

Reduced fertility

Although many men and women go on to have children after treatment for lymphoma, your fertility (ability to have children) might be reduced. This page gives an overview of the risks to your fertility associated with common lymphoma treatments. It outlines methods to help preserve your fertility before you start treatment. It also describes what you can do to help you conceive (start a pregnancy) should you have difficulties after finishing your treatment.

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Some [treatments for lymphoma](#) can reduce your fertility. This is more likely with certain [chemotherapy regimens](#) (combinations of drugs) and high-dose chemotherapy used before a [stem cell transplant](#). [Radiotherapy](#) to the pelvis also increases the likelihood of reduced fertility. Some [antibody therapies](#) may also affect your fertility, but this is less clear.

Your specialist should advise you on whether your fertility is likely to be affected by lymphoma treatment. It's a good idea to talk to them about your fertility before you begin treatment. If you are a [parent of a child with lymphoma](#), speak to your child's [medical team](#) before his or her treatment begins.

The thought of fertility difficulties can bring challenging emotions. There is no right or wrong way to feel. Some people find that it helps to speak to a [counsellor](#), who can provide emotional support and help explore your thoughts and feelings.

Chemotherapy and fertility

Chemotherapy drugs damage lymphoma cells or stop them from multiplying, but they also affect some of your healthy cells. This can cause **side effects**, including reduced fertility. The likelihood of your fertility being affected depends on several factors, including:

- the type of chemotherapy drugs you have
- the total dosage of chemotherapy
- whether you are male or female.

The type of chemotherapy drugs you have

If there is a risk that your **chemotherapy drugs** could affect your fertility, your medical team should discuss it with you before you begin treatment. Different drugs can have different effects on your fertility.

- There is a low risk with some regimens, such as ABVD – doxorubicin (Adriamycin®), bleomycin, vinblastine and dacarbazine.
- There is a high risk with some regimens, such as BEACOPP – bleomycin, etoposide, doxorubicin (Adriamycin®), cyclophosphamide, vincristine (Oncovin®), procarbazine and prednisolone.

Less is known about the effect of newer drugs, such as bendamustine, on fertility.

The total dosage of chemotherapy drugs

The amount of drugs you have can also affect your fertility. Your total dosage depends on whether you have a drug on its own or as part of a chemotherapy regimen. It also partly depends on how many cycles of treatment you have. In general, the higher the total dosage of chemotherapy drugs, the higher the risk to your fertility.

Having a **stem cell transplant** usually involves high doses of chemotherapy. This increases the risk of fertility difficulties.

Effects of chemotherapy on male fertility

Most chemotherapy drugs for lymphoma reduce a man's fertility, at least temporarily. This is because cells that divide quickly (including the cells that produce sperm) are sensitive to the effects of chemotherapy. Your general health also influences the number and quality of your sperm. A serious illness like lymphoma can lower your sperm count in the short term, even before you begin treatment. This means that, in some cases, a man's sperm count might actually be better after treatment than before it.

In boys who have not yet started puberty, germ cells (which develop into sperm) are already present in the testes. They can therefore be damaged by chemotherapy.

After a standard-dose chemotherapy regimen, your sperm count usually recovers and your fertility returns to its pre-treatment level. It can take a year or more after finishing treatment for this to happen.

Doctors advise against conceiving a baby too soon after completing chemotherapy. The drugs can be passed onto your partner through your semen for around a week after treatment, so you should use a reliable barrier method of contraception during this time. It is advisable to take such precautions during vaginal, anal and oral sex.

Continue to use a reliable method of contraception for a while after your treatment finishes. As a general guide, to give your body time to recover, it is not recommended to conceive within 3 months of completing chemotherapy. You may, however, consider waiting until 2 years afterwards, when the risk of **relapse** (lymphoma coming back) tends to be lower. Seek further advice from your doctor about your individual circumstances.

