



ATLANTIC CANADA  
ONCOFERTILITY



# Cancer, Fertility, and Sexual Health

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For Adults Assigned  
Male at Birth (AMAB)



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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.**

**A**

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

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- 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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It was never something I worried about at the time, but now I'm starting to think about it and have no idea if I will be able to have children.

*-Patient/Family Advisor*

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**B****Fertility Risk**

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**Will cancer impact my ability to have children?**

Cancer and its treatments may impair the function of your testicles and/or sperm. 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:

- Decrease the number of sperm.
- Lower sperm production.
- Reduce the quality of sperm.

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

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



## **C** Fertility Preservation Options

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AMAB individuals assigned male at birth begin to produce sperm once they reach puberty and will continue to do so over their life. Sperm is contained in semen that is released during ejaculation through masturbation or sex.

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

**Sperm Banking:** You will give a semen sample through masturbation which is then checked for sperm, frozen, and stored for future use. This should be done before starting cancer treatment, if possible.

**Electroejaculation:** If you can't ejaculate on your own, an electric probe can be used to help release semen.

## **C** Fertility Preservation Options

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continued

**Surgical Sperm Extraction:** If you can't ejaculate on your own, sperm can be taken directly from the testicles and stored for future use.

**Gonadal Shielding:** A special shield can protect the testicles and sperm during radiation by covering the area.

**D**

# Treatments That May Affect Fertility

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## 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 testicles and sperm more than others. This may depend on the amount or combination of medication.

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

## 2 Surgery

If you have testicular cancer, you may need surgery to remove one or both testicles. This is called an orchiectomy. If you have one testicle removed, it may not affect your fertility, but if both are removed, you will no longer be able to produce sperm. 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. Medicine 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.

# **D** 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 the testicles to stop producing sperm.

- To try to prevent this from happening, you may consider gonadal shielding.

Radiation to the brain can sometimes affect the pituitary gland. The pituitary gland produces hormones that help testicles to produce sperm.

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

## E

## Sexual Health and Cancer

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### ✓ **Is it safe to have sex during my treatment?**

If you are interested in having sex during treatment, speak to your health care provider about safe sexual practice. For example, 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. You should 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.

Pregnancy during cancer treatment may cause birth defects. If your partner becomes pregnant, please inform your health care provider.

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



**F****Start the Conversation**

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**✓ 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.

**F****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?

## **G** Post-Treatment

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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.









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

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The information in this pamphlet is to be updated every 3 years or as needed. This is an unofficial document if printed. Please go to <https://www.apphon-rohppa.com/> for all up to date information.

