Cancer, Fertility & Me

For boys and young men

Helping you make
the right decision for you

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This booklet has been designed to support everyone potentially eligible for fertility preservation treatment. Every effort has been made to provide accurate and complete information at the date of publication. However, errors can happen. If you have any questions, ask the healthcare professionals looking after you for more information (January 2026).

What is this booklet about?

Hello! This booklet is called a patient decision aid.

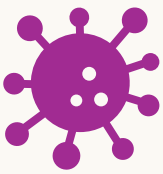
It has been developed to help you decide whether you would like to preserve your fertility, or not, before starting cancer treatment.

It is aimed at boys and young men who are 11 to 25 years old. It is ok to read this in your own way. This might be in little bits, or all at once. You can read it alone, or with a family member, friend, or a nurse or doctor.

If you have been diagnosed with cancer, you are likely to have a lot on your mind. You might experience a range of feelings and emotions and have a lot of questions. Hopefully, the information in this booklet will help you make a decision that is right for you.

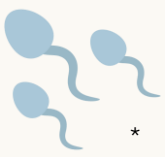
This section has information to help you understand more about cancer, fertility and what fertility preservation treatment is.

What is cancer? Cancer is caused by the body's cells growing too much. These cells can spread to other parts of the body where they aren't needed. As a result, people with cancer need to have treatments.



What is cancer treatment? The main aim of treatment is to remove the cancer, and to try to stop it from coming back. The main treatments include chemotherapy, radiotherapy and surgery. Sometimes people will need to have two or more different types of treatment. Some of these treatments have side effects.

How can cancer treatment affect fertility? One side effect can be fertility problems. This means you may not be able to have a child using your own sperm, without some medical help from doctors. The ways in which cancer treatments can affect fertility depend upon the type of cancer and the treatment you may have. It is important to know that not all boys and young men will have a fertility problem after cancer treatment. Some will still be able to have a child naturally in the future, without any problems.



What is fertility preservation treatment? If you are at risk of a fertility problem, you may be able to have fertility preservation treatment. Fertility preservation treatment involves collecting and storing sperm or tissue from the testicle. This can hopefully be used to help you have a child in the future. Not all boys and young men will want to preserve their fertility, but some will.

*Image designed by Freepik

Things to remember when reading this booklet



There are no right or wrong fertility preservation decisions.
booklet is designed to help you make the decision that is best for you.

- Cancer treatments work in different ways. You should ask your cancer team how likely it is that you might have trouble with your fertility for each treatment option you are given.
- Not all of the fertility preservation options described in this booklet are suitable for all boys and young men.
- Some of the fertility preservation options explained in this booklet may not be available at all hospitals. Your doctor will explain what is available to you.
- If you choose to have fertility preservation, this does not guarantee that you will be able to have a biological child in the future.

This booklet has been developed to help you decide whether you would like to preserve your fertility, or not, before starting cancer treatment.

- This booklet highlights the importance of talking to your cancer care team and fertility care team **before** starting cancer treatment.
- If you have already started your cancer treatment, the information in this booklet may still be useful to you. We encourage you to talk to your cancer care team straight away if preserving your fertility is something you would like to think about.

It can be difficult to think about fertility after a cancer diagnosis.

- If you have been diagnosed with cancer, you are likely to have a lot on your mind. Things may feel uncertain and confusing, and you may have a lot of questions.
- If you need support with how you are feeling, your GP, cancer doctor, nurse or fertility specialist can help put you in touch with a counsellor.
- There are also organisations that can help. These are listed on **page 17.**

How can cancer treatment affect fertility?

Chemotherapy is the use of medicine to destroy or slow the growth of cancer cells.

- It can also damage healthy cells in your body, making it hard to produce sperm.
- How this affects your fertility depends on the type of medicine you take, how much you need, and how long you take it. It can also depend on whether you take more than one medicine.

Surgery works by taking the cancer out of the body during an operation. Sometimes taking the cancer out means taking out the body part the cancer grew into.

- If both testicles need to be removed, you won't be able to make sperm.
- Surgery to remove certain lymph nodes affected by cancer of your testicles could damage nerves. This could affect your ability to release sperm.
- Surgery on your brain can damage how hormone signals are sent to the testicles to make sperm.

