In the context of cancer treatment, infertility is a common result, especially among patients in their childbearing years. Despite advances in treatment leading to increased cancer survival rates, these advancements also introduce long-term adverse effects such as infertility. The removal of the uterus and ovaries during cancer treatment can cause permanent infertility (Schover, 1999). The toxic effects of chemotherapy and radiation can also result in infertility, with some dosages of radiation (greater than 20 Gy) causing permanent sterility (Petersen, Daugaard, Rorth, & Skakkeback, 2003). Even with the advancements in treatment, patients face a 40%–80% chance of infertility if undergoing cancer treatment face a 40%–80% chance of infertility because of injury or impairment of the ovaries or uterus (Chasle & How, 2003; Sonmezer & Oktay, 2006; Wallace, Anderson, & Irvine, 2005). Surgeries performed as part of cancer treatment, such as the removal of the uterus and bilateral oophorectomy, can cause infertility in women (Schover, 1999). The effects of chemotherapy and radiation also may send women into premature menopause, resulting in a loss of fertility (Lee et al., 2006).

Cancer survivors of childbearing age have reported that the effect of treatment on their fertility is one of their greatest concerns (Schover, 2005b). In addition, surveys of young survivors show that most are interested in having children, particularly if they were childless at the time of cancer diagnosis (Schover, Rybicki, Martin, & Bringelsen, 1999; Schover, 2005a).