If you are worried that chemotherapy might affect your fertility, techniques are available to freeze your sperm, to help preserve your future fertility options. There are also ways to help if you have difficulty conceiving after treatment. Speak to a member of your medical team about your options before you begin chemotherapy. You can read more about low **sperm counts on the NHS website**.

Effects of chemotherapy on female fertility

Most women treated for lymphoma are able to have children afterwards. However, chemotherapy can damage eggs and can leave you with fewer eggs in your ovaries than you would otherwise have had. This is because women are born with their eggs already made in their ovaries. The number of eggs gradually decreases over time, and the menopause (the last menstrual period) happens when there are not enough eggs left to keep regular menstrual cycles going. The average age of menopause in the UK is 51 years old. If chemotherapy reduces the number of eggs in your ovaries to a very low number, you may have 'premature ovarian insufficiency' (POI), also called an **early menopause**.

You can read more about **how age affects fertility** and about **menopause** on the NHS website.

It is not possible to predict the exact effect chemotherapy will have on your fertility. Some types of chemotherapy have a greater impact than others, especially when given at a high dose and over a long time. Chemotherapy can affect the ovaries of young girls as well as of adult women, but it does not affect the ability of the uterus (womb) to carry a pregnancy.

It is very common for your periods to stop during chemotherapy. In younger women, they usually come back, although it may take many months for ovulation (the process of egg release) to begin again.

Doctors advise against conceiving a baby too soon after completing chemotherapy. The drugs can be passed onto your partner through vaginal fluids for around a week after treatment, so you should use a reliable barrier method of contraception during this time. It is advisable to take such precautions during vaginal, anal and oral sex.

Continue to use a reliable method of contraception for a while after your treatment finishes. As a general guide, to give your body time to recover, it is not recommended to conceive within 3 months of completing chemotherapy. You may, however, consider waiting until 2 years afterwards, when the risk of relapse (lymphoma coming back) tends to be lower. Seek further advice from your doctor about your individual circumstances.

At the moment, there are no effective methods to prevent the damaging effects of chemotherapy on the ovaries. If you are of reproductive age (or younger), talk to your medical team about **preserving your fertility** options before you begin treatment.

Radiotherapy and fertility

Radiotherapy uses radiation (high-energy X-rays) to destroy cancer cells. If received to the pelvic area (just below your belly button), there is a possibility of temporary or permanent infertility. Talk to your medical team about this before you begin treatment.

Effects of radiotherapy on men's fertility

In men, the pelvis is close to the testes, which produce sperm and the hormone testosterone. Radiation received to or around the testes can cause temporary or permanent infertility by lowering the number and quality of sperm. In order to minimise this risk, it may be possible to shield this area during treatments. However, if you have radiotherapy directly to your testes, you are very likely to become permanently infertile. **Total body irradiation (TBI)**, which is sometimes used before a stem cell transplant, usually causes permanent infertility, too.

You should use a reliable method of contraception during, and for at least 3 months after, radiotherapy – your medical team can advise you further. Even if your fertility is unaffected in the long-term, your sperm might be temporarily damaged after radiotherapy. This could cause abnormalities in a child conceived during, or soon after, treatment for lymphoma.

Talk to your medical team about ways to help **preserve your fertility options** before you begin treatment.

Effects of radiotherapy on women's fertility

Pelvic radiotherapy (received to the pelvic area) is very damaging to eggs. Women who have pelvic radiotherapy treatment are likely to have fewer eggs afterwards. If you do not have enough eggs to keep your menstrual cycle (periods) going, you will have an **early menopause**.

Pelvic radiotherapy also affects the blood supply to the uterus and causes scar tissue to develop. In many women who have had pelvic radiotherapy, the uterus is unable to carry a pregnancy.

Total body irradiation (TBI) also harms fertility because the pelvic area receives radiation during the process, affecting both the ovaries and the uterus. Women who have had TBI are often unable to carry a pregnancy.