Radiotherapy uses strong energy rays (like x-rays) to destroy or damage cancer cells in the part of the body that is being treated.

- How radiotherapy affects fertility depends on how much treatment is given and which area of the body is treated.
- If the treatment is at (or near) the testicles, it could damage the tubes that make the sperm and the cells that make hormones.
- If the treatment is near the brain, it could damage the signals sent to the testicles which help to make sperm.

Targeted Drug Therapies are newer medicines used to treat cancer. They work by helping the immune system, slowing down or stopping cancer cells from growing, or reducing some of the side effects of cancer treatment.

- There are lots of different types of targeted drug therapies. Because they are new, doctors don't yet understand whether they affect fertility.

Stem Cell Transplant (also called Bone Marrow Transplant) are when doctors replace unhealthy stem cells with healthy stem cells. These help your body make new blood cells.

- Most patients having this treatment have already had chemotherapy and other treatments, so doctors have often thought about their fertility before.
- These treatments together can affect your chance of having children using your own sperm. If these treatments do affect this, it is often long-lasting.

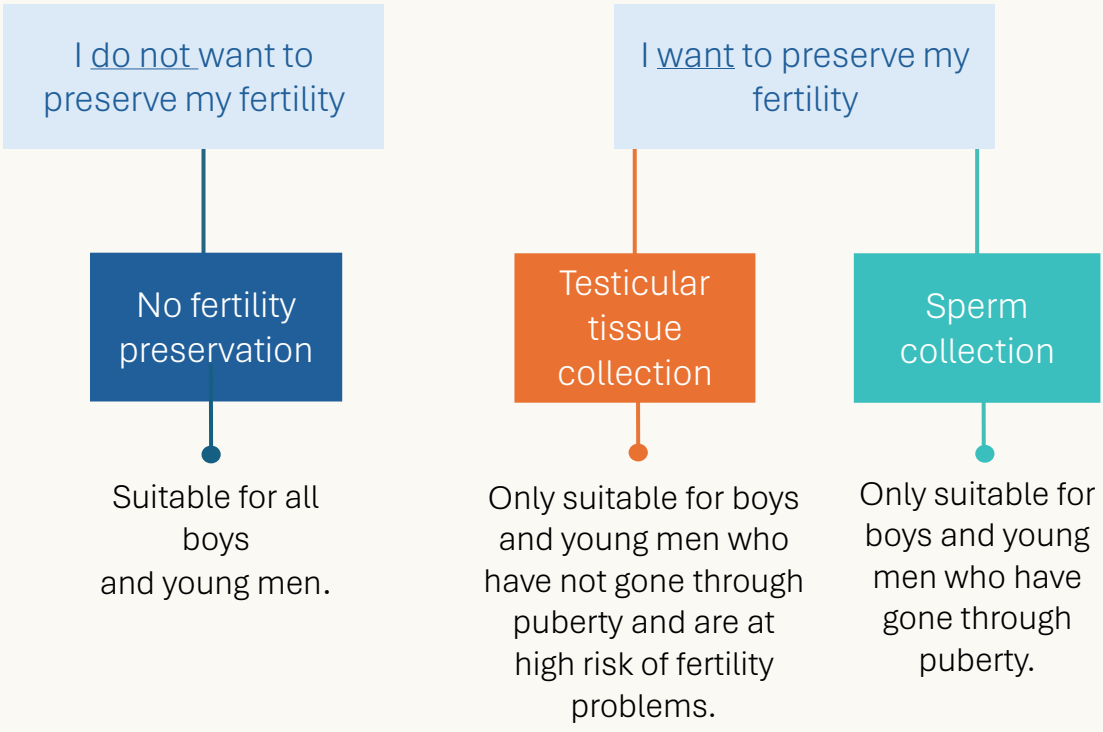
! It's important to use contraception to avoid starting a pregnancy whilst you are having treatment for cancer.

*Image designed by Freepik

The fertility preservation options

There are three fertility preservation options which are covered in this booklet. These are shown in Picture 1, below. Which option might be best for you will depend upon your own wishes, and whether you have gone through puberty or not.

