

SEXUAL LIFE, FERTILITY AND PREGNANCY

This leaflet discusses sex, fertility and pregnancy during cancer treatments. You should discuss these issues **before** starting the treatment, so that, together with your oncologist, you can be sure of making the right choices for your future.

Sex life

During chemo or hormonal therapies there is no reason to alter your sex life.

However, treatments such as chemotherapy or radiation therapy can cause a decrease in sexual desire due to the fatigue, stress, anxiety, etc. that can accompany them. This is very common and should not affect the relationship: this is a time for emotional support, openly sharing emotions and strengthen your relationship.

However, throughout this period it is crucial to use contraceptives because:

- × Some of the drugs used in chemotherapy can cause fetal anomalies.
- A pregnancy right after treatment can increase the risk of relapse (depending of the age at which the cancer is diagnosed, the type of tumor and the stage of the disease).

Each case should be openly discussed with you physician so that you have the most appropriate information.



Fertility and treatment

Men

Some types of cancer can affect your fertility even before treatment. They lower sperm count, lead to abnormalities or reduce sperm mobility.

Cancer treatments can also cause problems by:

- Affecting testicles ability to produce healthy spermatozoa.
- Damaging the structures involved in ejaculation.
- Reducing the hormonal levels responsible for stimulating the production of sperm.

Not all treatments cause these changes, but when they do, there can be short- or long-term infertility. Sometimes even sterility (which is permanent).

Infertility does not affect sexual ability, but makes it impossible for a man to have children. However, one day you may want to build a family. Even if you are already a parent, you may want to have more children

This is why is so crucial that you discuss all this with your doctor **BEFORE** receiving chemotherapy. Because you can put your sperm in a sperm bank for future use before starting treatment.

While on chemotherapy, you should still use condoms or other contraceptive methods because chemo can cause

chromosomal abnormalities that lead to fetal defects.

When you finish your treatment, ask your doctor when will be safe to stop using contraceptives.

Enquire as well how to protect your partner: some chemicals used in chemotherapy can stay present in the semen for a short time after treatment. The use of condoms is essential to minimize your partner's contact with these chemicals, protecting her/him.



Woman

Cancer treatments can affect women's fertility either temporarily or for life:

- Surgery, such as oophorectomy (that removes the ovaries), eliminates organs crucial for pregnancy.
- Radiotherapy to the pelvis area or some of the chemicals used in chemotherapy can destroy ovary follicles, reducing the number of healthy eggs, and making pregnancy difficult.
- Radiation therapy to the pelvis can also cause changes in the uterus. As a result, might be difficult for the embryo to stay attached to it, or the uterus itself may not be able to stretch with the developing fetus. In these cases the woman might have a spontaneous abortion, or the baby be born premature or underweight.
- Surgery or radiotherapy to the brain can affect the body's ability to produce the hormones necessary for the menstrual cycle. As a result, there is no ovulation.
- Radiotherapy or chemotherapy can make menstrual periods irregular or stop them completely. With the end of treatment, they will (although not always) come back. It is difficult to predict which women will regain fertility and which ones will develop premature menopause.

Keep in mind that just because you do not have menstruation, it does not mean that you are infertile. Receiving a cancer diagnosis and coping with its treatment(s) is not easy. Nonetheless, if in the future you want to build or extend your family, there are options available to preserve your fertility.

You can collect your eggs to store in a cryopreservation bank for future use. This option, however, has risks, such as delaying your treatment. Discuss with your doctor the possibilities. It is important that you make the best decision for you.

These conversations with your doctor need to be done **BEFORE** starting the treatment



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Pregnancy and chemotherapy

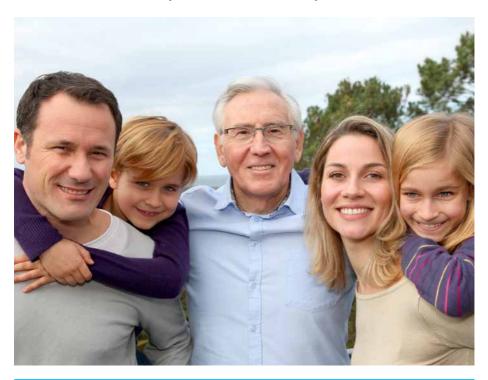
During your cancer treatment, you should not get pregnant. Both radiotherapy and chemotherapy can cause birth defects.

If you are already pregnant when your cancer is diagnosed, it may be possible to postpone the chemo until the baby is born or to adjust the treatment schedule according to your pregnancy trimester to minimize the risk to the baby.

If you cannot delay your treatment because it is too dangerous for you, the doctor may suggest starting treatment after the 12th week of pregnancy, when the fetus is past the highest risk period. In some cases, an abortion may be advised.

Even if you are not having menstruation:

- Always prevent pregnancy by using barrier contraceptives, such as condoms or diaphragm. Ask your doctor when is safe to stop using them.
- Do not use oral contraceptives (they contain estrogen and progesterone, which can stimulate tumor growth).
- Keep in mind that having no period does not necessarily mean that you have became infertile. If some women will go through a premature menopause, many others will regain fertility once the treatment ends.





PATIENT INFORMATION LEAFLETS ARE NOT MEANT TO REPLACE THE INFORMATION, ADVICE AND SUPPORT PROVIDED BY YOUR DOCTOR

Sources: American Cancer Society, Sloan Kettering Cancer Center, Mayo Clinic and recent research papers / Scientific Review: Maria Rita Dionísio, Médica Oncologista, Fundação Champalimaud / Content: Susana Lamas, Dr Catarina Amorim / Project coordination: Filipe Santos Silva / Design: www.setudiorjdesign.com / Illustrations: www.zecardoso.com / Project by: Public Awareness of Cancer Unit, IPATIMUP October 2018 / + info: www.cancronafamilia.org

















