

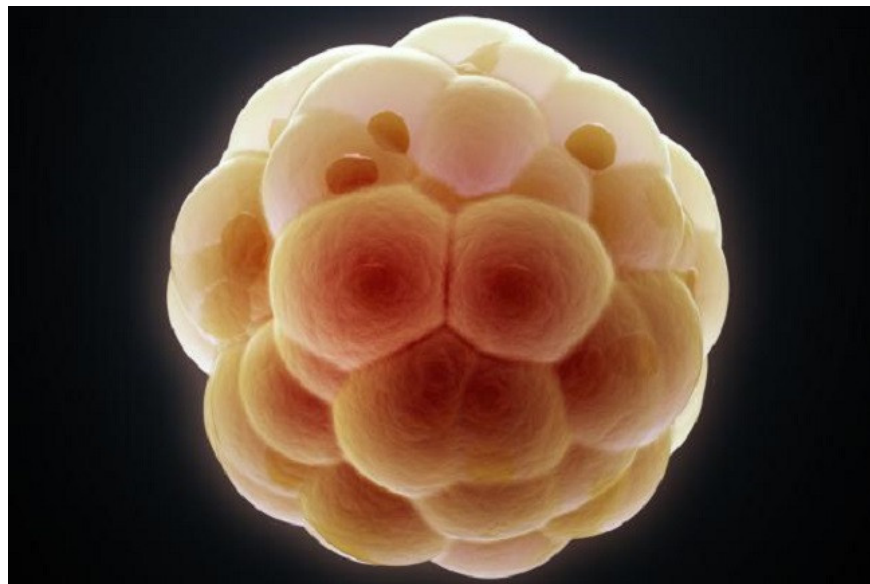
# Cancer survivors are only one-third likely to become pregnant

New research shows that women survived cancer with or less than one third of the chance of pregnancy compared to normal women.

New research shows that women survived cancer with or less than one third of the chance of pregnancy compared to normal women.

Accordingly, a large study of all cancer-related problems was diagnosed in Scotland between 1981 and 2012, showing that women under 39 years of age, surviving cancer only 20.6% or less likely to be pregnant than women in general.

Professor Richard Anderson of the MRC Reproductive Health Center, Queen's Medical Research Institute, University of Wisconsin said: "This analysis provides the first strong evidence that the population is affected by cancer and The treatment of cancer with the next stage of pregnancy '.



"It is very important to have a major impact on pregnancy after getting some common cancers, forcing us to have ways to protect women who have survived cancer."

When conducting cross-linked studies with 23,201 cancer-rescued women from the Scottish Cancer Registry with hospital records, there were 6,627 pregnancies. This number has been compared to the expected number of pregnancies of 11,000 people in the general population. However, the results were not as expected.

About 20.6% of cancer survivors were pregnant for the first time after diagnosis compared to 38.7% in the control group.

Women diagnosed with breast cancer, cervical cancer and leukemia had a lower pregnancy rate after treatment between 1981 and 1988, but were treated between 2005 and 2012, the rate was Higher pregnancy. This shows the effect of cancer treatment on pregnancy and pregnancy in women.

The results of this study, presented at the 33rd ESHRE annual meeting, show the importance of clinical consultation with women who wish to become pregnant after cancer treatment.

Anderson stressed: *"We emphasize the need to consider possible effects on fertility in girls and women diagnosed with new cancers. Diagnostic suggestions, treatment plans, and when necessary, to discuss with patients and their families about measures to maintain fertility later, even for patients who are considered to be at lower risk of infertility Treatment, should also discuss fertility before treatment begins "*.

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