Picture 1: The Fertility Preservation Options



Things to remember

- Not all of the fertility preservation options described in this booklet are suitable for all boys and young men.
- Some of the fertility preservation options explained in this booklet may not be available at all hospitals. Your doctor can talk to you about what is available to you.

! If you have already started your cancer treatment, the information in this booklet may still be useful to you. We encourage you to talk to your cancer care team straight away if preserving your fertility is something you would like to think about.

No fertility preservation

About this option

Not all boys and young men will want to try to preserve their fertility.

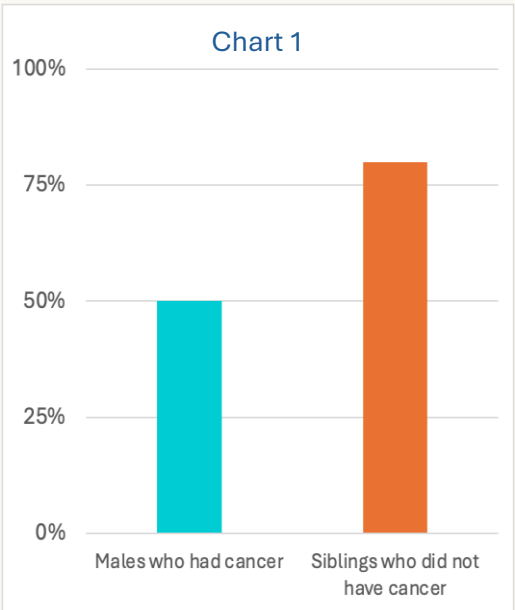
- Some choose to wait and see if cancer treatment has affected their fertility. This means you could have a fertility problem after treatment, or if your fertility is not affected it could return naturally. No one can guarantee what will happen after your treatment. You can talk to your doctors about this.
- Some cannot have fertility preservation treatments because of their cancer type and stage.
- Some may be embarrassed about producing a semen sample. For some, it is not possible for cultural, religious or medical reasons. If these are issues that affect you, please see page 12. It includes information which may be helpful to you.

What happens if I choose this option?

You do not need to do anything extra. You will still get your cancer treatment. If you are having sex, you will need to practice safe sex and use contraception during treatment.

What else do I need to know about this option?

What are the chances of having a child using my sperm in the future? This is difficult to predict. Some research shows that men who have had cancer treatment are less likely to report having a child, compared to their brothers who have not had cancer (Chart 1).



Not all men who have had cancer will have a fertility problem in the future. This will depend on:

- your cancer diagnosis
- the treatment you have had
- how the treatment may have affected your body.

Will this option affect the health of the baby? No.

Does this option have any side effects? No.

Will this option delay the start of my cancer treatment? No.

Will this option increase the chances of my cancer coming back? No.

Testicular tissue collection

About this option

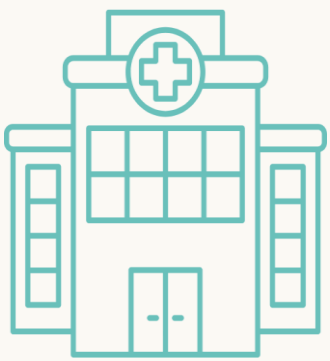
- Testicular tissue collection is an option for boys and young men who have not gone through puberty and are not making sperm yet. This is because boys cannot make sperm before puberty.



- Doctors can take and freeze a small piece of testicular tissue to keep it safe for the future. This is offered in some hospitals. Scientists are still learning how this tissue might be used to help someone have a baby when they are older, so it may not work.
- You will only be offered this option if you are at high risk of a fertility problem because of your cancer treatment.

What happens if I choose this option?

- You will need to go to hospital and have surgery.
- Doctors will give you medicine to make you sleep during the surgery (general anaesthetic).
- Next, a doctor takes a small piece of tissue from your testicle.
- Special liquid is added to protect the tissue. It is then frozen and stored in a cold tank.
- Doctors hope that one day they can use your stored tissue to help make sperm. This could be done by putting the tissue back into your body or by using it in a laboratory.
- If this is possible, the sperm could be used to start a pregnancy, if you decide you want to have a child in the future.



