CHALLENGES FACED BY YOUNG UNMARRIED WOMEN TO ACCEPT FERTILITY PRESERVATION

ISAR FERTILITY PRESERVATION SPECIAL INTEREST GROUP

Talking about the option of fertility preservation in younger patients facing the diagnosis of cancer is as important as counselling them regarding the various treatment modalities for their disease.
The fear of a future pregnancy increasing the risk of recurrence of cancer, the length of time needed to plan fertility preservation prior to cancer therapies and the uncertainty in the effectiveness and success rates with fertility preservation are few doubts and challenges that arise when a woman plans fertility preservation.

Do I really need to have children when cancer is already going toreduce my lifespan?

As per the American Cancer Society estimates there is continuous decline in cancer death rates since 1991 with an overall drop of 27%. This is due to improved early detection of first malignancies and effective therapies.

The number of young adults who wish to become parents once cured of their cancer has increased significantly. Unfortunately, most suffer the chronic adverse effects of their treatment including gonadal failure and infertility, which causes distress and low self-esteem making quality of life low.

No doubt, that an individual feels devastated when suddenly diagnosed with cancer; but once the ordeal of diagnosis and appropriate treatment of cancer has surpassed, many of them would definitely want to have a stable family life.

My resources are already depleted with cancer therapy and fertility preservation is a costly affair.

Fertility preservation is a major determinant of quality of life after cancer remission for women who have not achieved their ideal family size.

Fertility preservation like oocyte vitrification and embryo cryopreservation are technically advanced procedures requiring good financial resource backdrop for the individual.

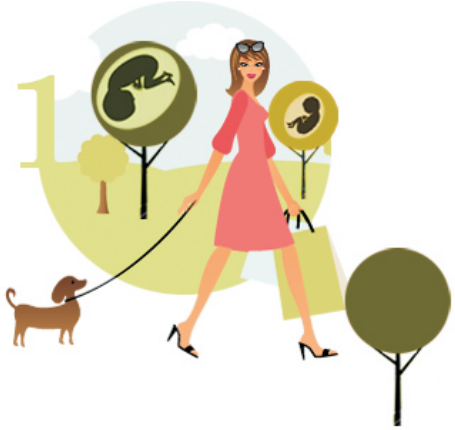
With the advent of newer protocols using oral drugs along with injectables for ovulation induction in fertility preservation, the cost burden may significantly be reduced to encourage individuals to opt for fertility preservation services.

Why should I think of fertility preservation when I am not even married or have a partner?

Oocytes cryopreservation is a useful tool for preserving the fertility of young cancer patient at risk of losing ovarian function due to undergoing potentially sterilizing therapies.
Oocyte cryo-banking, by means of vitrification method represents a viable option for healthy women producing excellent survival rates and clinical outcome similar to that obtained with fresh oocytes.
The possibility of a reliable egg banking programmes in ART is now a reality. With vitrification process, oocyte survival rates between 91 – 99% and pregnancy rates between 33 – 57% can be achieved.

References :

- Economic burden of cancer in India: Evidence from cross – sectional nationally representative household survey, 2014
- Katayama et. al. (2003). High seminal rate of vitrification human oocyte results in clinical pregnancy. Fertil steril 80:223-224
- Lucena et. al. (2006). Successful ongoing pregnancies after vitrification of oocytes. Fertile Steril 85:108-111

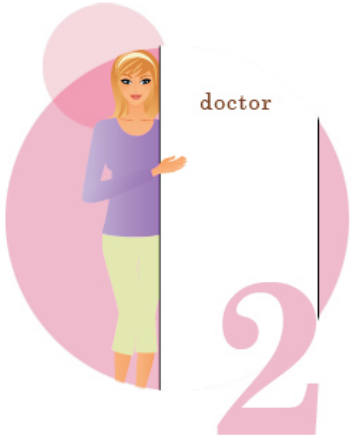


1. discovery

- **Gain knowledge:** Talk to a woman who has already frozen her eggs. Attend an egg freezing seminar. Join the Eggsurance Community.
- **Preliminary tests:** Get a blood test to measure your AMH, FSH & Estradiol levels on Day 2 or 3 of your menstrual cycle.
- **Visit Clinic:** See a fertility doctor for an ultrasound and physical exam. Doctor reviews laboratory results and ultrasound with you.
- **Due Diligence:** Carefully review procedure costs and clinic's statistics. Talk to a fertility counselor or trusted friend or family member.
- **Decision:** You've made your decision – you have decided to freeze your eggs!

