

Teenage and Young Adult Cancer Service

Sperm Banking

This leaflet has been written for young men who are about to start treatment for cancer.



Introduction

This leaflet has been written for young men who are about to start treatment for cancer. You might not be thinking about having children just now, but you might in the future. If your treatment is likely to affect your fertility (the ability to have children), you might want to think about sperm storage. This means collecting, freezing and storing some of your sperm so that it can be used in the future when you're ready to have children.

Most chemotherapy drugs will affect your fertility. For some people (depending on the particular drugs and doses given) sperm will return to normal when treatment finishes. For others, their sperm count may be low, sperm might swim slower than normal or there might not be any sperm at all. There's no way for us to know for certain if your sperm will return to normal.

Radiotherapy will only affect your fertility if your testicles are close to or within the area of the radiotherapy treatment beam. The amount of radiation your testicles receive will be monitored during treatment. Whether your fertility returns to normal after treatment will depend on the amount of radiation received by your testicles.

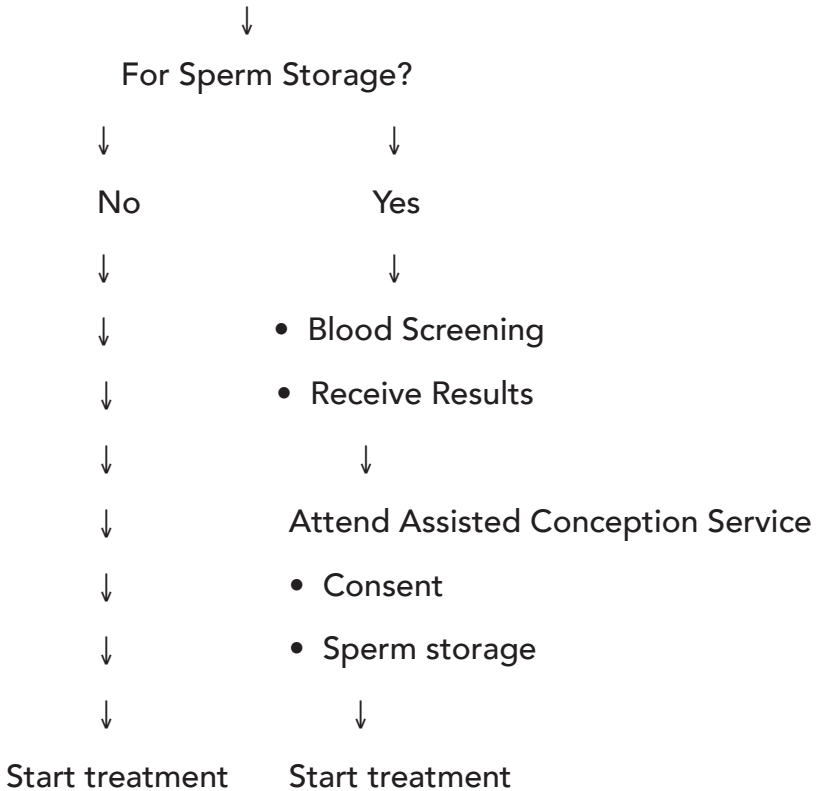
You might feel embarrassed talking about this, but it's important you think about it now. If you decide to go ahead with sperm storage, it must be done before you start your cancer treatment.

You might be feeling rushed to make a decision about this. Try to take some time to think about your future plans. If you have any questions or want to discuss it more, talk to your oncologist, nurse specialist or family doctor. It might also help to talk to a close family member or friend.

What happens now?

If you decide to store sperm, your oncologist or nurse specialist will arrange the necessary appointments. This will normally happen very quickly to avoid long delays in starting your cancer treatment. The process might vary slightly depending on where you're having your cancer treatment.