! Your healthcare team will check your overall health and make sure it is safe for you to have tissue removed. These checks are important and sometimes they mean this option will not be possible.

Testicular tissue collection (continued)...

What else do I need to know about this option?

What are the chances of having a child using my sperm in the future?

Making sperm using frozen tissue from a person's testicles is a new method. A child has not yet been born this way, but research has started. Doctors think it will be possible in the future.

Will this option affect the health of the baby?

This is unknown but thought to be unlikely that it will affect a future baby's health.

Does this option have any side effects?

- Common : Pain, temporary mild swelling or bruising of scrotum (the little sac below the penis where testicles are kept).
- Less Common: Infection.
- Rare: Accidental damage to testicle, testicle shrinking, longer term pain in testicle, some normal risks with having medicine that makes you go to sleep for an operation (general anaesthetic).

If you experience side effects, your doctor can help you manage these. For example, they can give you medicine to help manage any pain.

Will this option delay the start of my cancer treatment?

- If you choose to have testicular tissue collected, this may take several days to arrange.
- However, your cancer treatment should still start within the time period recommended by your cancer doctor.
- Having fertility preservation is not expected to reduce the chance of your cancer treatment being successful.

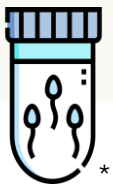
Will this option increase the chances of my cancer coming back?

- Collecting tissue will not increase your chance of the cancer coming back.
- Doctors hope that they will be able to make sperm from your stored tissue either by putting the tissue back into your body or by making sperm from the tissue in a laboratory.
- Scientists are still learning how this tissue might be used to help someone have a baby when they are older. If it needs to be put back into the body, doctors will carefully check the tissue to try and make sure that only healthy tissue is used.

Sperm collection

About this option

For boys and young men who have reached puberty, sperm can be collected and stored by freezing it.



What happens if I choose this option?

- Most young men will be able to collect a semen sample themselves (by masturbation).
- You can do this in a private room at the hospital. Sometimes it may be possible to collect a sample at home. You can talk to your nurse or doctor about this.
- Once collected, the sperm will be checked to see how many there are, how well they move, and their appearance.
- The sperm is mixed with a solution to protect the cells from damage during the freezing process. It is then stored in a very cold tank.
- Later, you may decide to try and have a child using your stored sperm.
- You may need to have other tests (such as blood tests), to check for any viruses or infections. This could be before or after you have collected your sample. Your doctor will talk to you more about these.

Some may be embarrassed about producing a semen sample via masturbation. For some, it is not possible for cultural, religious or medical reasons. If these are issues that affect you, please see page 12. It includes information which may be helpful to you.

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Sperm collection (continued)...

What else do I need to know about this option?

What are the chances of having a child using my sperm in the future?

To use your sperm, the doctors will thaw and check the sample when you want to use it. When you are ready to use it, other fertility treatments are needed to help you have a child. These treatments are called:

- Intrauterine insemination (IUI)
- In vitro fertilisation (IVF)
- Intracytoplasmic sperm injection (ICSI)

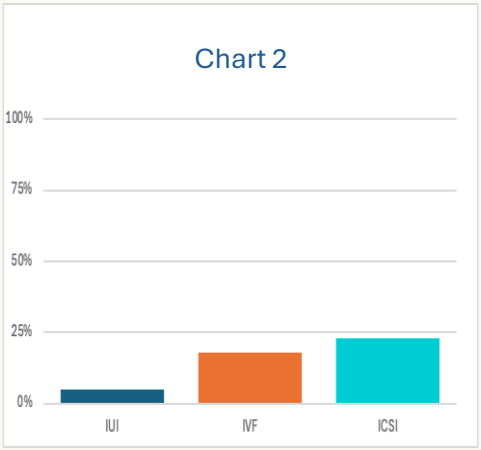


Chart 2 shows the success rates per round of fertility treatment.