2. pre procedure

- **Clinic Confirmation:** Visit clinic to sign consent forms, pay bills and get medication calendar.
- **Medication:** Supplies arrive. Immediately refrigerate necessary medication. Go to: http://www.freedommedteach.com/player/Videos.aspx for medteach videos.
- **Don't list:** Eliminate smoking, alcohol and caffeine (yes, soft drinks and chocolate too!)
- **Cycle Day 1:** Menstruation begins.
- **Cycle Day 2:** Visit clinic, as required, for ultrasound and blood work.
- **Cycle 3-11:** Start stimulation medications. Continue ultrasounds & blood work as requested by your doctor. Do not exercise during this period.
- **Cycle Day 12:** Upon Doctor's confirmation, administer late night hCG (Human chorionic gonadotropin) shot in your buttocks or thigh approximately 35 hours prior to procedure.
- **Fast:** Do not eat or drink after midnight

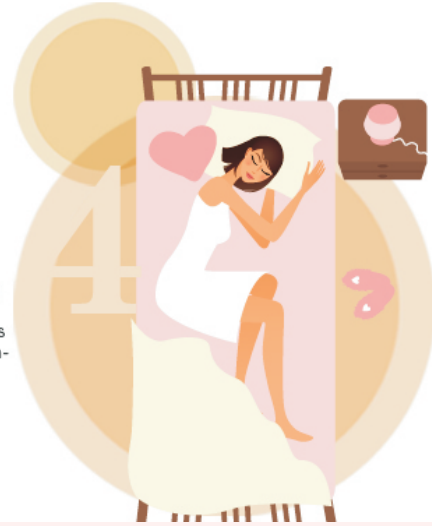


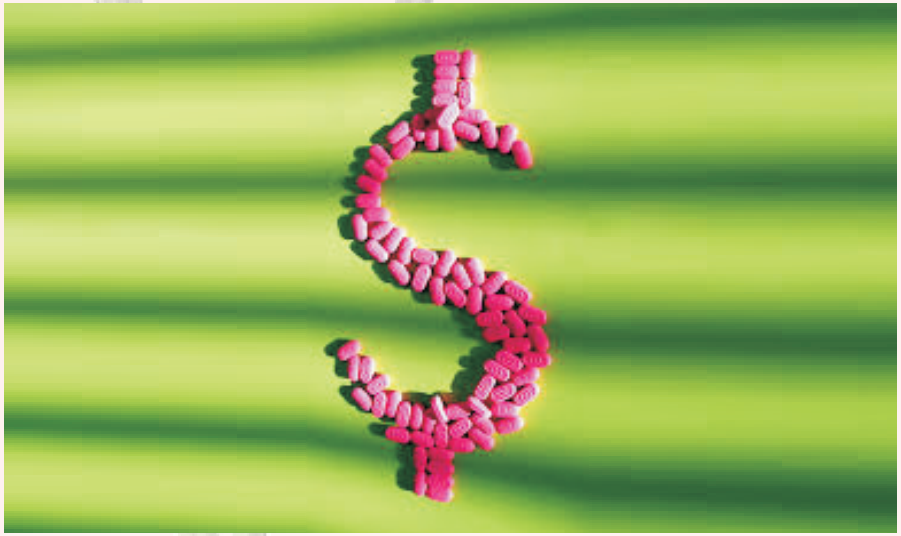
3. procedure

- **Cycle Day 13:** Procedure day. Escort brings you to clinic. Do not wear perfume, scented lotion or jewelry to clinic.
- **Sedation:** Administered by anesthesiologist.
- **Procedure:** Doctor aspirates follicles with ultra-sound guided needle (10-15 minutes).
- **Evaluation:** Embryologist evaluates quality and quantity of eggs.
- **Freezing:** Embryologist freezes mature follicles.

4. post procedure

- **Recovery.** Escort takes you home to rest.
- **Self-care:** Eat a bland diet and drink plenty of water. Get some rest.
- **Don't list:** Do not shower for 24 hours. No baths for one week. No exercise or sex until next menstrual cycle (about 2 weeks).
- **Congratulations:** You did it!





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