If you are of reproductive age (or younger), talk to your medical team about **preserving your fertility** before you begin treatment.

Targeted therapies and fertility

The effects of **targeted therapies** on fertility are, at the moment, unknown. Doctors are also uncertain as to whether these treatments affect an unborn baby. Men and women are therefore advised to use contraception during treatment with antibodies and targeted drugs, and for 6 months after finishing treatment.

Preserving fertility

If you are of reproductive age, discuss fertility with your medical team before you begin treatment for lymphoma. **If your child has lymphoma**, talk to your child's medical team before their treatment begins.

Some of the techniques for preserving fertility have been used for many years; others are experimental. Fertility treatments are not always available on the NHS for people with cancer. Not all techniques are suitable for everyone.

Several techniques for preserving fertility in **men** and **women** are outlined below.

The following section describes two techniques used for preserving fertility in men, including:

- sperm banking
- testicular tissue freezing.

The following techniques for preserving fertility in women are also outlined below:

- egg freezing
- embryo freezing
- ovarian tissue freezing
- ovarian transposition.

Preserving fertility for men

Sperm banking is the main option for men who wish to preserve their fertility. **Testicular tissue cryopreservation** (testicular tissue freezing) may also be possible, however, this new technique is highly experimental at the moment and offered only as part of research trials.

Sperm banking

Sperm banking involves collecting and storing semen (the fluid that contains sperm). The **National Institute of Health and Care Excellence (NICE)** recommends that sperm banking is offered to all men whose treatment for cancer could affect their fertility.

With this technique, your semen is preserved and stored for use when you would like to have a baby. Because of the possible effects of treatment on the number and quality of your sperm, you must bank your sperm before you start your treatment for lymphoma.

A member of your medical team should explain the process of sperm banking to you. You should also be offered the opportunity to discuss sperm banking with a specialist counsellor.

Sperm banking may be an option for teenage boys who have gone through puberty. Scientists are investigating how to preserve the fertility of younger boys by freezing testicular tissue.

Before giving a sperm sample

- You have blood tests to check for infections including **human immunodeficiency virus** (HIV), hepatitis B and hepatitis C. If the results show that you have one or more of these infections (ie the results are positive), your sperm are banked at a specially designated centre.
- You are asked to give written consent for your sperm to be stored.

- You are then advised not to ejaculate (climax or orgasm) for up to 3 days before you give a sample. This ensures that your sperm count is as high as possible when you provide a sample.

Giving a sample

- You are asked to provide a sample of semen at a fertility clinic or at a hospital. You might feel embarrassed, but the staff at the clinic work regularly with people who are in a similar situation to you.
- You are given a sterile container (clean and free from bacteria) in which to collect your sample in a private room. You can take your partner and any visual aids with you to help stimulate you. You can't use any lubricant or saliva (spit), as these can affect sperm.
- Your sample is then sent to a laboratory. Here, it is analysed to check your sperm count (number), motility (ability of your sperm to swim strongly), and morphology (shape). Even if you have a low sperm count, you can still bank your sperm. It is possible to use samples with very low numbers of sperm to start a pregnancy using **intra-cytoplasmic sperm injection (ICSI)** as part of in-vitro fertilisation (IVF) treatment.
- Your medical team might advise that you begin treatment immediately. Otherwise, you may have time to give more than one sample a week or two before you begin treatment, should your fertility team advise it.

Filtering and storing your sperm

- Your sample is prepared in the laboratory. It is usually split into several individual straws (batches). This process results in the storage of the healthiest sperm available.
- Your sperm are frozen and preserved in liquid nitrogen.
- As standard, sperm are stored for 10 years. At the end of this period, you may extend storage for another 10 years. You can store your sperm for up to 55 years. Some hospitals store sperm free of charge. Others charge according to the costs set by the local health authority. The fee may depend on whether or not you already have children.
- If you change your address, tell the clinic (or wherever your sperm is stored). This is so that they can let you know when your storage period is coming to an end and so that you can pay any storage fees. If they are unable to contact you, they may destroy your sperm.