- It shows how the success rates of having a child are similar with IVF and ICSI.
- But this will also depend upon different factors, such as your sperm quality before freezing, your partner's age and fertility, or your cancer diagnosis.
- For more information, see page 18.

Does this option have any side effects? You should not have any physical side effects from collecting a sample by yourself.

Will this option affect the health of the baby? Using frozen sperm to start a pregnancy is not thought to affect the health of the baby.

Will this option delay the start of my cancer treatment? Freezing sperm should not cause any delays. It can be done very quickly.

Will this option increase the chances of my cancer coming back? This will not affect the chances of the cancer coming back.

! Remember, some boys and young men will not have a fertility problem after cancer treatment and will be able to have a child naturally.

What if I have gone through puberty and cannot produce a sperm sample?

Some young men who have gone through puberty may be unable to produce a sperm sample by themselves. Reasons for this can include:

- a blockage stopping sperm from leaving the penis,
- you may not be able to produce enough sperm,
- pain or illness,
- embarrassment or anxiety,
- or religious/cultural reasons.



If this happens to you, it is ok and it is not your fault. There are other ways to help you to produce a sperm sample. The most common procedures that doctors use are called Electroejaculation and Testicular Sperm Extraction (TESE). These procedures may be offered but are only carried out in some hospitals. Depending on your personal circumstances, there may be other options which are offered to you to help you produce a sperm sample. Your doctor will talk to you about these.

What happens during electroejaculation?

- At the hospital, doctors will give you medicine to make you sleep during the surgery (general anaesthetic).
- While you are asleep during the surgery, a doctor will place a probe into your bottom. The probe gives out a mild electric current. This stimulates your body to release semen. Any semen produced is then frozen and stored for you to use in the future.
- There can be side effects from this procedure. Your doctor should talk to you about these risks.

What happens during TESE?

- At the hospital, doctors will give you medicine to make you sleep during the surgery (general anaesthetic).
- Next, a doctor will make a cut in your scrotum. The scrotum is the little sac below the penis where testicles are kept. Making this cut will help them to find your testicle. This is a routine procedure for boys at risk of a fertility problem.
- They will then open your testicle to find areas with sperm in. The doctor will then take a small section of tissue from your testicle. They will then look at this tissue to try to find sperm. Scientists will then freeze any sperm found. They will store this frozen sperm for you to use in the future.
- There can be side effects from this procedure. Your doctor should talk to you about these risks.

For more information about these procedures, speak to your doctor or go to page 18 for further information.

*Image designed by Freepik

Making notes and asking questions

Making notes

Here is a space for you to write down what you like and what worries you have about the different fertility preservation treatment options. These notes may help you talk about which option is best for you with your cancer and fertility care team, or anyone else close to you.

What I like

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What worries me

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Asking questions

Here are some questions for you to think about. You might find these helpful to ask and talk through with your cancer and fertility care team, or anyone else close to you. There are also organisations that can support you (see page 17). These might help you decide what is important to you.

- Does my type of cancer or treatment affect my fertility preservation choices?
- Can I check my fertility before my cancer treatment starts?
- Why is it important to make a fertility preservation decision now?
- Does my age affect the type of fertility preservation choice I can make?
- I might not be able to have fertility treatment because of my religion. How do I feel about this?
- How much will this cost me?
- What options are available at my hospital?
- How do I talk to my family or partner about this?
- How long will my sperm or tissue be stored for?

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Making my fertility preservation decision before starting cancer treatment

Deciding to have, or not to have, fertility preservation treatment

This part of the booklet has an exercise to try to help you decide if you want to:

- Have fertility preservation before starting cancer treatment, or
- Start cancer treatment without having fertility preservation.

Some young men are sure about their choice. Others find it hard to choose and it is okay to feel uncertain. There is no right or wrong choice. It depends on two things. What matters most to you now and also your wishes after your cancer treatment.

What matters most to me?

Please look at the statements in **Table 1** below. These will help you think about what is important to you now. Give each one a value from 1 to 4, where

1. is not important to you,
2. is slightly important to you,
3. is quite important to you, and
4. is very important to you.

When you have completed the task, you might find it helpful to share your answers with your cancer or fertility care team, or anyone else close to you.

