

Options for Preserving Reproductive Health before Cancer Treatment

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A cancer diagnosis can be overwhelming and often involves aggressive treatment that can have significant effects on reproductive health. The treatment of cancer can cause infertility or other complications that can impact a person's quality of life. It is important for individuals facing cancer treatment to be aware of options for preserving reproductive health before undergoing treatment. In this article, we will explore some of the options available for preserving reproductive health before cancer treatment. Sperm banking is a common option for men who are facing cancer treatment that could impact their fertility. This involves the collection and freezing of semen samples for future use. Sperm can be collected through ejaculation or through a surgical procedure called testicular sperm extraction (TESE) in cases where ejaculation is not possible [1].

Sperm banking should ideally be done before starting cancer treatment. The quality and quantity of sperm can be impacted by cancer treatment, and the effectiveness of sperm banking decreases over time. Sperm banking can also be expensive, so it is important to discuss the cost and insurance coverage with a healthcare provider. For women, options for preserving reproductive health before cancer treatment include egg or embryo freezing. These techniques involve the collection and freezing of eggs or embryos for future use. Egg freezing involves the collection of eggs through a process called ovarian stimulation followed by egg retrieval. The eggs are then frozen for later use. Embryo freezing involves fertilizing the eggs with sperm to create embryos, which are then frozen for future use [2].

Similar to sperm banking, egg or embryo freezing should be done before starting cancer treatment. The success rates of egg or embryo freezing decrease with age, so it is important to discuss the timing of the procedure with a healthcare provider. Egg or embryo freezing can also be expensive, and the cost and insurance coverage should be discussed with a healthcare provider. Another option for preserving reproductive health before cancer treatment is ovarian tissue freezing. This technique involves the surgical removal of ovarian tissue, which is then frozen for future use. This technique is still considered experimental, but it has shown promising results in restoring fertility in some cases [3].

Ovarian tissue freezing may be a good option for women who are

unable to undergo ovarian stimulation for egg or embryo freezing, such as those who have hormone-sensitive cancers. However, the effectiveness of ovarian tissue freezing is still being studied, and it may not be available at all healthcare facilities. Gonadotropin-releasing hormone (GnRH) agonists are medications that can be used to suppress ovarian function during cancer treatment. These medications work by temporarily shutting down the ovaries, which can help protect them from the effects of chemotherapy or radiation therapy. GnRH agonists may be a good option for women who cannot undergo ovarian stimulation for egg or embryo freezing, but their effectiveness in preserving fertility is still being studied. It is important to discuss the risks and benefits of GnRH agonists with a healthcare provider [4].

In addition to the physical options for preserving reproductive health before cancer treatment, it is also important to consider the emotional impact of the diagnosis and treatment. A cancer diagnosis can be overwhelming and can cause significant stress and anxiety. It is important for individuals to receive psychological support during this time.

Psychological support can come in many forms, including therapy, support groups, or talking with a trusted friend or family member. Many cancer centers have resources available for psychological support, and it is important to discuss these options with a healthcare provider. For individuals who have already completed cancer treatment and are facing infertility as a result, there are still options for family building. These options include assisted reproductive technologies such as in vitro fertilization (IVF), donor eggs or sperm, or adoption. It is important to discuss these options with a healthcare provider and a fertility specialist to determine the best approach for each individual. It is also important to consider the emotional impact of these options and to receive psychological support as needed [5].

A cancer diagnosis can have a significant impact on reproductive health, but there are options available for preserving fertility before starting cancer treatment. These options include sperm banking, egg or embryo freezing, ovarian tissue freezing, and the use of GnRH agonists. It is important to discuss these options with a healthcare provider before starting cancer treatment to determine the best approach for each individual. In addition to the physical

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options for preserving reproductive health, it is also important to consider the emotional impact of a cancer diagnosis and to receive psychological support as needed. For individuals who have already completed cancer treatment and are facing infertility, there are still options for family building including assisted reproductive technologies and adoption.

By considering options for preserving reproductive health before cancer treatment and receiving support as needed, individuals can take steps to protect their fertility and quality of life after cancer treatment.

REFERENCES

1. Oktay K, Harvey BE, Partridge AH, Quinn GP, Reinecke J, Taylor HS, et al. Fertility preservation in patients with cancer: ASCO clinical practice guideline update. *J Clin Oncol*. 2018;36(19):1994-2001.
2. Del-Pozo-Lérída S, Salvador C, Martínez-Soler F, Tortosa A, Perucho M, Giménez-Bonafé P. Preservation of fertility in patients with cancer. *Oncol Rep*. 2019;41(5):2607-14.
3. Harada M, Osuga Y. Fertility preservation for female cancer patients. *Int J Clin Oncol*. 2019;24:28-33.
4. Santos ML, Pais AS, Almeida Santos T. Fertility preservation in ovarian cancer patients. *Gynecol Endocrinol*. 2021;37(6):483-9.
5. Rubinsak LA, Christianson MS, Akers A, Carter J, Kaunitz AM, Temkin SM. Reproductive health care across the lifecourse of the female cancer patient. *Support Care Cancer*. 2019;27:23-32.