Using your sperm to begin a pregnancy

- There are no known risks associated with using frozen sperm. Not all sperm survive the freezing process, though, and some may be damaged.
- When you would like to begin a pregnancy, your sperm are thawed. They can be used to fertilise your partner's eggs by intrauterine insemination (IUI), in-vitro fertilisation (IVF) or intracytoplasmic sperm injection plus IVF (ICSI-IVF).

The type of treatment you can have depends on the quality of sperm stored. It also depends on your partner's age and fertility.

Testicular tissue freezing

Testicular tissue freezing (testicular tissue cryopreservation) involves removing some of the tissue from your testicles (organs that produce sperm) and freezing it for later use. Researchers are studying the effectiveness of this technique. At the time of writing, no babies have been born through this procedure and it is still considered experimental. Testicular freezing is offered only for research purposes in a very small number of centres.

At the moment, testicular tissue freezing is the only option for young boys who have not yet reached puberty. Testicular tissue taken from these boys does not contain sperm. It does, however, contain germ cells, which develop into sperm in puberty. After lymphoma treatment, cells from this tissue can be transplanted back to the donor, which might restore his fertility. Researchers are also investigating the possibility of developing sperm from germ cells in the laboratory. These sperm may then fertilise an egg in the laboratory.

Testicular tissue freezing is currently offered only at a few locations in the UK. Your hospital specialist can advise you on facilities available in your area.

The Human Fertilisation and Embryology Authority has [guidance on choosing a clinic](#), as well as an [online database](#) to search for fertility treatments, both NHS and private, across the UK.

Preserving fertility for women

The most common option for women is to [freeze and store eggs before treatment starts](#). [Embryo storage](#) may also be an option if you have a long-term partner. Be aware that if your partner later withdraws his consent to use the embryos, they must be destroyed. [Ovarian tissue freezing](#) and [ovarian transposition](#) are more experimental techniques for preserving fertility in women.

Egg freezing

You may be able to use eggs you froze before treatment to begin a pregnancy if you have:

- lost all of your eggs as a result of your lymphoma treatment
- had difficulty getting pregnant naturally after treatment because you have very few eggs left.

If you would like to freeze your eggs, it is important to discuss with your specialist whether your treatment plan allows you enough time to do so. The process, from your first hormone injection to having your eggs frozen, takes approximately 2 weeks. This may be too long if your lymphoma treatment needs to start immediately.

Before freezing your eggs

- You have blood tests to check for infections including **human immunodeficiency virus (HIV)**, hepatitis B and hepatitis C. If the results show that you have one or more of these infections (ie the results are positive), your eggs are stored at a specially designated centre.
- Your egg number is assessed to check that you are likely to respond to the hormone injections and develop enough eggs.

Freezing your eggs

- You have hormone injections for approximately 2 weeks. This stimulates eggs to grow in your ovaries.
- After the stimulation process, while you are under sedation, a fine needle is passed through your vagina into the ovaries. Fluid containing the eggs is collected from follicles (small, cyst-like sacs). The procedure takes about 10 minutes and you can go home afterwards.

Storing your eggs

- You are asked to give written consent for your eggs to be stored.
- Several eggs are frozen from a single cycle of treatment.
- As standard, eggs are stored for 10 years. At the end of this period, you may extend storage for another 10 years. You can store your eggs for up to 55 years.
- If you change your address, tell the clinic (or wherever your eggs are stored). This is so that they can let you know when your storage period is coming to an end and so that you can pay any storage fees. If they are unable to contact you, they may destroy your eggs.

You can find information about egg storage from the **Human Fertilisation and Embryology Authority (HFEA)**.

