According to the National Cancer Institute ([NCI], 2008), 10,400 children were diagnosed with cancer in 2007. Childhood cancer is relatively rare and the survival rate for pediatric patients has improved dramatically in recent decades, with more than 79% of patients surviving (NCI). Pediatric cancer researchers have begun to focus on issues such as long-term morbidity and quality of life in survivors (Oeffinger et al., 2006; Wallace, Anderson, & Irvine, 2005). Infertility is one of the possible side effects of cancer treatments, such as chemotherapy and radiation, that has the potential to affect quality of life (Meirow, 2000; Wallace et al., 2005).

The survival rate for pediatric patients with cancer has improved in recent decades and the focus of patient care has shifted to quality of life for survivors.

A potential side effect of cancer treatment is infertility, a factor that affects quality of life in survivors.

A few fertility preservation options exist for pediatric patients, but available methods must be initiated prior to cancer treatment (chemotherapy or radiation).

Fertility preservation guidelines do not fully address the psychosocial needs of patients younger than age 18.

Precise data about which patients may experience infertility or sterility are not available because factors, such as the type of cancer treatment and age of the patient, have differing effects on fertility (Brougham & Wallace, 2005; Rueffer et al., 2001; Simon, Lee, Partridge, & Runowicz, 2005). For example, young girls undergoing cancer treatment may experience damage to the ovaries or uterus (Brougham & Wallace; Thomson, Critchley, Kelmar, & Wallace, 2002), whereas irradiation can impair spermatogenesis in young boys (Brougham & Wallace). Several chemotherapy agents are known to cause gonadal damage.