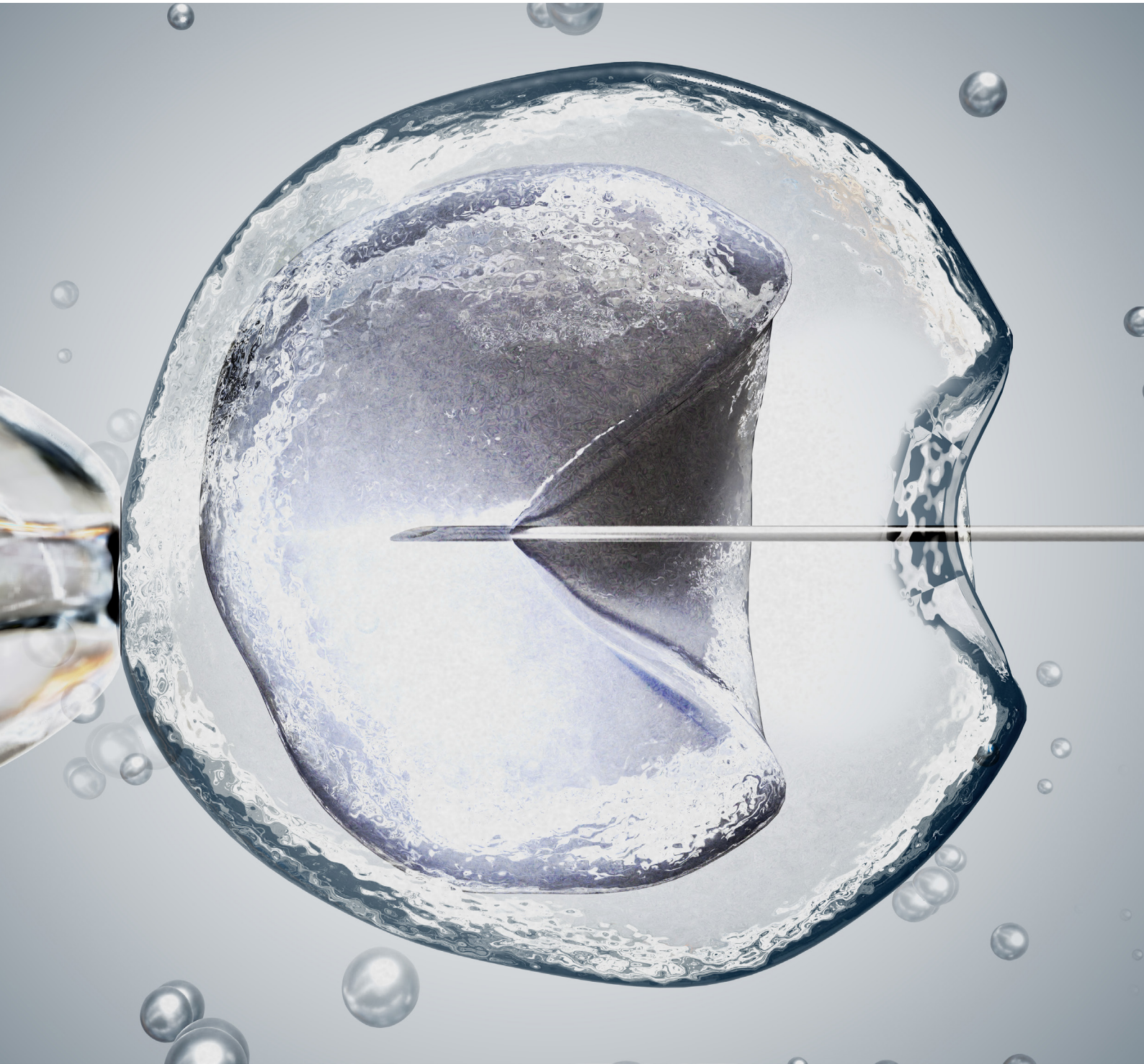


Fertility rights



What can I do to preserve my fertility?

There are two main stages to fertility treatment for those with cancer; preserving fertility (egg freezing etc.) and help to conceive (e.g. in vitro fertilisation (IVF)). The type of treatment you or your doctor might choose will depend on your age, gender, treatment plan and the likelihood of success.

It is important to be realistic about the chance of success when you discuss fertility treatments. Treatments that remove and preserve your gametes (sperm and eggs) usually result in them being harder to fertilise than if they were used in natural conception. IVF is also widely acknowledged as less successful than natural conception; the standard success rate is 40% if the woman is under 35, dropping to just 4% after 40.

Here are some explanations of options that might be suggested to you:

Preservation techniques:

Egg/Oocyte freezing:

This is where a woman's eggs are frozen in liquid nitrogen at -196°C and stored for a period (usually 10 years, can be agreed for longer). As eggs are mainly water, there is a risk that they can be damaged during the process. When they are used, they are less likely to be successful during IVF than fresh eggs and must have the sperm injected in directly (intracytoplasmic sperm injection, ICSI).

Sperm freezing:

This is where the man's sperm are frozen, in a very similar way as described above. However, sperm cope much better than eggs with the freezing process and so freezing sperm does not affect the ability to conceive as much.

Embryo freezing:

It is also possible to combine eggs and sperm, using IVF techniques, and then freeze the resulting embryos. They are frozen when they are between two and 8 cells in size. The water in the cells is removed and replaced with a substance that better protects the embryo whilst it is being frozen.

Ovarian tissue freezing:

This is more likely to be offered to those are too young to ovulate.

