

Cancer, Fertility, and Sexual Health

For Adults Assigned
Female at Birth (AFAB)



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This handout will provide you with information about options for preserving your fertility.

Fertility is the ability to have biological children.

Your medical team will speak with you about your diagnosis, treatment, and any risks to fertility. They can also refer you to a fertility specialist to talk about your options.

Your experiences and preferences regarding your sexual and reproductive health are important.



The Basics: Why do we need to talk about this?

- A cancer diagnosis can be scary, overwhelming, and confusing. One thing you may want to think about is how cancer and treatments can affect your fertility now or in the future.
- Cancer treatments can affect how you think and feel about your body. This can affect your relationships, sexual health, and your ability to have children.
- It is normal to feel scared or worried. Having to think about whether you might want to have children in the future may add to your worries.
- There are many things which may influence your decisions about your fertility, such as:
 - Gender
 - Sexual orientation
 - Culture
 - Past experiences
 - Family views
 - Cost

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I asked about the possible impact of my treatment on my fertility and the doctor said, “I don’t know, just try to get pregnant.”

-Patient/Family Advisor

”

B**Fertility Risk**

Will cancer impact my ability to have children?

Cancer and its treatments may impair the function of your reproductive organs including the uterus and ovaries. These changes may be short-term or long-term.

Cancer treatments that may affect fertility include surgery, systemic treatment (chemotherapy, immunotherapy, and targeted therapy), and radiation treatment.

These treatments might:

- Reduce the number of healthy eggs, which can cause early menopause.
- Cause ovaries to age faster.
- Reduce the quality of eggs.

Hormone-blocking treatment might delay your ability to have children for several years.

Sometimes, infertility happens for reasons that are not related to cancer.



Fertility Preservation Options

Individual adults assigned female at birth are born with about two million eggs stored within two ovaries. The number of eggs in the ovaries (known as the ovarian reserve) naturally decreases over time. When there are very few eggs left, menopause begins, usually around the age of 50.

Fertility preservation saves or protects your reproductive organs and eggs. This may give you an opportunity to have biological children in the future.

Ovarian Suppression: A medicine is given by injection every 1-2 months to stop the ovaries from releasing eggs while getting cancer treatment.

Egg (oocyte) Banking: A medication is taken for 9-14 days which makes the ovaries produce more eggs than usual. Eggs are then surgically removed from the ovaries and frozen. They can be used later to make embryos with sperm.

Embryo Banking: Eggs are removed, fertilized with sperm to make an embryo, and then frozen for later use.



Fertility Preservation Options

Ovarian Tissue Banking: A piece of the ovary can be removed surgically before treatment, frozen, and saved. Later, when you are ready to have children, the tissue can be reimplanted through another surgery.

Gonadal Shielding and Conservative Gonadal Surgeries: A special shield can protect the ovaries and other organs during radiation treatment.

Oophoropexy (Ovarian Transposition): If an ovary might be affected during treatment (like radiation), it can be surgically moved to a safer part of the body to protect it. After treatment, it can be put back in its normal spot.

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Treatments That May Affect Fertility

1 Systemic Treatment

Systemic treatment is medicine that travels through your blood to find, damage, and destroy cancer cells. These treatments include chemotherapy, immunotherapy, and targeted therapy. Some medications affect the ovaries more than others. This may depend on the amount or combination of medications.

Your medical team will talk with you about your treatment plan and how it might affect fertility.

2 Surgery

If you have a gynecological cancer, such as cervical, endometrial, or ovarian, you may need to have surgery to remove the uterus or ovaries. This may impact your ability to have children. Some other types of surgery may also impact fertility—please ask your health care provider if you have questions.

3 Hormone-Blocking Treatment

Some types of cancer grow faster because of hormones in the body. Medications called hormone blockers can stop these hormones from working. This helps control the cancer and might reduce the chance of it coming back, but can also impact fertility.

