

*January is Cervical Cancer awareness month. Cervical cancer was once a leading cause of cancer death for women. Today, screening and prevention have greatly reduced the impact of this form of cancer*

# Fertility and cervical cancer

Unfortunately, after most treatment for cervical cancer, you won't be able to get pregnant. This is because you may have:

- surgery to remove your womb (a radical hysterectomy)

- radiotherapy as part of your treatment that affects the womb. It may also stop your ovaries from working

### *Surgery for early cervical cancer*

If you have early cervical cancer, it may be possible to have surgery to remove the cancer but leave your womb in place. This way, you might be able to become pregnant in the future.

Your doctor will take into account your wishes to become pregnant when deciding on treatment.

### *Cone biopsy or LLETZ*

Your surgeon can remove areas of cervical tissue through:

- a cone biopsy

- LLETZ (large loop excision of the transformation zone)

You might have these treatments for very early stage cervical cancer

There is a small increase in the risk of having the baby early (premature birth). A baby may also have a low birth weight after these treatments. This can depend on the amount of cervical tissue that is taken away.

### *Radical Trachelectomy*

Another option for early cervical cancer (small stage 1 cancer) is a radical trachelectomy. Your doctor (gynaecological oncologist)



### **removes:**

- most of the cervix
- the upper part of the vagina

They put a permanent stitch around the internal opening of the cervix to hold it closed.

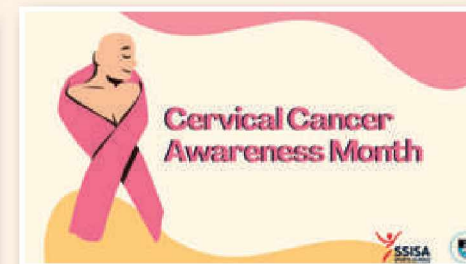
Babies have been born safely to women who have had this type of operation. But, there is a risk of miscarriage or premature birth. The babies have to be born by caesarean section due to the permanent stitch.

### **Radiotherapy and chemotherapy**

Having radiotherapy to treat cervical cancer will affect the womb. This means it is not possible to have children afterwards.

Radiotherapy and some chemotherapy drugs can also affect the ovaries. This can bring on early menopause.

Occasionally, it's possible to move the ovaries out of the treatment area before radiotherapy begins. This will



**try to avoid an early menopause.** It is done by keyhole (laparoscopic) surgery.

Your eggs or some ovarian tissue can be removed and frozen before starting treatment. The eggs could then be used for fertility treatment and surrogate pregnancy afterwards.

### *Losing your fertility*

Losing fertility can be very difficult to cope with if you hope to become pregnant in the future. Even if you were not planning to have any children, the loss of your fertility can be quite a shock. It is the end of a particular phase of your life. You have all the feelings that come with a natural change of life (menopause). On top of that, you have to cope with a diagnosis of cancer.

If you are worried about your fertility, talk to your specialist cancer doctor. They can refer you to a ferti-

ty specialist. They can talk about what options might be available, such as egg freezing.

### **Coping with losing your fertility for women**

Loss of fertility can be a side effect of some cancer treatments such as chemotherapy or radiotherapy. This means that you will no longer be able to get pregnant. It might be temporary but sometimes it is permanent. Infertility can be very hard to come to terms with. The sense of loss can be strong for people of all ages.

### *Options before treatment*

It is important to discuss your fertility with your doctor before starting your treatment. Sometimes it is possible for your doctor to suggest treatment which is less likely to cause infertility. If you have a partner, they might want to join in during the discussion. That way you can both talk over your feelings and discuss your options.

Before starting treatment it might be possible to store (freeze):

- an embryo (fertilized egg)
- an oocyte (unfertilised egg)
- ovarian tissue

The fertilisation rate for frozen eggs is low, but it is improving as researchers develop better techniques.

Research is looking into removing ovarian tissue and freezing it before chemotherapy starts. The idea is that after treatment, the ovarian tissue can be put back. If the ovarian tissue then starts working normally, eggs can be produced and so fertility is preserved.

It is still too early to tell if this will work well enough to be more widely available. But, so far, the results look promising. Talk to your doctor if you want to know more.