



In the end we only REGRET the CHANCES we didn't take

 **CHL-Hospitals**
— *inspiring health* —

A.B. Road, Near L.I.G. Square,
Indore - 452 008 (M.P.)
Phone : (0731) 4774444 / 2549090
E-mail : info@chlhospitals.com
Website : www.chlhospitals.com
24 Hours Helpline : (0731) 2547676

 **CHL-CBCC Cancer Center**
— *inspiring health* —

142, Phadnis Colony, A.B. Road, Indore - 452 008 (M.P.)
Ph. : (0731) 4774122 • E-mail : cbcc@chlhospitals.com

 **CHL-Indore Infertility Clinic** 

CHL Hospitals, Near L.I.G. Square, Indore-452 008 (M.P.)
Ph. : (0731) 4774357, 96444 44066
E-mail : contact@indoreinfertilityclinic.com
www.indoreinfertilityclinic.com



CANCER AND FERTILITY PRESERVATION

A cancer diagnosis may not immediately lead to thoughts about preserving one's fertility.

If you're a woman of childbearing age or a man who is concerned about his future ability to become a father, it is important to understand that the treatment that helps fight cancer may also affect your ability to have children.

Fortunately, there are more options to preserve your fertility than ever before.

- Radiation Oncology
- Medical Oncology
- Fertility Preservation
- Surgical Oncology
- Hematology
(Bone Marrow Transplant)

- **Which Cancer patients should be looking into Fertility Preservation ?**

Anyone who wishes to bear children of their own i.e unmarried women, married women with no or one child, Married or unmarried Men wanting to have children of their own, Spouses of patients who wish to have children in future.

- **Will my treatment have any short or long term side effects on my reproductive system ?**

Different cancer treatments affect the body in different ways. Chemotherapy, radiation and surgery can all affect your reproductive system. In general, higher the dose and longer the treatment, higher the chance for reproductive problems. Ask your doctor to help determine the fertility risks associated with your individual treatment regimen.

- **What are my fertility preservation options before treatment ?**

MEN : Sperm Freezing : Sperm may be frozen and 'banked' for future use. It is strongly recommended that sperm be collected prior to initiation of treatment because the quality of the sample and sperm DNA integrity may be compromised even after a single treatment session. Even if your sperm count is low or you only have time to make one deposit, Sperm Banking may still be worthwhile. Once sperm is frozen , there is no set time limit as to how long it can remain frozen until it is used.

Testicular Tissue Freezing : It is an option for some men who cannot bank sperm because of the inability to ejaculate. When sperms are present in the testicular tissue but not in the semen, it is a relatively straight-forward outpatient surgical procedure to remove sperm bearing tissue from the testicle and freeze it for future use.

WOMEN :

Egg Freezing : Egg freezing is now a very good option for unmarried women. At CHL-Indore Infertility Clinic, we have an excellent Egg Vitriification Program and our pregnancy rates after egg freezing are comparable to fresh egg. The process requires hormonal stimulation to retrieve your egg and takes two to six weeks.

Embryo Freezing : Embryo freezing is a proven, successful way to try to preserve your fertility. It is a good option to consider if you are married, have a committed partner or are willing to use donor sperm. The process requires hormonal stimulation to retrieve your eggs.

Ovarian Tissue Freezing : Ovarian tissue freezing may be a good option if you do not have a lot of time before treatment or if you cannot have the hormonal stimulation needed for egg retrieval for either Egg or Embryo freezing. The approach involves surgical removal and freezing of ovarian tissue.

- **What are my fertility preservation options after treatment ?**

Men : It is ideal to bank sperms before treatment. But, if you have not been able to do that, and if you are still producing sperms after treatment, you should talk to your doctor about how long you should wait for sperm banking after radiation or chemotherapy.

Women : Egg Freezing, Embryo Freezing and ovarian Tissue Freezing are usually thought of as pre-treatment options. They can also be done after cancer treatment. If you are fertile, but worried that you might go into early menopause before you are ready to start a family, you may want to preserve your fertility after treatment.

- **After cancer treatment, how will I know if I am infertile or fertile ?**

MEN : A Semen analysis is a simple test that can be performed after you finish treatment.

WOMEN : If you are having periods without the aid of hormonal supplements like birth control pills, you may still be fertile. Simple hormone tests and ultrasound can be used to check your fertility.

- **What are my parenthood options after cancer ?**

MEN : Natural conception can occur if your semen analysis is in the normal range. If you have banked sperm, it can be used via In Vitro Fertilization (IVF) to impregnate your wife or partner.

WOMEN : Natural conception may be possible if you remain fertile after treatment. If you have undergone Egg, Embryo or Ovarian Tissue Freezing, you can use this genetic material and get pregnant with the help of IVF. Many cancer survivors have children after treatment.

- **Can I become a mother if I am not fit to carry a pregnancy after treatment ?**

If you have banked your egg, embryos or ovarian tissue before treatment, then, you can still become a mother with the help of Gestational Surrogacy, where another women carries your baby for you.

- **How safe is it to become pregnant for a woman after surviving cancer ?**

Currently available studies suggest that pregnancy after cancer does not reduce chances of the patient's survival. It does not trigger cancer recurrence, even after breast cancer.

Radiation to the uterus can increase the risk of miscarriage or premature births.

- **If I am producing sperms after cancer treatment, is it safe for me to father a child with natural conception ?**

Sperm cells exposed to chemotherapy or radiation may suffer genetic damage. This damage appears to be repaired one to two years after treatment.

- **Is there any risk of birth defects in children born to cancer survivors ?**

Rate of birth defects in the general population are 2% to 3%. Rate of birth defects in children born after one parents cancer treatment appears similar; no higher than 6% and probably less. No unusual cancer risk has been identified in the offspring of cancer survivors (except in families identified with true genetic cancer syndrome, for example, Inherited Retinoblastoma).