Cancer affects millions of Americans annually. Men’s lifetime risk of developing cancer for all sites is 50%; women’s lifetime risk is just over 33% [1]. While generally cancer is perceived as a condition affecting the elderly, nearly 10% of those diagnosed are under the age of 45, which are typically considered prime childbearing years [2]. Indeed, many of those diagnosed with cancer are still children. In 2006, an estimated 9,500 new cases of pediatric cancer were diagnosed in the United States [3]. Because of recent breakthroughs and more aggressive treatments, the survival rate of those diagnosed with childhood cancer has risen to almost 80% [4]. One estimate is that by 2010 one of every 250 adults will be a survivor of childhood cancer [5].

But while more aggressive treatments have meant more young people survive cancer, these treatments have also resulted in impaired fertility for some. Given the numbers of children and adults within their child-bearing years diagnosed with, treated for, and surviving cancer, the ability to biologically reproduce has become an important issue within oncology. Oncofertility has emerged as a way to address potential lost or impaired fertility in those with a history of cancer, with active biomedical research that is developing new ways to help those afflicted with cancer preserve their ability to have biological children [6].

Fertility concerns have begun to emerge as a quality of life issue important to patients. In one study of cancer survivors, 76% of those who were childless expressed a desire to have children in the future [7]. Impaired fertility as a result of cancer treatment has negative psychological as well as physical effects. The existing literature on women whose fertility was impaired as a result of cancer treatment reveals an intense psychological distress; for these women, “psychological distress may result from, not only the loss of the physical ability to conceive, but also a symbolic loss of the option or idea of fertility, regardless of whether this would have been acted upon or achievable” [8]. Studies on men have revealed similar levels of long-term distress over their impaired fertility as a result of cancer treatments [9].

The previous book, Oncofertility: Fertility Preservation for Cancer Survivors, primarily concentrated on the medical and technological aspects of oncofertility [10]. What differentiates this book from the first edited collection is the focus on perspectives from those outside of “hard” science. To move beyond oncofertility as a science and medical technology and begin to address the social, legal, and
ethical ramifications of this emerging field, we must give voice to scholars from the humanities and social sciences to engage in an interdisciplinary discussion. This book, we hope, will begin such a discourse.

*Oncofertility: Ethical, Legal, Social, and Medical Perspectives* emerged from a robust summit that occurred in the summer of 2009, which brought together scholars from the humanities, social sciences, and the law, to examine the complex issues raised by recent developments in the field of oncofertility and to provide interdisciplinary perspectives to help shape the understanding and delivery of this new field. The book opens with some background information on the science and technology of oncofertility. The majority of this book addresses the ethical, legal, and social aspects of oncofertility and is divided into five sections: Historical and Legal Perspectives; Clinical and Theoretical Ethics; Religious Perspectives; Ramifications for Education and Economics; and Repercussions of Oncofertility for Patients and their Families. The final section is titled Health Care Provider Stories and Final Thoughts. Our first book highlighted patients’ stories of facing cancer and potential infertility while being young. This book provides first person stories from the providers’ side of the equation. In remarkably honest prose we are given insights into the impact oncofertility is having on the health care professionals drawn into this emerging field.

Both cancer and infertility play profound roles in American society beyond their existence as medical diagnoses. It is our hope that this book will be useful for people not only within the humanities and social sciences disciplines but also for those who are confronted with cancer and the possibility of impaired fertility and the medical practitioners within oncology and reproductive medicine who are at the front lines of this emerging field.

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