Using your stored eggs to begin a pregnancy

When you wish to use your stored eggs, you need an appointment at the fertility clinic. Your eggs are then thawed, and each is injected with a single sperm from your partner (or sperm donor) using **ICSI**.

The likelihood of pregnancy depends on your age at the time of egg freezing. Generally, younger women have more eggs available to freeze and so respond better than older women to the stimulation drugs. Additionally, the quality of eggs in younger women is higher, increasing the chances of pregnancy from each frozen egg.

For women under 35, the chance of pregnancy from a single stimulation cycle is approximately 1 in 3. It is rare to freeze eggs from women who are over the age of 40. This is because the chance of a pregnancy is extremely small.

Egg freezing is quite a new procedure and little information about the long-term development of babies born using this technique is available at the time of writing. What is known, however, is reassuring. Studies show no increase in rates of abnormality in babies conceived using frozen eggs.

Embryo freezing

An embryo develops from a fertilised egg. Embryo freezing (cryopreservation) is a safe procedure that has been used for over 30 years.

The process of freezing embryos is very similar to that of freezing eggs and the timescales are the same. The key difference is that on the day of egg collection, laboratory staff try to fertilise each egg with your partner's sperm. On average, 60 to 70 out of every 100 eggs fertilise.

Before embryo freezing

- You, and the person providing sperm, have blood tests to check for infections including human immunodeficiency virus (HIV), hepatitis B and hepatitis C. If the results show that you have one or more of these infections (ie the results are positive), storage happens at a specially designated centre.
- You are asked to give written consent for your embryos to be frozen and stored.

Storing your embryos

- There is no limit on the number of embryos you can store.
- As standard, embryos are stored for 10 years. At the end of this period, you may extend storage for another 10 years. You can store your embryos for up to 55 years.

- If you and your partner separate, your partner may withdraw his consent for the embryos to be used. Should this happen, the embryos must be destroyed.

Using your embryos to begin a pregnancy

- There are no known risks associated with using stored embryos, although some embryos may not survive the freezing and thawing process.
- When you want to use them, your embryos are thawed and transferred into your uterus.
- The process for using embryos depends on the protocol of your fertility clinic and whether or not you have regular periods. Ask your medical team for more information.

The likelihood of pregnancy with an embryo that has been frozen is only slightly lower than that using a fresh embryo. The length of time that the embryo has been frozen for does not have any effect.

Similarly to egg freezing, the chance of a future pregnancy depends on your age at the time when the embryos are created. It also depends on the quality of the frozen embryo. For women under 35, success rates are approximately 1 in 3 per cycle.

The National Institute of Health and Care Excellence (NICE) recommends that women:

- are offered the opportunity to discuss fertility with a specialist before starting oncology (cancer) treatment.
- proceed to egg or embryo storage if they are clinically able and they wish to do so.

Funding for embryo storage varies between areas. Discuss your options with your specialist. Where funding is available, you can store eggs or embryos on the NHS. However, when you wish to use the embryo, you are likely to need to meet **IVF eligibility criteria** in order to get NHS funding. Alternatively, you fund the treatment yourself.

You can read more about IVF and about ICSI from the **Human Fertilisation and Embryology Authority**.

Ovarian tissue freezing

Ovarian tissue contains eggs. Freezing ovarian tissue (ovarian cryopreservation) is a way of storing immature eggs that can be developed and fertilised later. Only a small number of babies have been born using this technique, but it is becoming accepted as an effective way of preserving women's fertility.

Ovarian tissue freezing involves removing all or part of one ovary during keyhole surgery on your tummy, under general anaesthetic. The tissue is divided into strips before being frozen and stored. Ovarian strips can be transplanted back into your body at a later date should you wish to have a baby. You may be able to get pregnant naturally or with IVF.

The [Human Fertilisation and Embryology Authority](#) have more information about IVF.

Ovarian tissue freezing may be suitable for girls who have not yet reached puberty and do not have mature eggs to collect for freezing. The frozen tissue can be replaced in her later, when she wants to conceive.

