

From Cancer to Parenthood

Reproductive Expert Helps Survivors Create New Life

BY TRACY MORRIS



When it comes to surviving cancer, there may be no better place than Houston to map out a strategy for medical treatment. Thanks to bountiful dedication and focus on research and treatment in our medically innovative city, a large percentage of people who were once “cancer victims” are now cancer survivors who go on to live long, healthy lives.

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Successful forms of chemotherapy and radiation treatment can render men and women completely sterile, their bodies no longer able to produce viable cells for becoming pregnant should they one day desire biological parenthood.

A Houston physician is undertaking an awareness campaign to educate both oncologists and their patients about available options to preserve fertility for the future.

“In a place as medically sophisticated as Houston, there’s no reason why cancer patients should still be uninformed about steps they can take to have children,” remarks Dr. Sonja Kristiansen, founder and Medical Director of Houston Infertility Clinic and Baby Later.

The field of Reproductive Endocrinology, where you’ll find the most renowned practitioners of advanced reproductive techniques (ART), has always been a medical arena that constantly juggles to balance state-of-the-art, cutting edge science with deeply emotional ethical challenges. It’s also — as with the cancer community — a field full of frightened, yet empowered and Internet savvy health care consumers. The result: patients may hear about treatment opportunities long before physicians are prepared to discuss or are even fully informed about the most recent advances. To anxious patients who see a buffet of medical possibilities, well-meaning and conservative physicians can seem behind the times or worse.

The latest reproductive buzz is directly related to the impact of the world’s most advanced cancer treatment. Dr. Kristiansen is putting on the table the new technique of oocyte cryopreservation, or egg freezing.

Egg freezing is rapidly gaining ground as a means to increase the odds of biological motherhood for women about to undergo sterilizing cancer treatment. In Italy, where embryo freezing (a fine-tuned technique worldwide for nearly the past 30 years) is illegal for religious-based political reasons, the in vitro fertilization of a single frozen egg cell has become commonplace and resulted in hundreds of healthy pregnancies and babies.

The United States has lagged behind in acceptance of the technique. The American Society for Reproductive Medicine (ASRM), a non-regulatory organization that provides peer guidance to U.S. fertility practices, stated in October 2007 that women seeking fertility preservation through egg freezing should first receive explicit counseling on the novelty of the science and its results. However, the guidelines also clearly state ASRM’s approval of egg freezing by young women prior to cancer therapy.

Even in an atmosphere filled with scientific caution, the ASRM and others readily accept the reasonability and appropriateness of



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patients putting their eggs in deep-freeze before undergoing life-saving cancer therapy.

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"We're careful to always function within the practice guidelines of the ASRM," Kristiansen offers with a typically-Texan approach, "while still having the necessary foresight to apply this fast-moving science where it's needed most — in our patients' lives."

Speed of treatment is indeed an issue for cancer and infertility patients alike.

Kristiansen explains, "There's a tremendous sense of urgency for these patients. Of course, women who hear a cancer diagnosis immediately think about saving their lives. They want to consider virtually every treatment possible, and they want to do it now. Women who have struggled in vain to get pregnant feel similarly about seeking every possible treatment right away. Even though their goal is the creation of new life, timing is crucial for success in both patient groups."

Egg freezing technology combines the needs of these two related patient groups in a way that is literally impacting how society views the concept of creating a family.

For a woman with cancer, the opportunity to freeze her fertility for future use must be presented at the same time she's hearing about cancer treatment options. Understandably, the message about potentially having a child may not be heard in time. The egg retrieval and freezing process must be conducted before cancer therapy.

Likewise, healthy women who are increasingly putting off parenthood until later in life are also finding often that their chances at pregnancy have decreased, sometimes to the point of no longer being an option.

Dr. Kristiansen is one of a growing number of fertility specialists who recognize both the medical community's stance of maintaining consumer caution toward developing technology and the need for women to have access to alternatives for managing their reproductive lives. One of her primary concerns is that even here in renowned cancer-treatment territory, the word about those alternatives is not getting out in time.

"It's not a matter of oncology practitioners withholding information," Kristiansen says. "It's more related, I think, to the life-or-death nature of their profession. Patients diagnosed with cancer understandably panic, and their fertility might be the last thing on their mind. Oncologists are focusing on saving lives, not so much on the fine print of life after chemo or radiation. I hope to enter somewhere in the middle — to help patients recognize that life beyond cancer happens, and so can having children."



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