

Postpubertal Fertility Preservation

After puberty, a girl can have eggs frozen. Most girls begin puberty between ages 9 and 15.

Egg Cryopreservation

Egg freezing (or oocyte cryopreservation) is an established method of preserving fertility. This may also be a good choice for women who do not have a partner.

For egg freezing, mature eggs are removed and frozen before being fertilized with sperm. This process may also be called egg banking. When the woman is ready to become pregnant, the eggs can then be thawed, fertilized and implanted in the uterus.

If you have frozen eggs, it's important to stay in contact with the cryopreservation facility to be sure that any yearly storage fees are paid and your address is updated. Once a couple is ready to have a child, the frozen eggs are sent to their fertility specialist.

Additional Resources

A number of resources are available to help you make decisions about fertility preservation. First, speak with your oncologist to make sure it is safe for your daughter to pursue fertility preservation. If you would like more information about the options available, or support as you consider the issues, ask your oncologist to refer you to the fertility preservation program at Miami Cancer Institute.

Cancer and Fertility

- Cancer.net (American Society of Clinical Oncology + Conquer Cancer Foundation)
- Cancer.org (American Cancer Society)
- Cancer.gov (National Cancer Institute)
- LIVESTRONG.com/Fertility
- MyOncofertility.org (Oncofertility Consortium of Northwestern University)
- SaveMyFertility.org

General information about fertility and fertility treatment

- ASRM.org (American Society of Reproductive Medicine)
- ReproductiveFacts.org
- INCIID.org (International Council on Infertility Information Dissemination)
- Resolve.org (National Infertility Association)

If you would like more information about the Fertility Preservation Program or want to speak to a fertility preservation advance practice provider, please call 786-527-8825 or visit MiamiCancerInstitute.com.



Miami Cancer Institute

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Educational Guide to Preserving Fertility in Prepubertal/Adolescent Females



**Miami Cancer
Institute**

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Chemotherapy and radiation can potentially damage developing ovaries in prepubescent and adolescent females during cancer treatment. In general, the higher the dose of chemotherapy or radiation and the longer the treatment, the greater the chance for such damage. Other reproductive risk factors include a patient's age, the type of drugs used and the area of the body receiving radiation.

Parents of children diagnosed with cancer face many difficult issues in a time of severe emotional distress. They are often so focused on their child's treatment and survival that it's hard to think beyond the present. But many children treated for cancer are survivors, and infertility can become an issue for survivors when they reach young adulthood.

Regardless of a family's choice to preserve fertility or not, it is important to have all the knowledge and the opportunity to make an informed decision. Speak with your oncologist to make sure that it is safe and necessary to pursue this option. He or she may make a referral to the fertility preservation program at Miami Cancer Institute after determining that it is necessary and safe for you to pursue fertility preservation.

Talking to a Child or Teen About Fertility

The oncology team will discuss fertility with the parents of an underage cancer patient, however, it should also be mentioned to the child as soon as she is old enough to understand. If she is not old enough to discuss fertility while she's being treated for cancer, parents may need to tell her about it around the time that puberty begins. A follow-up visit at the oncology clinic is often a good time to bring up the topic.

Given the chance, many parents will want to save their child's fertility. If the child is old enough to understand fertility when she's being treated, she should be asked if she agrees to the treatment. Even though she's not able to give full legal consent because of her age, a child who can understand must generally agree (this is called assent) before a procedure can be done. The parents also must give consent before the procedure, after being told the risks, complications, and success and failure rates.

Prepubescent Fertility Preservation

Although it's being studied, at this time there are no options that have been proven to preserve fertility in children who haven't gone through puberty. (Girls do not produce mature eggs until they go through puberty.) Therefore, the below listed measures are currently considered experimental and can only be performed in facilities with approved experimental study protocols.

Ovarian tissue freezing

One possible option before puberty is ovarian tissue freezing — having ovarian tissue removed in an outpatient surgical procedure and frozen for the future. In fact, this is the

only option at this time to spare a girl's eggs if she has not entered puberty. This option is experimental. Even in adult women, ovarian tissue grafted back into the woman's body after treatment has so far led to few documented successful pregnancies.

You might want to check into other experimental options to find out what may be available for your daughter. If you would like to discuss clinical trial options available for your daughter, our fertility preservation advance practice provider can refer you to a reproductive endocrinologist for more information and evaluation. Always speak with your oncologist to make sure that you have enough time before starting treatment to seek out experimental options and that it is safe and necessary to pursue this option.

Ovarian transpositioning

If radiation is to be aimed at the abdomen (belly), sometimes the ovaries can be shielded. In some cases, the ovaries may be surgically moved aside, out of the radiation area. They can be put back into the normal position (or might move back on their own) after treatment.

No intervention

You may also decide not to take any action to preserve your daughter's fertility if cancer treatment has a low risk of affecting fertility.

Some girls will have their periods return after cancer treatment, but they may still need to have hormone levels checked to find out if they are fertile. Some who are fertile in young adulthood may go through early menopause before they have time to have a family. It's important for your daughter to know that even if she has normal periods, she could still need to see a fertility specialist. It's best to see a specialist early in your daughter's reproductive years, soon after puberty. If available, mature eggs or embryos can be frozen at that time to preserve her fertility in case of early menopause.

