

# Family-Building Options for Men

This overview of fertility preservation and parenthood options for cancer patients is based on published literature. Success rates may vary from clinic to clinic and depending on individual patient characteristics. Visit [LIVESTRONG.org/Fertility](http://LIVESTRONG.org/Fertility) for more resources, including financial aid options.

*\* Experimental*

METHOD	DEFINITION	TIMING	TIME REQ.	AVERAGE SUCCESS RATES	AVERAGE COST	PUBERTAL STAGE	SPECIAL CONSIDERATIONS
SPERM BANKING	Sperm is obtained through self-stimulation, then frozen	Before treatment	Outpatient procedure	Approximately 20% -27% rate of pregnancy per cycle in cancer survivors	<ul style="list-style-type: none"> <li>\$1,000–\$1,500 for semen analysis, processing and 3 years of storage</li> <li>Storage costs \$300 per year</li> </ul>	After puberty	<ul style="list-style-type: none"> <li>Most established technique</li> <li>Deposits can be made every 24-48 hours</li> <li>Collection of several samples may allow patient to use IUI or IVF</li> </ul>
SPERM BANKING <i>(with alternative collection methods)</i>	Freezing sperm obtained through testicular aspiration or extraction, or through electro-ejaculation under sedation	Before treatment	Outpatient surgical procedures	If sperm is obtained, success rates are similar to standard sperm banking	Varies greatly based on collection method	After puberty	<ul style="list-style-type: none"> <li>Can be considered if male cannot bank due to illness, physiological and/or other psycho-social barriers</li> <li>Collection of individual sperm may necessitate later use of IVF/ICSI</li> </ul>
TESTICULAR TISSUE FREEZING*	Tissue is obtained through biopsy and frozen for use after treatment either by reimplantation or in vitro maturation of sperm cells	Before treatment	Outpatient surgical procedure	No available human success rates	<ul style="list-style-type: none"> <li>\$2,500 for surgery</li> <li>Tissue storage costs \$300 per year</li> <li>Costs may be reduced or waived due to experimental nature of procedure</li> </ul>	Before puberty	<ul style="list-style-type: none"> <li>Only preservation option for pre-pubescent boys</li> <li>Only available under IRB protocol at a few locations</li> </ul>
TESTICULAR SPERM EXTRACTION	Use of biopsy to obtain individual sperm from testicular tissue	After treatment	Outpatient surgical procedure	Sperm retrieved in 37% of patients; higher success rates in testicular cancer patients, lower in patients exposed to alkylating agents	\$6,000–\$16,000 (in addition to costs for IVF)	After puberty	Clinician experience with technique important
RADIATION SHIELDING OF TESTES	Use of shielding to reduce scatter radiation to the testes	During treatment	In conjunction with radiation treatments	Possible with select radiation fields and anatomy	Generally included in the cost of radiation treatments	Before and after puberty	Does not protect against effects of chemotherapy
DONOR SPERM	Sperm donated for fertilization of eggs, usually through IUI	After treatment	Readily available for purchase	10-40% pregnancy rate per IUI cycle; 50-70% after six IUI cycles	\$300–\$750 per vial (in addition to costs for IUI or IVF)	After puberty	Patient can choose donor based on wide range of characteristics
ADOPTION	Process that creates a legal parent-child relationship	After treatment	Varies depending on the type of adoption	N/A	\$0–\$40,000+ depending on type of adoption, e.g., through foster care system, domestic or international adoption	After puberty	Cancer history may be a factor

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