Ovarian tissue storage is not widely available in NHS hospitals and is still considered experimental. You may be able to access it through referral to a centre where it is available, or at a private clinic.

Your hospital specialist can advise you on the options available to you. The Human Fertilisation and Embryology Authority has [guidance on choosing a clinic](#), as well as an [online database](#) to search for fertility treatments, both NHS and private, across the UK.

Ovarian transposition

'Ovarian transposition' means an operation to move the ovaries higher up into the abdominal (tummy) area. This aims to protect the eggs against the damaging effects of radiotherapy. The evidence to show how effective this is isn't very clear. It may also have some risks.

Planning a family after lymphoma treatment

Many people go on to have a family after having treatment for lymphoma.

Your medical team should advise you on how long you should wait after finishing treatment for lymphoma before you try for a baby. Most people are advised to wait for up to 2 years. One reason is to give your body time to recover from treatment. Another is that the chances of lymphoma relapsing (returning) is usually highest in the first 2 years. Women are often advised not to wait too long after the recommended timeframe, in case of [early menopause](#).

You are usually advised to first try for a baby naturally. It isn't routine practice to have fertility tests after treatment for lymphoma. Investigations, such as measurement of hormone levels, are usually only done if you have not conceived after a year of trying, or if your periods haven't returned. Women tend to have fewer

eggs after chemotherapy. **It is therefore sensible to seek the advice of a fertility specialist earlier than if you had not had treatment.**

There is strong evidence that there is no increased risk of birth defects if you conceive after treatment for lymphoma. There is also good evidence that babies born to people who have had cancer are not at an increased risk of developing lymphoma themselves.

For both men and women, there is a possibility that lymphoma could relapse (return). This may have implications for pregnancy or having a baby. The members of your medical team can best advise you on your risk of **relapse**.

Some **chemotherapy drugs** can cause **late effects**, such as damage to your heart or lungs in the long-term. Pregnancy could place an additional strain on your system. Your hospital specialist can advise you on whether to have your heart function and lung function tested before you decide to try to conceive.

Ways to help you conceive if you have fertility problems

If you have difficulties conceiving, there are techniques that can help. These technologies are known as 'assisted reproductive techniques' (ARTs) and are different **for men** and **for women**.

Techniques to help men father a child

After **treatment**, some men want to have their semen quality checked. Speak to your medical team if this is the case.

You are generally advised to first try to conceive naturally. You'll give yourself the best chance of pregnancy if you have sex every 2 or 3 days. If your partner does not get pregnant within a year of trying, you may like to seek advice.

Tests can be arranged to see if you are producing sperm. If you are, you may be able to have fertility treatment using your sperm. If the results show that there is a problem with your sperm, you may be advised to use the sperm you stored before you had treatment for lymphoma.

The following techniques may be available to you if you have difficulties conceiving naturally:

- In-vitro fertilisation (IVF): your thawed sperm is combined with your partner's eggs in a laboratory. If the eggs are successfully fertilised by the sperm, one or two of the embryos that develop are inserted into your partner's uterus to begin a pregnancy.
- Intracytoplasmic sperm injection (ICSI): a single thawed sperm is injected into a single mature egg in the laboratory. Around 6 out of 10 of these eggs form an embryo. An embryo is inserted into the uterus as in IVF (so you may hear this called ICSI-IVF). This technique can be useful when there are very few sperm available.
- Intrauterine insemination (IUI): your thawed sperm are directly inserted into your partner's uterus. The chance of pregnancy using sperm within IUI treatment varies significantly between couples. You can discuss this with a fertility expert at the time of treatment.
- Artificial insemination by donor (AID): uses the same process as IUI, except for using a donor's sperm instead of your own. If you do not have any sperm after your lymphoma treatment and you did not bank sperm, AID could be an option for you.

