uk)

Sources

We have listed a sample of the sources used in the booklet below. If you would like more information about the sources we use, please contact us at [**cancerinformationteam@macmillan.org.uk**](mailto:cancerinformationteam@macmillan.org.uk)

Human Fertilisation and Embryology Authority. Code of Practice. 8th edition. October 2009 (updated October 2017).

Maynard-Wyatt G, et al. Fertility: TYAC Best Practice Statement for Health Professionals. Teenagers and Young Adults with Cancer. 2015.

Royal College of Nursing. Fertility Preservation: Clinical Professional Resource. 2017.

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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Security number

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Signature _____

Date / / _____

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

This booklet is about how cancer and its treatment can affect your fertility. It is for teenagers and young people who need information about this before, during or after cancer treatment. This information is for you whether you are in a relationship or not and whatever your sexual orientation.

The booklet explains how cancer and cancer treatment may affect your fertility. It gives information about preserving your fertility, having fertility tests, fertility treatments and other options for having a child. It also tells you how to get more support.

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am to 8pm) or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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