



PACIFIC COAST FERTILITY SOCIETY  
Annual Meeting

## Abstract Form for Papers

Please read instructions before completing this form.

**Deadline:** Abstracts must be received in the Society's office by  
November 18, 5:00 pm

Papers under consideration for presentation must be original work not presented or published prior to April 10, 1997. Failure to comply will result in sanctions involving future submissions by applicant in question deemed appropriate by the PCFS Board of Directors

Type Abstract within the box.

ABSTRACTS SELECTED FOR PRESENTATION ARE SUBJECT TO PUBLICATION ON THE PCFS WEB SITE.

### REASONS FOR THE DISPOSAL OF CRYOPRESERVED SPERM IN PATIENTS WITH CANCER.

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**OBJECTIVE:** We have examined why patients with cancer have stopped storing sperm at our facility and relationships to cancer type, treatment, and posttreatment fertility. There are no prior reports examining why these groups of patients cease to bank sperm. Such knowledge may help determine who benefits from this resource.

**METHODS:** Fifty-six patients diagnosed to have cancer, who stopped storing cryopreserved specimens at our facility between 1993 and 1996 were included in the study. Medical records were reviewed, and all living patients (n=35) were interviewed concerning the timing and type of treatment (surgery, radiation therapy, or chemotherapy), posttreatment fertility status, and the reasons for discarding the specimen.

**RESULTS:** Twenty-three patients had a diagnosis of testicular cancer, nineteen had Hodgkin's disease, eight had leukemia, two had colon cancer, two had sarcoma, two had lung cancer. The specimen was discarded because of death in 21 patients, 23 patients had regained fertility after treatment and have had enough children; 8 patients have good quality of sperm but no children and 4 patients either had none or wanted no children. Cost was not cited as a reason. Most patients with testicular cancer were alive after treatment. 21/23 (91%) and 14/21 (67%) regained fertility and had children. Of the patients with Hodgkin's disease, 8/19 died after treatment. Of the 11 live patients, 5 have had children. Of patients with other cancers, 11/14 died; 2/3 survivors have had children after treatment. All patients achieved pregnancy naturally except one who had a successful third-cycle intrauterine insemination. Two-thirds of the patients with testicular cancer ceased storage because they eventually had their desired number of offspring. In this same group, 6/23 (26%) had chemotherapy, and 9/23 (39%) had radiation therapy. In patients with Hodgkin's disease, 15/19 (79%) received chemotherapy and 10/19 (53%) radiation therapy. Patients in the three groups did not differ in age, number of cryopreserved specimens, or interval between diagnosis and treatment.

**CONCLUSIONS:** Most of our patients ceased storage because they regained fertility or had good quality sperm. Cost was not a factor. The group of patients with testicular cancer had a better fertility status than the patients with Hodgkin's or leukemia. Sperm banking should be strongly recommended for all patients with cancer who may wish to have children in the future.