Table 1

	Not important	Slightly important	Quite important	Very important
Starting cancer treatment straight away	1	2	3	4
Wanting to have my own biological child in the future	1	2	3	4
Taking steps to preserve my fertility before cancer treatment	1	2	3	4
Waiting to see if my fertility comes back naturally after completing cancer treatment	1	2	3	4

What happens after I have made my fertility preservation choice?

If you decide to have fertility preservation treatment, there are important things to know about funding and future storage of your frozen tissue and sperm:

Funding

You may have worries about the costs of fertility preservation treatment.

- The NHS can fund the freezing of sperm or tissue if you are diagnosed with cancer and your treatment may cause fertility problems in the future.
- There is no lower age limit for freezing tissue or sperm for fertility preservation.
- Storing your material is free, but the NHS might not pay for the fertility treatment (like IVF) if you wish to use it in the future. This depends on the rules set by your local NHS area. These rules can include things like age limits for partners or whether you already have children.
- Your care team will discuss this with you at the time you are thinking of using the sperm or tissue. The funding rules may change between now and when you are thinking of using the stored material.

Future storage

Your tissue or sperm is a part of your body and is protected by law. This means it must be kept safe and private. Only doctors and nurses who need to know are allowed to look after it. The law protects it from:

- Getting lost
- Getting damaged
- Being used in any way you do not want
- If you move to a different place or go to a different hospital, your tissue or sperm can stay safely stored, and doctors can make plans, so it is still looked after properly.

What choices might you make after treatment?

It's very hard to predict exactly how your fertility will be affected. Some people's fertility returns naturally after cancer treatment, but this doesn't happen for everyone.

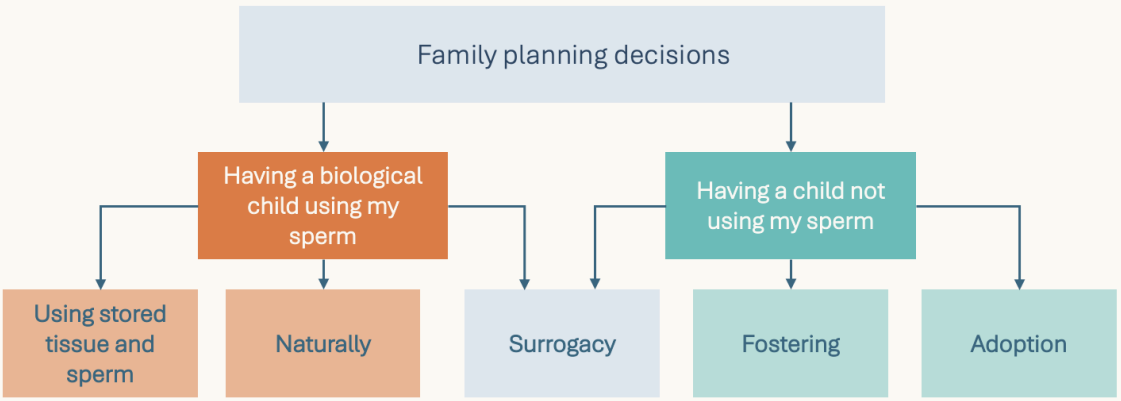
- Fertility testing: If you want to know more about your fertility, you can have tests to check if your body can make sperm. This involves giving a semen sample. Doctors will then check it in a lab to see if there is any sperm.
- Contraception: If you don't want to start a family yet, you'll need to keep using contraception. Your cancer care team or GP can help you choose what's right for you.
- Planning for the future: You might want to start a family later, or you might decide not to have children. Both choices are okay.

What happens after I have made my fertility preservation choice?

What are my options if I want to start a family?

Always talk to your GP or cancer doctor if you are thinking of starting a pregnancy after treatment.

- After treatment, some young men will be able start a family naturally.
- Some young men who have chosen to have fertility preservation will need to use their stored sperm or tissue to start a family (see more information below).
- There are alternative routes to starting a family. These include adoption, surrogacy, or donor sperm.



Using your frozen tissue and sperm

Doctors and scientists are studying how they can use stored testicular tissue to make sperm. They hope that this sperm can be used to have a child in the future. Clinical trials to do this have started.

