Infertility Grief

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Many people with cancer grieve for a piece of themselves that's been lost to this horrible disease. It may be the loss of a body part or the body you used to know. When treatments make you infertile while you're still of childbearing age, that's another level of palpable grief.

As a young adult breast cancer survivor—Stage IIA invasive lobular at 39 years old—I continue to be shocked and dismayed by the lack of conversation, support and resources about fertility preservation and infertility offered at oncology centers.

My oncologist told me I needed four rounds of two chemotherapy agents plus 12 rounds of a different chemo drug and asked whether I wanted to freeze my eggs all in the same breath.

All I heard her say was, "You need 16 rounds of chemo, which needs to start as soon as possible." I couldn't focus on anything else. Do I want to live, or do I want to die? It doesn't seem like a fair choice. I felt pressured to begin chemo immediately.

What I didn't know is that for many cancer diagnoses, a short delay of a couple of weeks for fertility treatments won't affect your chances of treatment success. But it may preserve your future ability to have children.

Why aren't we assigned an oncology nurse navigator or social worker immediately after that initial appointment to help us process the possibility of infertility and consider whether we want to freeze our eggs first? I believe that every such patient should receive a mandatory consultation with a fertility specialist to hear the options before treatment begins. It's our right.

One of the hardest paths I've had to travel on my cancer journey was when my choice of having a child was taken away. Since I was intolerant of the medications to help prevent recurrence for premenopausal women, I had to be medically induced into menopause in 2017 so I could try the medications for postmenopausal women. My only thought was to do what was needed so I wouldn't have to go through this cancer insanity again or die.

I never realized how lonely and isolating survivorship can be. Not one person on my medical team mentioned counseling or even acknowledged my mental health, not even after my hysterectomy and oophorectomy (removal of both ovaries).

Support groups are filled with women who are married and/or already have children. There is no place for a single, youngish, infertile woman. None of them could relate to my experience. I wasn't prepared to handle this type of grief or loneliness.

It's like once the cancer is gone and you've entered the realm of NED (no evidence of disease) or are on a maintenance treatment, you're a tiny and fragile fish thrown out to sea into the middle of circling great white sharks. Our oncology providers and centers must do better at preparing us for the emotional turmoil that stems from infertility. See us as people.

For me, infertility is one grief that will never go away.

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