

# 'Poor' knowledge about breast cancer and fertility

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Fertility is a priority for many young women with breast cancer, yet new research has found many have little knowledge about fertility issues, leading to confusion and conflict around planning for a family.

In a new study published in the prestigious *Journal of Clinical [Oncology](#)*, a team of University of New South Wales researchers has for the first time measured fertility-related knowledge and intentions in young women with [breast cancer](#).

The study, part of a PhD thesis by Dr Michelle Peate under the supervision of Associate Professor Bettina Meiser and Professors Michael Friedlander and Martha Hickey, focused on 111 young women around Australia aged between 18 and 40 who had not yet completed their families. It found that while most of the women wanted as much information as possible about fertility at the time of diagnosis – including good and bad news – many were unaware of key facts regarding the impact of their cancer treatments on fertility and potential fertility preserving options.

“It’s generally accepted knowledge that cancer treatment as a whole can add 10 years to a woman’s reproductive age,” Dr Peate said.

Most chemotherapy is toxic to the ovaries and destroys a woman’s eggs while post chemotherapy most women go onto hormone treatment for up to five years to reduce the risk of cancer recurrence. During this time women are advised NOT to become pregnant.

“If a woman is diagnosed in her mid 30s, by the time she has completed her cancer treatment she may be in her 40s. And by that time it may be too late to fall pregnant,” Dr Peate said.

“The women we surveyed had relatively low levels of fertility-related knowledge. What’s more, there was a link between a lack of knowledge and feelings of conflict and uncertainty about the decisions they should be making.”

The increased conflict around decisions was likely to undermine the quality of decision making, the researchers reported.

“The findings suggest that targeted and timely fertility information may reduce this uncertainty about the decision and increase informed choice,” Dr Peate said.

Fertility options available to women before and during cancer treatment include storing embryos (IVF) or eggs, storing ovarian tissue, and ovarian suppression. Options that are available after treatment include adoption, third party egg and embryo donation, surrogacy (not widely available in Australia) and the option of waiting to see if fertility returns after treatment.

“Much of the existing research has asked women to look back at their past experiences of a breast cancer diagnosis ... they were not asked at the time of diagnosis and treatment. Although an unmet need for fertility information has been reported, until now it was not known whether this information was truly important at the time when women were making lots of life-changing decisions and dealing with all the emotions of a cancer diagnosis,” Dr Peate said.

“That is what we wanted to find out. We asked women about the importance of information about fertility and how much they wanted as

they were going through the cancer diagnosis and the treatment. We also looked at their decision-making.

“There are strong arguments, which this research points to, for giving young women fertility related information as part of their cancer treatment to help them make treatment decisions,” she said.

A booklet with information for young women with breast cancer has been developed by the research team and should be available to patients later this year.

**More information:** The paper can be seen at the [journal website](#).

Provided by University of New South Wales

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