

Freezing eggs

an option for preserving fertility in young women undergoing cancer treatment

When adolescents or young adults receive a diagnosis of cancer, their immediate concern involves dealing with the disease, not thinking about whether or not they might want children in the future. But while cancer therapies have increased long-term survival rates for this population, they may also cause a loss of fertility by damaging the reproductive system.

Today, new reproductive technologies provide options for preserving fertility. A recent development for women involves freezing eggs. This option can enable women who are not yet sexually active or do not have partners to preserve their ability to start a family later in life. “Egg freezing is best for women who are past puberty,” says Daniel Dumesic, MD, professor of reproductive endocrinology and infertility. “It involves giving medication to stimulate ovary production and then retrieving the eggs. Rather than fertilizing them at that time, we can freeze them alone to save for future use.”

Dr. Dumesic notes that medical technology has been able to freeze embryos — eggs that have been fertilized by a sperm — for several years. But until relatively recently, it was not possible to effectively freeze individual eggs. “Embryos have enough cells to compensate

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if some cells are damaged in the freezing process, but that’s not the case for eggs, which have only one cell,” he says. “A breakthrough in the freezing technology now allows us to freeze the eggs without damaging them.”

Egg freezing — as well as sperm banking and most other fertility preservation options — is best done prior to undergoing cancer treatment. However, if that is not possible, other strategies can be explored.

Having the option to address future fertility can impact psychological well-being, notes pediatric oncologist Jacqueline Casillas, MD, medical director of the UCLA Daltrey/Townshend Teen and Young Adult Cancer Program, which serves oncology patients between the ages of 13 and 25. “We know that cancer survivors place high importance on fertility and may feel a tremendous sense of loss if they did not have the opportunity to address this issue when they were treated,” she says. “Understanding how significant this issue will be to patients down the road, we’ve made it a priority to train our physicians,

nurses and social workers to discuss fertility preservation with our patients.”

While UCLA specialists work closely to expedite treatment, they understand that it may be difficult for patients and families still reeling from a cancer diagnosis to process information about reproductive technologies.

“People can kind of shut off when they’re bombarded with information. Working together, we try to give patients and families the time they need to make decisions,” says Dr. Dumesic. “The oncology physicians determine whether they can safely delay treatment while our team has worked to safely speed up the egg harvesting process. It used to take three or four weeks, but we can now do it in about 10 days.”

Freezing eggs and other fertility preservation procedures can be costly and may not be covered by insurance. However, UCLA can help patients identify resources such as Fertile Action, a nonprofit organization that helps individuals find ways to pay for such treatment.

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