

Cancer treatment and fertility for people who were assigned female at birth

Some cancers and their treatments can reduce your fertility, making it difficult to conceive or reproduce. Not all people who have cancer will be affected.

How can cancer and its treatment affect my fertility?

For people who were assigned female at birth (AFAB), cancer and its treatment can affect your future fertility by:

- reducing the number and quality of your eggs
- decreasing the production of sex hormones
- changing your emotional and physical desire to have sex due to the side effects of treatment (e.g. fatigue or altered body image)
- removing a part or all the reproductive organs (e.g. hysterectomy).

Cancer and gender affirmation

Effects of cancer or treatment may be different if you've undergone any medical gender affirmation, including affirming surgery or hormonal therapies. Talk to a trans-affirming health professional to figure out your options and risks.

Which cancer treatments can affect fertility for people who were AFAB?

People who were assigned female at birth are born with all the eggs they will ever have. Any interruption or damage to their reproductive organs may cause fertility problems.

Chemotherapy, radiation therapy, hormone therapy and some surgical treatments can affect your ability to conceive or reproduce in the future.

Chemotherapy

These medicines stop or slow the growth of cancer cells but can also damage normal, healthy cells. The extent of possible fertility issues depends on the type of chemotherapy, the amount given, and the length of time you have chemotherapy. Ovarian function usually stops during chemotherapy but often returns after cancer treatment. However, there is still a very high risk of developing ovarian failure and menopause a few years after treatment finishes.

Radiation therapy

This treatment uses high-energy waves, similar to x-rays, to kill or slow the growth of cancer cells. Radiation given directly to or near the ovaries or vagina can cause temporary or permanent menopause. Radiation to the brain can also cause damage to the pituitary gland, which plays an important role in the production of sex hormones that regulate the menstrual cycle.

Surgery

Surgical removal of cancerous tissue in or near organs such as the ovaries, cervix or uterus can affect fertility. Surgery to the brain near the pituitary gland can also affect fertility as this gland is involved in the production of sex hormones that regulate the menstrual cycle.

Hormone therapy

Some hormone therapies can affect the oestrogen-based hormones that are necessary for fertility.

Other treatments

Research is still being done on newer cancer treatments such as targeted therapies and immunotherapy. Their effect on future fertility is not completely understood at this point.

Are fertility changes permanent?

The effect of cancer treatment on fertility may be temporary or permanent, depending on:

- your age (fertility naturally declines with age)
- whether you have existing fertility problems
- the type of cancer you have
- the treatment(s) you have.

What should I do?

Each person's situation, treatment plan and diagnosis is different. Before starting treatment, talk to your doctor, nurse or radiation therapist about:

- whether you may want to have children (or more children) in the future
- how your treatment may affect your fertility
- what fertility preservation options are available.

Your doctor may refer you to a fertility specialist.

Key terms

AFAB/PFAB: Assigned female at birth/Presumed female at birth

Fertility: Ability to conceive or reproduce

Hysterectomy: Surgical removal of the uterus

Infertility: Inability to conceive or reproduce

Menopause: When menstrual periods permanently stop

Ovaries: Two small glands in your abdomen which hold a supply of eggs

Uterus: Organ where a baby can grow and develop

! Important

- You may still be able to get pregnant during and immediately after your cancer treatment.
- You should use a reliable method of contraception because some cancer treatments can harm an unborn baby.
- Ask your doctor or nurse about what contraception to use during your treatment.
- Talk to your doctor, nurse or radiation therapist immediately if you:
 - are already pregnant
 - think you may be pregnant
 - become pregnant during your treatment.

i For more information

- **Cancer Council** has a booklet called *Fertility and Cancer*. Call 13 11 20 or visit [cancer.org.au/about-cancer/living-with-cancer](https://www.cancer.org.au/about-cancer/living-with-cancer)
- **Canteen** has a resource called *Maybe later baby?* A guide to relationships, sex and fertility for young people affected by cancer. Visit [canteen.org.au](https://www.canteen.org.au)
- **FUTuRE FERTILITY** is the first Australasian oncofertility registry and has several resources on its website. Visit [futurefertility.com.au](https://www.futurefertility.com.au)
- **TransHub** - Fertility is a concern for some trans and gender diverse people for a range of reasons. Visit [transhub.org.au/fertility](https://www.transhub.org.au/fertility)

For information for patient and carers scan the QR code



T: (02) 8374 5600
E: feedback@eviq.org.au
W: [eviq.org.au](https://www.eviq.org.au)