Success rates for these techniques also vary significantly depending on the age of the woman. According to the Human Fertilisation and Embryology Authority, 2018:

- for women under 35, the chance of a livebirth is around 1:3, which is about 29 out of every 100 cycles (rounds).
- for women between 35 to 39, the chance of a livebirth is around 1:4 or 5, which is about 20 to 25 of every 100 cycles.
- for women between 40 to 42, the chance of a livebirth is around 1:10, which is around 9 out of every 100 cycles.

Techniques to help women have a baby

After your treatment, you are generally advised to first try to conceive naturally. You'll give yourself the best chance of pregnancy if you have sex every 2 or 3 days. If you do not get pregnant within a year of trying, seek advice.

Tests can be arranged to look at your uterus, to check whether eggs are being released regularly and to look at the number of eggs in your ovaries following your lymphoma treatment. If you have enough eggs, it may be possible to have fertility treatment using the eggs remaining in your ovaries. If you have a low number of eggs, you can use eggs or embryos that you stored before you had treatment for lymphoma.

If your egg number is very low and you did not store any eggs or embryos before your lymphoma treatment, you may consider **fertility treatment using donated eggs**. These eggs can be fertilised with your partner's sperm or sperm from a donor.

If you stored ovarian tissue before treatment, using this may be an option. This involves thawing the tissue and transferring it back into your body. If the tissue starts to produce eggs again, natural conception may be possible. To date, very few babies have been born using this technique and it is still considered experimental.

If your uterus is damaged, which can happen after pelvic radiotherapy, seek advice from a fertility specialist to discuss your options. You might consider surrogacy (where another woman carries and gives birth to a baby). **Surrogacy** is not routinely funded by the NHS and comes with emotional and legal considerations.

Other possibilities for having children

Adoption and fostering are possibilities for people who wish to have a family but are unable to conceive. You can ask your local county council about adoption and fostering.

Emotional support

Fertility problems and their investigations and treatment can cause emotional distress. The National Institute of Health and Care Excellence (NICE) recommend that 'people having problems conceiving are offered counselling before, during and after investigation and treatment for their fertility problems'. If you are interested in finding out more about counselling, ask a member of your medical team. Your clinical nurse specialist (CNS) is likely to be a good person to speak to. You can also find out about the potential benefits of counselling from the **Human Fertilisation and Embryology Authority**.

The Human Fertilisation and Embryology Authority also have information about **other sources of emotional support** that you might find helpful, including forums and support groups.

Many people find that meeting others who can identify with their experience is a helpful source of emotional support. The **Lymphoma Action Buddy Service** may be able to put you in touch with someone whose experience is similar to yours.

Useful resources and organisations

British Fertility Society promotes sharing of practice and raising standards in the use of reproductive technologies. Their website offers a set of information resources for the public.

The **British Infertility Counselling Association** provides information and support on all aspects of infertility and assisted conception. They offer access to trained counsellors who can help you to explore and process your thoughts and feelings.

Healthtalk.org is an online resource that provides information on a range of health issues. You can watch videos of people talking about their experiences of fertility treatment and sharing their decision making processes.

Human Fertilisation and Embryology Authority (HFEA) is a government agency that regulates UK fertility clinics and fertility research. On their website, you can read more about fertility treatments, find guidance on choosing a clinic, and search availability using their online database. You can also read about others' experiences of fertility treatment.

Fertility Network UK provides free and impartial support, advice, information and understanding for anyone affected by fertility issues.

The **NHS website** has information about fertility tests and treatments.

The Daisy Network provides support, information and a friendly support network for women with Premature Ovarian Insufficiency (POI: which is sometimes called early menopause, or premature menopause).

We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone **0808 808 5555** or email **information@lymphoma-action.org.uk**.

References

The full list of references for this page is available on our website. Alternatively, email **publications@lymphoma-action.org.uk** or call 01296 619409 if you would like a copy.

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