

Reproductive health of cancer survivors

Shakunthala Chhabra OSD

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The relationship between cancers and maternal health is complicated, A woman's risk often depends on the specific type of cancer she has, the time of diagnosis and treatment and the type of therapy. Fortunately, with appropriate and timely care, even pregnant women with active cancer can have healthy baby. Further women who were treated for cancer during adolescence or young adulthood are believed to be at increased risk of developing a number of obstetric and perinatal complications. Because of long-term effects of various cancers and their therapies, quality of life, sexuality and fertility continue to be real concerns. Gonadal dysfunction, nonfunction are common, specially with gynaecological cancers and their therapies. Germ cell tumours of ovary are the most common in young girls. However conservative surgery with chemotherapy provides excellent results for fertility (1). The same could be true even for some stage I epithelial ovarian cancers. Conservative therapy is possible even for very early stage cervical cancer. Conisation, simple or radical trachelectomy help women preserve their reproductive function. Endometrial cancer usually occurs after menopause. So there are no standard recommendations for conservative management, which is possible in younger women. Choriocarcinoma, highly malignant cancer is uncommon and except in some aggressive cases, complete cure is possible with quality survival, Studies with Breast cancer, Hodgkin lymphoma have also revealed menstrual function resumption after chemotherapy. Only pregnancy-related breast cancer is associated with worse obstetric outcomes compared to a history of breast cancer. In all the cases presurgery complete evaluation and follow up are necessary. Side effects of radiotherapy and chemotherapy which occur in many cases are real concerns. So there are possibilities of infertility and adverse pregnancy outcomes. Gonadal toxicity of medication causes early menopause. Challenges increase if cancer occurs during pregnancy. However effects are type of therapy,

surgery, radiotherapy, chemotherapy dose, and age dependent. Effects on baby depend on interval of pregnancy after completion of therapy.

Whenever possible cancer needs to be prevented by diagnosis of precancer and appropriate therapy. In some diagnosis in early stage can help in complete cure. In others mission of cancer therapy needs to be quality long life, preservation of pregnancy prospects, natural or assisted. Prepubertal ovary is least susceptible to toxicity. So there are chances of better reproductive life. Ovarian transposition/shielding, transplantation are possible. Ovarian tissue rather than oocyte or embryo cryopreservation provides better outcome. Conservative surgery, safe chemotherapy and focussed radiation can reduce gonad toxicity and preserve fertility. Multidisciplinary management is essential. Role of psychotherapy is important. For quality survival with reduced risk of haematological, hepatic, cardiac, renal, neurological, skin problems, bone osteoporosis, and reproductive health. Therapy needs proper planning in all cancers.

Earlier diagnosis of cancer meant death. Now with modern modes for early diagnosis complex therapies, assisted reproduction available, not only survival has improved with quality life, normal reproductive life is possible. In early stage complete cure is also possible. However the research on different types of cancers and implications for maternal health is extremely limited but is needed.

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Director Professor, Department of Obstetrics Gynaecology, Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharashtra, India

Correspondence: Shakunthala Chhabra, Director Professor, Department of Obstetrics Gynaecology, Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharashtra, India. e-mail: chhabra_s@rediffmail.com

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