Ovulation is where the eggs, which form before you are born, leave the ovaries and go to the womb to be fertilised; it is a part of the menstrual cycle. It is harder to harvest eggs from those that do not ovulate.

Assisted conception techniques:

In vitro fertilisation (IVF):

This is the most well-known method of assisted conception. "In vitro" refers to the process of fertilisation taking place outside the body. Sperm and eggs can be mixed and left to fertilise naturally, or the sperm can be inserted directly into the egg (intracytoplasmic sperm injection, ICIS). Once the embryo has formed, it is inserted into the womb with hormones to help it survive. You could also freeze any leftover embryos at this stage, to allow for future pregnancies. IVF could also be conducted with donated eggs or sperm.

Intrauterine insemination (artificial insemination):

This is where high quality sperm are selected and injected into the womb. You may be asked to try this before you are eligible for IVF, if the woman produces healthy eggs (i.e. just the male partner has fertility issues/is affected by cancer). It is less invasive and cheaper than a cycle of IVF, and

again can be conducted with donated sperm.

Surrogacy:

Some parents choose to ask another woman to carry their child for them; this can be using the parent's own eggs and sperm, or donated ones. Surrogacy is legal in the UK, but it is illegal to pay a surrogate (other than reasonable expenses, such as lost earnings or travel to hospital). Surrogacy can be psychologically difficult for both the surrogate and the parents, so it is best to seek full advice before entering such a relationship. Equally, many people find surrogacy to be a wonderful process and many surrogates are close friends or family.

Am I eligible for any help with my fertility during my cancer journey?

Like all decisions about healthcare technology, there are guidelines from the National Institute for Health and Care Excellence (NICE) to advise NHS doctors about fertility treatment. These are guidelines CG156, last updated in September 2017. They set out the criteria regarding who should be offered each type of treatment on the NHS; there is a specific section describing the procedure for people who have cancer.

The key points are:

1. Your doctor should talk to you about effects on your fertility and offer you preserving treatment if they can.

If this doesn't happen, you should initiate this conversation as early as possible. Your doctor will only refuse you the chance to discuss preserving your fertility if they think you are at risk (e.g. you need emergency treatment).

2. You are exempt from eligibility criteria for preservation techniques

This is because your likelihood of infertility can be foreseen, as cancer treatments are well-established causes of infertility. For example, lower age limits

also do not apply to egg (oocyte) freezing treatments.

NOTE:

while criteria for starting preservation don't apply, you may still be subject to restriction on the length of time you can get help for (e.g. only storing eggs for 10 years).

3. The same eligibility criteria apply for when you come to use the preserved eggs, sperm or embryos.

You may have seen a lot of debate around entitlement to IVF in the news. NICE recommends that if people meet the criteria, they should receive 3 full cycles of IVF funded on the NHS. However, availability depends where you live as each CCG in England has its own policy based on what it thinks it can afford to provide, from 0 cycles to the full 3 recommended. Scotland, Wales and Northern Ireland have separate policies again.

Therefore, location is one of the biggest determinants for access to IVF on the NHS. Other criteria that you must meet to have IVF include:

- Whether you have had previous IVF, regardless of whether these were NHS or self-funded
- Age at time of starting

treatment

- Your use of illegal drugs

These criteria are likely to apply to other assisted conception methods too.

[Fertility Fairness](#) provides information on IVF availability across the UK, including general trends and how to the policy of your local CCG in England.

4. You should have the ability to speak to a fertility specialist.

This is a general rule in the guidelines, rather than applying to just cancer patients. If you are keen to undergo fertility treatment, speak to your specialist or your GP about a referral to the nearest centre. However, it may restrict your ability to seek some treatments if you are not able to travel to see a specialist (for medical reasons or because of the distance to the nearest clinic).

5. You are entitled to psychological help throughout the process

Regardless of the outcome of your fertility treatment, NICE says you are entitled to speak to a counsellor at every stage of the process. This should be someone independent from your family and friends or your cancer care team.

There are counsellors who specialise in helping people with fertility problems and some even specialise in fertility issues in cancer patients. Your fertility specialist or local centre should be able to provide this help, even if you are at the first stage of considering fertility preservation or treatment.

Where do I go for more information?

- [Fertility Network UK](#): This is a charity for anyone affected by fertility problems. Their website gives good information on how to think about your fertility and where to get support if you need it.
- [Surrogacy UK](#): For more information on surrogacy. There is also the government guidance available [here](#).
- [The Human Fertilisation and Embryology Authority \(HFEA\)](#): this is the independent government regulator for UK fertility services. They also provide information on preserving fertility, assisted conception techniques, ratings on clinics and funding information.
- The [NHS website](#) provides an overview of eligibility for IVF treatment.
- The [NICE guidelines](#) for fertility treatment are outlined on their website, with a specific section to help the public interpret them.

You can also contact the Advocacy team or our Nurse Advisor, by calling the helpline on 08088 010 444 or by emailing advocacy@leukaemiacare.org.uk.

If you have any further questions about your fertility rights, you can contact our Patient Advocacy team. They are available Monday to Friday from 9:00am – 5:00pm. If you would like to speak to them, you can:

- Call our helpline free of charge on 08088 010 444
- Send them an email at advocacy@leukaemiacare.org.uk

Please note that our Patient Advocacy team are unable to provide:

- Detailed medical advice or recommendations
- Legal advice
- Advocacy for a course of action which is contrary to the aims and objectives of Leukaemia Care.