Diagnosis



Blood Screening

Before your sperm can be stored, you must have a blood test to screen for hepatitis B, hepatitis C and HIV. This is to make sure that sperm samples can be safely stored together without contamination. The Assisted Conception Unit needs these results before they can agree to store your sperm. If any of these tests are positive, further support and medical follow up will be available.

Assisted Conception Service (ACS)

Young men having treatment for cancer have the opportunity to attend the ACS for sperm storage before chemotherapy or radiotherapy starts. We will arrange an appointment as soon as possible for you to attend the unit where you'll meet one of the staff. At this appointment, staff will discuss sperm storage with you and answer any questions you might have. Once you've discussed everything and fully understood the information they will ask you to complete a legal consent giving permission for your sperm to be stored. If you are in a long term relationship, you can consent to your sperm being used in your partner's fertility treatment in the future.

Staff will give you a container and ask you to provide a sperm sample by masturbating. A private room will be available for you to produce your sample. If you're over the age of 18, adult magazines will be available if you want them, or you can take your own if you prefer. If you're under the age of 18 it's illegal for the department to provide you with adult magazines.

It's important to remember that you must not have sex, masturbate or ejaculate for 3 days before your appointment for sperm storage. This can affect the amount of sperm produced in the sample.

You might feel embarrassed going to the clinic. Think about whether you want to go alone or whether you'd want someone to go with you. Some people feel awkward and embarrassed having their parents with them. If you have a partner, they can be with you if you'd like. Talk to your oncologist or specialist nurse if you're not sure what to do.

If you're physically unable to go to the clinic (because you're in hospital or too ill) we can make special arrangements to get your sample to the Assisted Conception Service. Speak to your oncologist or nurse specialist about this.

Your sample will be transferred into small tubes (straws), labelled with your details and then carefully stored in freezing tanks. These tanks are fitted with alarms to let staff know immediately if there is a problem with the storage equipment, but this is very rare. If your fertility has been affected by your treatment your sample can remain in storage for use in fertility treatment for up to 55 years. You will be contacted at least every 10 years to confirm your wishes regarding the stored sample.

Some samples may not be suitable for freezing. We will send you a letter giving you information about the outcome. Your oncologist or nurse specialist can explain this. If you wish to arrange a further semen analysis to assess your fertility in future, contact your GP, oncologist or nurse specialist two years after your treatment is complete and they can arrange this for you.

If sperm has been stored then the follow up letter will confirm the number of straws stored. It is important to tell the ACS if you change your permanent address or you have a new partner while your sample is stored. This is particularly important if you have consented to your partner using your sperm for fertility treatment in the future.

Contraception

Although your fertility may be affected, it's unlikely that your ability to have an erection or to ejaculate/orgasm will change. It's best to avoid any chance of your partner becoming pregnant during your treatment and for up to a year after your treatment finishes. It's also important to practice safe sex to protect you and your partner from sexually transmitted infections. This will mean using a condom.

Confidentiality

All of these appointments are confidential. This means the staff won't tell anyone else (not even your parents) what's happened at the appointment, what you've talked about or what your worries are, unless you want them to. They won't give your results to anyone except you without your consent. A copy will be sent to your oncologist and GP if you have agreed to this in the appropriate consent forms. If the doctor is worried that you don't fully understand what's happening, they might encourage you to talk to your parents, another family member or a close friend about it.

About this information

This guide is provided for information only and should not replace professional medical advice.

The information was produced by the Beatson West of Scotland Cancer Centre with contributions from:

- Consultant Clinical Oncologist
- Assisted Conception Service
- Clinical Nurse Specialist Teenagers and Young Adults
- Young people

Every effort has been taken to make sure the information is accurate at the time of publication.

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Glossary of terms

Hepatitis:	inflammation of the liver.
HIV:	(human immunodeficiency virus) the virus that causes AIDS.
Oncologist:	a doctor who specialises in treating cancer.
Radiotherapy:	the use of high energy x-rays or radiation to destroy cancer cells.
Chemotherapy:	the use of anti-cancer drugs to destroy cancer cells.