

Perception of fertility affects quality of life in young, female cancer survivors

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A new study led by a University of Colorado Cancer Center member recently published in the journal *Quality of Life Research* reveals that in young, female cancer survivors, quality of life is significantly impaired long after treatment. The study compared 59 cancer survivors to 66 healthy controls and found that, as expected, cancer survivors showed higher stress and anxiety than the general population. Of note, survivors reported particular stress around the issues of sexual problems, physical pain and fatigue. The study also measured hormone levels reflecting woman's number of eggs, and showed that among young, female cancer survivors, those with reassuring fertility status were likely to report higher quality of life once treatment ends.

"What it came down to was a woman's opinion of her own fertility status after [cancer treatment](#)," says Laxmi Kondapalli, MD, MSCE, director of the CU Cancer Center Oncofertility Program.

See, there was one intervening step between normal [ovarian reserve](#) and quality of life: the regularity of a woman's menstrual cycle after undergoing chemotherapy and/or radiation treatment for cancer. All women lose a certain number of eggs during these treatments, but those with higher baseline reserve are more likely to withstand the treatment with their overall fertility unaffected. Women with lower ovarian reserve at baseline are more likely to have impaired fertility after treatment.

"But it wasn't the lab and ultrasound markers of ovarian reserve alone that affected quality of life," Kondapalli says. "It was a woman's opinion

of her fertility status based on her [menstrual cycle](#) that had the most impact on quality of life."

Following cancer treatment, many women think that if they maintain regular menstrual cycles, their fertility is preserved, and that if their menstrual cycles become irregular, then they are likely infertile due to treatment.

"This isn't necessarily the case, because we are finding that menstrual cyclicity is a poor predictor of fertility status in these young, female [cancer survivors](#)," Kondapalli says. "Survivors may be falsely reassured if they resume normal periods, or they may be unnecessarily stressed if they don't get regular periods after cancer treatment."

According to Kondapalli, women with high ovarian reserve are less likely to experience symptoms of early menopause after cancer treatment. And it is these symptoms that go on to influence young patients' quality of life.

"I think what our study demonstrates is that clearly there are many components that impact a survivor's quality of life after [cancer](#) treatment. Although objective markers of ovarian reserve play an important role, a woman's perception of her own fertility status was more influential in her overall quality of life," Kondapalli says.

Understanding the factors that influence quality of life in this population may help identify ways to manage late effects of treatment and improve comprehensive survivorship care.

Provided by University of Colorado Denver

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