



Planning for the Future

Protecting Your Fertility After a Cancer Diagnosis

illumefertility.com

Where to Begin

Understanding your options, one step at a time

A cancer diagnosis changes everything in an instant.

In the middle of discussing scans, treatment plans, and timelines, it can feel overwhelming to think about the future – especially something as personal as building a family.

You may be wondering whether cancer treatment will affect your fertility, whether there's time to do anything about it, and what your options actually are. You deserve clear answers and the support of a team that will move quickly and carefully alongside you.

This guide is here to walk you through what you need to know in order to make the most informed decision.



Why Fertility Preservation Matters

One of the most important things to know right now: in many cases, there is time to protect your fertility before treatment begins.

Some chemotherapy medications, pelvic radiation, and certain surgeries may affect egg or sperm quality. In some cases, fertility returns after treatment. In others, it may be reduced or permanently impacted.

Your individual risk depends on factors like your age, the type and dose of treatment planned, and your baseline reproductive health – all things your oncologist and our team will help you understand.

While preservation can't guarantee a future pregnancy, it can protect your options and give you something meaningful to hold onto during a time that already asks so much of you.

What can I do before treatment begins?

Some patients assume there isn't enough time to explore fertility preservation. In many cases, there is.



Egg or embryo freezing can often be completed in **approximately two weeks.**



Sperm freezing can usually be completed **within a few days.**

Every plan is coordinated directly with your oncologist and nothing moves forward without medical clearance. If treatment needs to begin urgently, your oncology and fertility teams will work together to determine what is safe and appropriate for your specific situation.

Understanding Your Options

Everyone’s situation is different, and your care team will help determine what’s right for you. The overview below is just a starting point – we will walk you through each option in detail.

Egg Freezing



Timeframe:

About 2 weeks

Often chosen by:

Individuals who want flexibility regarding a future partner

Notes:

Eggs are fertilized later (no partner or donor sperm needed at this stage)

Embryo Freezing



Timeframe:

About 2 weeks

Often chosen by:

Partnered individuals or those using donor sperm

Notes:

May allow for genetic testing when appropriate

Sperm Freezing



Timeframe:

1 to 3 days

Appropriate for:

Post-puberty males

Notes:

Multiple samples may be recommended

GnRH Agonists (Hormone Suppression)



Timeframe:

During treatment

Appropriate for:

Select patients

Notes:

May offer added ovarian protection but are not a substitute for freezing

Your Preservation Options Explained



Egg Freezing

Egg freezing involves taking medications for approximately 10 to 14 days to stimulate the ovaries. The eggs are then retrieved during a short outpatient procedure and frozen for future use.

For patients with estrogen-sensitive cancers, medications such as Letrozole may be used during stimulation to minimize estrogen exposure. Your care team will determine which protocol is safest for your specific situation.

This option may be especially well-suited for younger individuals or those who want the flexibility to build a family with a future partner.



Embryo Freezing

Embryo freezing follows the same initial steps as egg freezing. After retrieval, the eggs are fertilized with sperm to make embryos, which are then frozen for future use.

When medically appropriate, embryos may be eligible for preimplantation genetic testing (PGT), including testing for certain inherited cancer-related conditions. This is something your team can discuss with you, if desired.

This option is often chosen by partnered individuals or those using donor sperm who feel ready to make embryos at this stage.



Sperm Freezing

Sperm freezing is typically straightforward and can often be completed within days. After providing a semen sample, the specimen is processed and stored for long-term preservation.

In some cases, more than one sample may be recommended to best protect future options. Your Illume Care Team will offer personalized guidance based on your situation.



GnRH Agonists (Hormone Suppression)

GnRH agonist medications may be given during chemotherapy to temporarily suppress ovarian function. Some studies suggest they may help reduce the risk of treatment-related ovarian damage in select patients.

Note: These medications can be a helpful addition to your plan, but they work best alongside, not instead of, egg or embryo freezing. Your care team will advise whether they're appropriate for you.

