Background
If you need cancer treatment while you are younger, you may be wondering if you'll still be able to have children in the future. Many treatments for cancer can pose particular risks to your future fertility. The risks can be temporary or permanent and in some cases could result in infertility.

This could be caused by
- The ovaries being unable to produce mature eggs (ovarian failure)
- Disruption in hormonal signalling between the brain and ovaries
- Damage to the uterus or fallopian tubes from surgery to the abdomen or pelvis or radiotherapy
- Chemotherapy causing temporary or permanent damage to eggs and follicles

If you are about to undergo cancer treatment your oncologist will discuss with you whether referral for fertility preservation is an option for you. A member of your oncology team will arrange an appointment with a fertility specialist in the Fertility Unit and your oncologist will send a medical referral to the Fertility Unit. These appointments for you and your partner (if you have one) will need to be arranged quickly to optimise fertility treatment fitting in the time available before you start your cancer treatment.

Who is eligible for fertility preservation at RPAH?
Women aged between 16 and 38 years who are about to undergo treatment that may compromise their future fertility.

What options are available for fertility preservation at RPAH?
There are several options that your fertility specialist will discuss with you. The type of cancer you have, your treatment plan, your age and circumstances will all need to be considered. Options are
- Freezing embryos: If you have a partner, depending on the circumstances of your relationship, you can choose to undergo IVF treatment prior to commencing chemotherapy and radiotherapy, and any resulting embryos can be frozen for future pregnancy attempts, often years later.
  An IVF cycle involves 10 to 14 days of hormone stimulation prior to the woman’s mature eggs being collected and fertilised with her partner’s sperm in the laboratory
- Freezing eggs: While embryo and sperm freezing are well recognised infertility treatments, with many thousands of babies born as a result, egg freezing is a relatively new option for women who want to preserve their fertility. Women who undergo egg freezing have a stimulated IVF Cycle with egg collection followed by freezing of unfertilised eggs. When the woman is ready to use her egg, they are thawed and then fertilised with sperm. This procedure is still considered in its research stage because so few babies have been born in this way.
- Ovarian tissue freezing: There are now several studies suggesting ovarian tissue freezing could be another treatment option, though rarely a first choice. This is usually an option for patients with no time to complete IVF before their chemo/radio therapy start. It involves removing a small piece of ovarian tissue from one ovary and then freezing the tissue. Later when you are ready to conceive, the ovarian tissue is grafted back into your pelvis. About 9 months later a grafted ovarian tissue can start to produce reproductive hormones with subsequent follicular development. Pregnancy can be achieved with ovarian stimulation or as has been reported, naturally. At present we consider this treatment to be experimental and further research will need to be completed before this will become routine clinical treatment.

- Using medication to protect your ovaries from damage during chemotherapy.

**What will happen in our first meeting with the fertility specialist?**
At this meeting the doctor will review your reproductive history and determine which further investigations need to be done. This will include blood tests, a pelvic ultrasound, and if you have a partner, a semen analysis. The commencement of an IVF cycle will be determined by the stage of your menstrual cycle.

**Will I meet with other staff in the Fertility Unit on my first visit?**
As well as meeting with the fertility specialist you will meet with a member of the nursing staff who will give you with further detailed information about your treatment choice. You will also meet with the unit’s counsellor who can offer support and guidance in making decisions with the pressure of time constraints.

**How much will this cost?**
Please discuss costs, depending on your treatment, at the time of your referral. Regarding cryopreservation of embryos or eggs, there is a fee of $324 for vitrification (freezing) of the embryos or eggs and another fee of $162 for every six months cryostorage.

**What are the contact details for the Fertility Unit?**
Our direct phone contact is (02) 95158824. The Fertility Unit is located on level 5 (the level you enter from Missenden Road) of the main building (Building 89) at RPAH. Facing the main lifts you will see a doorway to Women’s Ambulatory care on the left of the lifts. Go through that door, walking straight down the corridor until you cross another corridor. You will see a small waiting area and a sign for the Fertility Unit.