

Contraception and Cancer

Definitions

STIs- sexually transmitted infections

AYAs- adolescents and young adults with cancer

Contraception- prevention of pregnancy

Spermicides- substances that kill sperm.

Pregnancy during cancer treatment is very dangerous for both the mother and the fetus

Most adolescents and young adults remain capable of a pregnancy even though they are receiving treatment

Effective birth control is essential for all sexually active teens and young adults during their treatment

Contraceptive Methods

Abstinence or postponement of sexual activity is the most effective method of preventing pregnancy and STIs. Abstinence is normal, acceptable and common for AYAs during treatment

Male condoms

Non-prescription single-use barrier contraception method. Male condoms are strongly recommended for all sexual encounters as they are protective against infections and prevent the exchange of genital secretions, which may contain chemotherapy drugs.

Combined Hormonal Contraception

Oral combined pill (OCP)

Vaginal rings and transdermal patches

Combined hormonal birth control contraceptives may be safe to use during cancer treatment depending on the type of cancer and treatment. There is an increased risk of blood clots with these methods especially when combined with other risks for clots such as a central line, inactivity, and certain chemotherapy drugs.

There may be situations where birth control pills may be OK, for example, during Maintenance chemotherapy for leukemia patients. Talk with your health care provider or gynecologist to discuss the risks and benefits.

Intrauterine devices

Intrauterine devices may be safe to use during cancer treatment and may be considered for females who are not expected to have prolonged low blood counts. There could be an increased risk of bleeding and infection.

Implant contraceptives

May be used if severe prolonged low platelet count is not expected. May cause irregular bleeding, acne, headaches and weight gain.

Diaphragm and cervical caps.

These devices are placed high in the vaginal to cover the cervix. They are used with a spermicide and must be left in place 6 hours after intercourse. They require being fitted by a health care provider. These methods may increase the risk of certain infections but are safe and effective when used correctly

Spermicides

May be purchased over the counter and should be used with condoms, diaphragm, and cervical caps. These are not a reliable method of birth control or prevention against sexually transmitted diseases when used alone.

Injectable contraceptive: Depo-Provera

This is a commonly used method of contraception for females during treatment. It is an injection that provides protection from pregnancies for 12 weeks. The most common side effects are irregular bleeding, weight gain, no periods, decreased bone density and no protection against STDs. Calcium and Vitamin D are important supplements to take when using this form of contraception. Your provider may order a bone density test to monitor your bone health. Condoms and spermicides should be used to prevent STIs.

Emergency Contraception

Also called the “morning after pill”. May have side effects of bleeding if platelet count is low. May be used if needed.

Decisions about birth control and protection against sexually transmitted infections should be discussed with your healthcare provider. He or she can review the benefits and side effects of each method and help you choose what is best for you based on your needs.

Resources:

www.livestrong.org

www.asco.org

www.teenslivingwithcancer.org

www.youngwomenshealth.org



References

Patel, A & Schwarz, B. 2012. Clinical guidelines: Cancer and contraception. *Contraception*, 86, 191-198.

Quinn, G., & Vadaparampil, S. 2012. *Reproductive Health and Cancer in Adolescents and Young Adults*. Springer: New York.

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