You can use your frozen sperm in different ways:

- Doctors can place your sperm inside a female's womb to fertilise an egg (IUI).
- They could also use your sperm to fertilise an egg outside of the body (IVF or ICSI). This would make an embryo. They would then place the embryo into a female's womb to grow.

When you are ready to use your sperm, you will need to contact the fertility centre. They can explain the different treatments to you. You can then decide how to use your sperm to try and have a child.

Ways to find further support

Talking about your fertility preservation decision with others

It is normal to have difficult thoughts and feelings during this journey. There are no right or wrong ways to feel. You might find talking about your cancer and fertility options helpful. This could be with a family member, partner, or friend or your doctor, nurse or other healthcare professional. Here are some things you may want to talk about:



- Making difficult choices.
- Your feelings and how to manage them.
- How your cancer and fertility affects your relationships.
- Anxiety and stress.
- How to cope with your cancer and fertility treatments.

Organisations

Here's a list of organisations you might find helpful in offering information and support – including connecting you with others who might have similar experiences to you.

Lymphoma Action. Tel: 0808 808 5555. www.lymphoma-action.org.uk

Teenage Cancer Trust. Tel: 020 7612 0370. www.teenagecancertrust.org

Teenagers and Young Adults with Cancer (TYAC). Tel: 0333 050 7654. https://www.tyac.org.uk

Youth Access. Tel: 020 8772 9900. www.youthaccess.org.uk

Young Lives vs Cancer. Tel: 0300 330 0803. www.younglivesvscancer.org.uk

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP). https://www.bacp.co.uk/

British Infertility Counselling Association (BICA). https://www.bica.net/

Fertility Network UK. https://fertilitynetworkuk.org/

The Fertility Alliance. https://thefertilityalliance.org.uk/

Useful links

This page includes links to further information which may be useful to you. Please scan the codes below to access this information.

Sperm freezing and testicular tissue freezing

Testicular tissue freezing for young boys

Sperm collection and future storage

Electroejaculation

TESE

IVF

ICSI

IUI

A summary of the fertility preservation treatment options

	No fertility preservation	Testicular tissue freezing	Sperm freezing
Who is it for?	Young males that need to start cancer treatment straight away. Young men who want to wait and see.	Boys who have not yet reached puberty and are at high risk of fertility problems.	Young men who have reached puberty.
Chance of having a child?	It depends on how your cancer treatment has affected your body.	Unknown. This is a very new method. Research is ongoing into whether sperm made this way can be used to start a pregnancy.	It depends on many factors. These are: the sperm quality before freezing, how old and fertile your partner is, and what fertility treatment is used.
Effect on the health of baby?	No effect.	Unknown.	Data suggests the health of the baby will not be affected.
Side effects?	No side effects.	Common: Pain, mild swelling or bruising of testicle or scrotum for a few days after surgery. Less Common: Infection Rare: Damage to the testicle, long-term pain in testicle, testicle becoming smaller, standard risks linked to having medicine to make you in a sleep-like state during surgery.	No side effects. But, if you have electroejaculation or TESE to help you produce a sperm sample, then there may be side effects from these procedures.
Delay to start of cancer treatment?	No delay.	Cancer treatment should still start within the time period recommended by your cancer doctor.	Cancer treatment should still start within the time period recommended by your cancer doctor.
Effect on the cancer coming back?	No effect.	Collecting tissue will not increase your chance of the cancer coming back. Scientists are still learning how this tissue might be used to help someone have a baby when they are older. If it needs to be put back into the body, doctors will carefully check the tissue to try and make sure that only healthy tissue is used.	This will not affect the chances of the cancer coming back.