How We Safeguard Your Fertility

Once your eggs, embryos, or sperm are frozen, they're in safe hands.

Illume Fertility's state-of-the-art IVF laboratory – trusted by thousands of patients – stores frozen samples in liquid nitrogen tanks monitored under rigorous, continuous quality controls.

Advanced alarms, video surveillance, and biometric access controls are in place around the clock. The entire system is connected to a backup power source and multiple generators, ensuring alarms and monitoring remain active even in the event of a power outage.

Our embryology staff is highly trained in emergency response protocols, and someone from our team is always available – because what you've preserved matters too much to leave anything to chance.



Planning for Pregnancy After Cancer Treatment

Deciding when or whether to pursue pregnancy after cancer treatment is deeply personal and medically complex. Timing varies depending on cancer type, treatment plan, and recurrence risk. Your oncologist will guide recommendations about when it is safe to attempt pregnancy.

For some individuals, pregnancy may not be recommended due to hormone sensitivity or ongoing therapy. In these situations, gestational surrogacy may be an option. An embryo made before treatment, or from previously frozen eggs, can be transferred to a gestational carrier who carries the pregnancy – with no genetic connection between the carrier and the baby.

If fertility preservation wasn't possible before treatment, there are still other meaningful paths to parenthood, including donor eggs, donor sperm, donor embryos, or adoption. Your care team can help you explore these options when you're ready.



Insurance Coverage & Financial Support

We know that cost can feel like one more barrier at an already overwhelming time. Here's what you should know: financial support exists specifically for patients with cancer pursuing fertility preservation, and our team can point you toward these resources.

Coverage varies by insurance plan. Many plans now include fertility preservation benefits for patients facing a cancer diagnosis – often called 'iatrogenic infertility' coverage. Our financial coordinators will review your benefits before you begin and help you understand what is and isn't covered.

Grants & Financial Assistance

Several organizations exist specifically to help cancer patients access fertility preservation – regardless of income. Programs vary in eligibility, award amounts, and application timelines.

We encourage you to explore:

[LIVESTRONG Fertility](#)

[The Chick Mission](#)

[Team Maggie's Dream](#)

[Worth the Wait](#)

[The SAMFund](#)

[Verna's Purse](#)

Scan to explore current grant opportunities, eligibility requirements, and application links.



Grant availability and deadlines may change.
Please verify details directly with each organization before applying.
Inclusion on this list does not constitute endorsement by Illume Fertility.

What Happens Next

If you'd like to explore fertility preservation, the first step is simply letting your oncology team know. Early communication allows your providers to coordinate safely and quickly.

Many patients come to us through a direct referral from their oncologist. If you've already been referred, our team will schedule your consultation promptly and coordinate next steps.

“When one of my patients wants to preserve their fertility before starting cancer treatment, time is of the essence. Illume understands that urgency and provides compassionate, coordinated care we can trust. They move quickly, communicate clearly, and my patients always come back telling me how supported they felt.”

Susan K. Boolbol, MD, FACS

Chief, Breast Surgical Oncology, Nuvance Health

Past President, American Society of Breast Surgeons

If you're reaching out on your own, you're welcome to contact us directly at **(203) 750-7400** or **appointments@illumefertility.com**.

At Illume, we prioritize oncofertility patients. From the moment you contact us, we expedite your care — reviewing medical records and putting a plan in place without delay.

During your consultation, you'll receive an individualized assessment, a clear explanation of your options, and honest guidance on timing, all coordinated directly with your oncologist.

You don't have to choose between treating cancer and protecting your future family.

We're here to help you find the right path forward.

If you're a current Illume patient, please reach out to your Care Team directly with any questions about oncofertility preservation.

New to Illume Fertility?

Call us at [\(203\) 750-7400](tel:(203)750-7400) or email appointments@illumefertility.com to schedule your consultation.

[Take the First Step](#)



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