Fertility preservation

How common is cancer in adolescents and young adults?
Around 1000 Australian males aged 15 to 29 are diagnosed with cancer each year. The most common cancers in adolescent and young adult males are melanoma (skin cancer), Hodgkin’s disease and cancer of the testis.

How does cancer affect fertility in males?
For many adolescent and young adult survivors of cancer the chance of having children later in life can be affected by cancer or more commonly cancer treatment. At the time of diagnosis future fertility and parenthood may not seem a high priority. However, the best time to take steps to preserve fertility is before cancer treatment starts. Cancer also affects older men who may still want to have children. Cancer treatments in these men also affects their fertility and they should think about fertility preservation before cancer treatment.

Any type of cancer, especially a more aggressive cancer, can affect sperm production. Males diagnosed with testicular cancer often have lower fertility before treatment starts. Treatment can reduce fertility further.

In the longer term following a cancer diagnosis, many men will still be able to father healthy children naturally, even if they have a lowered sperm count.

How do cancer treatments affect fertility?
Cancer treatments include surgery, radiation and chemotherapy. Cancer treatments can cause temporary (up to five years following treatment) or long-term (permanent) fertility problems. The level of fertility after treatment depends on the type(s) of treatment used, the duration of treatment, and the age and fertility of the man before diagnosis.

For men who are sexually active, it is important that conception does not happen during cancer treatment; sperm DNA can be damaged during treatment and for some time afterwards. Contraception should be discussed with the doctor.

How does chemotherapy affect sperm production?
Chemotherapy or ‘chemo’ is a very common form of cancer treatment. Chemotherapy medicines act to stop or slow the growth of cancer cells. Chemotherapy also attacks normal cells, such as the cells in the lining of the sperm-producing tubes in the testis. Chemotherapy can temporarily or permanently destroy developing sperm cells and hormone-producing cells.

How does radiotherapy affect sperm production?
Radiation treatment or ‘radiotherapy’ uses high energy X-rays to kill cancer cells in a specific area while limiting damage to normal cells. Radiotherapy for testicular or other cancers near the testes can damage the testis, leaving permanent problems with sperm production.

Radiotherapy to the whole body (used before a bone marrow transplant) and radiation to the brain can also lower male fertility by affecting the glands that make hormones that act on the reproductive system.

As radiation to the testes can cause genetic damage in the early development stages of sperm (germ cells), it is best to avoid attempting a pregnancy for six to 12 months (depending on the type of treatment) after radiotherapy.

How does surgery affect fertility?
Fertility can be affected when a man has a testis surgically removed (orchiectomy) to treat testicular cancer. Cancer in a single testis may not affect the chance of having children if the remaining testis continues to make testosterone (male sex hormone) and sperm. Surgery within the pelvic region (such as for bladder or colon cancer) can sometimes damage nerves in the region leading to erection and/or ejaculation problems.

What is fertility preservation for males with cancer?
If you are diagnosed with cancer as an adolescent or young adult, it is important to consider your fertility, as you may wish to have children in the future. If you are an older man with a cancer diagnosis, you may also want the option of having children in the future. Your fertility can be preserved before treatment for cancer begins, so it is important to know about the risks and options soon after cancer is diagnosed. Many health professionals are able to help and support you when making decisions about preserving fertility. The main option for preserving fertility is semen or sperm storage (sperm banking) before cancer treatment starts.

Why is sperm storage important?
All men with hopes for future fertility, who are going to have chemotherapy or radiotherapy should speak to their doctors about their fertility before treatment begins. It is highly recommended that semen samples are produced (through masturbation), if possible, for sperm storage (also known as sperm banking) before chemotherapy or radiotherapy.

Semen can be frozen and stored long-
Fertility preservation

term for future use. If a man wants
to father a child at a later stage, the
frozen semen is thawed and used in
fertility treatments such as IVF (in vitro
fertilisation). Modern treatments can be
successful with just a few moving sperm.

When should sperm be stored?
It is recommended that sperm are
collected before treatment begins but if
that is not possible, in some cases sperm
can be collected within certain periods
during treatment. You should talk to your
doctor about this.

Where can sperm be stored?
Specialist centres providing IVF and other
assisted reproductive technology often
have sperm storage facilities. Sperm are
frozen and kept in liquid nitrogen (-196˚C)
for long-term storage.

What other options may be
available to store sperm?
Some males are not able to produce a
semen sample by masturbation because
they feel so unwell or anxious, or are
unable to get an erection or ejaculate
for various reasons. In some cases, tissue
samples containing sperm can be taken
from a small piece of testicular tissue
(biopsy). If sperm are found, the sample is
frozen and stored for later use.

Are there problems with children
born to males after cancer?
There are no known risks to children born
using frozen semen collected from males
before cancer treatment. If your sperm are
collected during treatment, it is important
to speak to a genetic counsellor about any
possible risks to children conceived from
those sperm.

How is frozen sperm used later
for fertility?
Stored sperm is thawed and can be used
in either of the following ways to achieve
a pregnancy, depending on the amount
and quality of the sperm:

- artificial insemination/intrauterine
  insemination (IUI): semen is transferred
  into the uterus via the vagina with a small
  tube
- IVF: the woman is given hormones
  so her ovaries release several eggs. The
  eggs are removed in a small operation,
  fertilized with the sperm in a laboratory
  and then placed into the woman’s uterus.

When is the best time to talk to
your doctor?
The best time to talk about fertility is
as soon as possible after your cancer
diagnosis. This will allow time to get all
the information you need to make a
decision about fertility preservation.

Who can you talk to about cancer
and fertility?
At the time of a cancer diagnosis you may
have many feelings and thoughts about
what cancer means now and in the future.
Health professionals involved in cancer
treatment can talk to you about possible
risks to your fertility. You may be referred
to a fertility specialist and social workers,
psychologists or genetic counsellors may
be available. Parents, partners or family
members can be helpful at this time.

What factors might influence
your decision?
The decision to store sperm is a very
personal one. The cultural or religious
beliefs of a young man and his family, or
his sexual orientation, may be important
factors in his decision. Guidance from
family and health professionals may
be important for you when making a
decision about cancer treatments and
fertility. Sperm storage for boys and
adolescents with cancer needs careful
management. It can be difficult for males
to come to terms with the diagnosis of
cancer at a young age and fatherhood is
not usually the main concern. Producing
a semen sample by masturbation can be
stressful for young men. Family support
and encouragement without pressure can
be extremely valuable.

How is fertility followed up after
cancer treatments have finished?
Follow-up after cancer treatment depends
on the type of cancer and the treatment.
It is important to see a specialist for long
term follow-up. Regular semen testing will
check if fertility has been reduced and if it
improves over time. Sometimes cancer and/
or treatments lead to low testosterone levels
that may need testosterone replacement
therapy. Testosterone levels can be checked
with a blood test. A referral to a fertility
specialist may be needed when thinking
about having children. The fertility specialist
will talk about your options if fertility has not
returned to normal.

Where can I find more
information and support?
- CanTeen: www.canteen.org.au
- Maybe Later Baby: booklet available at
  www.canteen.org.au
- Andrology Australia consumer guides: Male
  Infertility and Testicular Cancer
- Future Fertility patient resources at
  resources/
- Victorian Assisted Reproductive
  Treatment Authority (VARTA) at
  https://www.varta.org.au/information-
  and-support
- Cancer Council Information and
  Support: Tel: 13 11 20
- Oncology or fertility departments
  at major hospitals and assisted
  reproduction clinics

Expert reviewers

Professor Rob McLachlan, AM
MBBS FRACP PhD
Andrology Australia
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