Treatments That May Affect Fertility

continued

4 Radiation Treatment

Radiation treatment uses strong x-rays to destroy cancer cells and shrink tumours. It can damage the reproductive organs, which may affect fertility. How much damage will depend on what part of the body is being treated and how much radiation is used.

Radiation to the pelvis can cause:

- Damage to the eggs.
- Damage to the uterus, which could mean you may not be able to carry a baby.

To try to prevent this from happening, you may consider:

- Shielding these areas during radiation treatment (gonadal shielding).
- Moving the ovaries. This is a minor surgery, and it moves the ovaries away from the area the radiation will affect.

Radiation to the brain can sometimes affect the pituitary gland. The pituitary gland produces hormones that help ovaries mature and release eggs.

Total body irradiation treatment is when the whole body is given radiation treatment. This gives you a high dose of radiation and may cause infertility. It is sometimes used before stem cell transplants.

E

Sexual Health and Cancer

✓ Is it safe to have sex during my treatment?

You can still have sex during treatment, but both you and your partner should use birth control and barrier methods, such as condoms and dental dams. It is normal to have lower interest in sex during cancer treatment. If you experience this, it is not necessarily permanent.

✓ Why is it important to use birth control & barrier methods?

Some cancer medications can stay in your body fluids up to 5 days after treatment. It is recommended that you use barrier methods for sexual intercourse and oral sex so that these medications do not get passed on to your partner through body fluids. Ask your medical team how long you should follow this guideline if you are unsure. Becoming pregnant during cancer treatments may cause birth defects.

✓ What should I do if I have become pregnant?

Tell your medical team right away so you can talk about next steps.

Resources on Sexual Health and Cancer can be found by scanning this QR code.





Start the Conversation



When should my medical team and I talk about preserving my fertility?

Your medical team should talk to you about how treatment could affect your fertility before you start your treatment.

Sometimes, having this discussion before treatment is not possible due to the severity of illness and/or urgency to begin cancer treatment.

If they haven't talked to you about it yet, you can ask them how or if your treatment may affect your fertility and what your options are for the future.



Start the Conversation

—continued



Questions to get the conversation started

- What are the risks to my fertility with my cancer diagnosis and treatment plan?
- What can I do to preserve my fertility?
- What is my risk if I delay treatment for fertility preservation?
- If I don't preserve my fertility before treatment, what are my options after treatment?
- How will I know if I am fertile after treatment?
- How long do I need to wait after my cancer treatments finish before I start or continue having biological children?
- Can you tell me how my cancer and cancer treatment may affect my fertility plans?



Post-Treatment

Going through cancer treatment can be challenging and bring up many different feelings. After treatment, it may take time to think about relationships, sex, or having children. It may also take time to adjust to changes in your body and in your life.

More information is available to you in a separate handout called “Fertility after Cancer Treatment”. You can ask your medical team for this handout whenever you feel ready to learn more.



Notes

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This image shows a full page of primary-ruled paper. It features ten sets of horizontal lines spaced evenly down the page. Each set consists of three lines: a solid top line, a dashed middle line, and a dotted bottom line. This format is commonly used for teaching handwriting to young children, where the solid line defines the height of capital letters, the dashed line indicates the height of lowercase letters, and the dotted line marks the baseline. The paper is otherwise blank, with no margins or additional markings.

This resource was made in partnership and collaboration with patient and family advisors, valuing their lived experience and expertise.

This resource was adapted from existing Cancer Care Alberta resources.

Production of this resource has been made possible through collaboration and financial support from the Canadian Partnership Against Cancer Corporation and Health Canada.

The views expressed herein do not necessarily represent the views of Health Canada or the Canadian Partnership Against Cancer.

Atlantic Canada Oncofertility is an umbrella term which refers to the Oncofertility Coordinators from NS, NL, PE, patient and family advisors from all Atlantic Provinces, and leadership from the Atlantic Provinces Pediatric Hematology Oncology Network (APPHON) as the project leads for the Oncofertility Project.

December 2025

The information in this pamphlet is to be updated every 3 years or as needed.

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