Survivors’ Experiences with Fertility

“"I got my second diagnosis at 31 after I had been cancer-free for 5 years. I had been thinking about having a baby, and the news that my treatment could complicate that was devastating. At the time, everything was a whirlwind. The last thing I wanted to worry about or research was fertility treatment.

LIVESTRONG made it financially possible for my husband and me to freeze embryos. While I was going through treatment, my sister-in-law, Lisa, volunteered to be our surrogate. We were afraid having a baby was never going to happen. LIVESTRONG made the impossible possible.”

—SARAH, 33, Two-Time Breast Cancer Survivor

EACH YEAR, MORE THAN 140,000 AMERICANS under the age of 45 are diagnosed with cancer. These individuals face a risk of infertility due to their diagnosis as well as their cancer treatment, particularly from higher dosage and longer treatments. For all individuals diagnosed with cancer who may want to have a child in the future, it is critical that they understand how treatment could affect their fertility and learn about the options for fertility preservation before treatment begins.

The LIVESTRONG Foundation provides fertility services that help individuals diagnosed with cancer become informed about reproductive risks and access fertility preservation options. LIVESTRONG Fertility (www.LIVESTRONG.org/fertility) provides information about the following topics:

› Fertility resources
› Cancer and fertility risks
› Fertility preservation options
› Parenthood options.

MOST SURVIVORS DO NOT TAKE STEPS TO PRESERVE FERTILITY

The 2012 LIVESTRONG Survey provides important information about survivors’ experiences with cancer treatment and fertility. This brief summarizes the answers of 1,333 survey respondents who were diagnosed as adolescents or young adults between 15 and 39 years old.

Seventy-six percent of these survey respondents said that they did not try to preserve their fertility before they were treated for cancer. The most common reason for not seeking fertility preservation was a lack of interest in having any or any more children (42% male, 39% female). However, many other survivors did not seek fertility preservation because they did not have information about risks of infertility and preservation options, or they experienced other barriers.

SURVIVORS REPORT BARRIERS TO FERTILITY PRESERVATION

Approximately 14% of males and 21% of females did not receive any information about ways to preserve their fertility before their treatment began (Figure 1). Other reasons that respondents did not seek fertility preservation included not having enough time (18% male, 25% female) and expense (14% male, 13% female).
THE MAJORITY OF SURVIVORS WHO WANT TO CONCEIVE ARE SUCCESSFUL

About 18% of survivors tried to conceive after their treatment ended; of those, 65% of males and 58% of females were successful. Among the survivors who were able to get pregnant, approximately 90% of males and 97% of females achieved pregnancy through natural means. Other methods that respondents used were in vitro fertilization (9% male, 5% female), intrauterine insemination (9% male, 5% female), and sperm/embryo/egg preservation (3% male). (Please note that some respondents reported using more than one method.)

WOMEN PAY MORE FOR FERTILITY PRESERVATION

Overall, women paid more for fertility preservation than men (Figure 2; \( p < 0.001 \)). Among survivors who took steps to preserve their fertility, 43% of men paid less than $1,000 compared with only 22% of women. Women were more likely than men to report expenditures of $10,000 or more.