Glossary

Term	Description
Adoption	When someone legally becomes the parent of a child who wasn’t born using their sperm or egg.
Cancer	A disease caused by the body's cells growing too much. These cells can spread to other parts of the body where they aren't needed.
Chemotherapy	A treatment that uses strong medicines to kill cancer cells or stop them from growing. It can be given as tablets or through a drip into a vein. It may cause side effects because it can also affect healthy cells.
Contraception	Using ways (such as condoms and medicines like 'the pill') to prevent pregnancy. These stop sperm from meeting an egg or stop an egg from growing.
Donor	When a fertile person gives (donates) eggs or sperm to another person who is having fertility problems.
Ejaculation	When fluid containing sperm leaves the male body through the penis.
Electroejaculation	A medical way to collect semen (sperm) from patients who have problems with natural ejaculation.

Glossary

Term	Description
Embryo	This forms after an egg has joined together with a sperm. It is a tiny group of cells that may grow into a baby.
Fertility	The ability to make a baby. For women, this means being able to get pregnant and give birth. For men, it means being able to make someone pregnant.
Fertility preservation	Preserving your sperm or tissue so that you have the potential to have a biological child in the future.
Fostering	When a child or young person lives with a different family (foster carers) because they cannot stay with their own family. Foster carers provide a safe home and support for as long as needed.
General anaesthetic	A mix of medicines that send you to sleep, so you're not aware of the surgery and do not move or feel pain while it is done.
Hormones	Natural chemicals in your body that act like messengers. They carry signals to different parts of your body telling them what to do and when to do it. Hormones help control many important functions, such as growth, mood, energy, and reproduction.
Intracytoplasmic Sperm Injection (ICSI)	A fertility treatment where a single sperm is put directly into an egg using a fine needle under a microscope. This is done in a laboratory outside of the human body.
IUI (Intrauterine Insemination)	A fertility treatment where sperm is put into the womb using a thin tube. If the sperm joins with the egg, a pregnancy may start.

Glossary

Term	Description
IVF (In vitro fertilisation)	A fertility treatment where eggs and sperm are combined in a laboratory dish. This allows an embryo to form.
Laboratory	A place where scientific tests and experiments are done, often using special equipment.
Live birth	A birth where a child is born alive.
Pituitary gland	A tiny organ which is the size of a pea. This is found at the base of the brain. It makes and stores many different hormones.
Pre-pubertal	Before puberty.
Post-pubertal	After puberty.
Puberty	The stage of life when a young person's body starts to change into an adult body. During puberty, the testicles begin to make sperm and male hormones. This makes it possible to have children in the future. During puberty, physical changes can happen such as growth spurts, voice changes, and growing more body hair.
Radiotherapy	A type of cancer treatment which uses strong energy rays (like x-rays). These destroy or damage cancer cells in the part of the body that is being treated.
Research trial	Testing new treatments or methods to see if they are safe and useful. People take part in research trials to help doctors learn more and improve care. Trials follow strict rules to protect patients.

Glossary

Term	Description
Scrotum	The little sac below the penis where testicles are kept. It holds and protects the testicles and helps keep them at the right temperature to make sperm.
Semen	Fluid which is released during ejaculation. The fluid contains sperm cells and other fluids produced by the male body.
Side effects	Unwanted or unexpected changes in the body caused by a medicine or medical treatment.
Sperm	Tiny cells made in the testicle. These are needed to fertilise an egg to start a pregnancy.
Stem cells	A special type of cell that can develop into many kinds of cells in the body. They help the body grow and repair itself. They also replace damaged cells and are important for making new blood cells.
Stem Cell Transplant (or Bone Marrow Transplant)	A medical procedure where damaged or unhealthy stems cells are replaced with healthy ones. These cells can grow into healthy blood cells.
Surrogacy	An arrangement where a woman carries and gives birth to a baby for another person or couple, who will become the child's parent(s) after birth.
Targeted therapy	A type of treatment that uses medicines to find and attack cancer cells without causing less damage to healthy cells.
Testicular Sperm Extraction (TESE)	A fertility preservation treatment where a small bit of tissue is taken from the testicle. Healthy sperm cells from that tissue are taken out and saved to use later.

For more information visit:
www.leedsbeckett.ac.uk/cancerfertilityandme

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The CFM research team members who developed this resource include psychologists, doctors, nurses, scientists, patients and charity partners from across the UK. For further details about who we are please go to [we will insert the website address here when it's ready]. The CFM research team members do not stand to gain or lose with regards to the use of this resource.

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