



## CANCER SUFFERERS COULD POSTPONE PREGNANCY



The under-funding of academic hospitals is preventing ordinary South Africans from benefiting from the latest research as more and more world-class scientists and surgeons migrate into the private sector.

Once in the private sector, the chances of them conducting groundbreaking research are remote as clinical workloads erode the quality time (and financing) required to achieve the kind of advances South African medicine has become famous for.

An example of the kind of opportunities our best researchers are losing out on is recent fertility work that is set to radically enhance the quality of life and childbearing potential of young cancer sufferers.

Two years ago Dr Johan van Rensburg and his colleagues at the MedFem Fertility Clinic in Johannesburg were talking about doing research in what they describe as a

‘straightforward’ technique, but work pressures kept it in the realm of exciting ideas.

Under fewer environmental constraints, Belgian scientists however grasped the challenge.

The Belgians believe they have finally succeeded in helping a cancer patient fall pregnant after she underwent the chemotherapy that usually renders women infertile.

They did this by removing a part of one ovary, freezing it and re-implanting it after the disease had been successfully treated and she was in remission. The 32-year-old woman is now expecting a baby girl in October.

She developed Hodgkin’s lymphoma 7 years ago and has become the first woman to fall pregnant after the groundbreaking tissue procedure.

Last year, while in remission, one sample of her ovarian tissue was thawed and implanted below one of her remaining, non-functioning ovaries – and she became pregnant naturally.

A possibility that has yet to be ruled out is that her remaining ovary may have spontaneously started to work again, although the team believes this to be unlikely.

Van Rensburg said that what added to the excitement of the technique they had contemplated was that young cancer patients could avoid the unpleasant side-effects of the early onset of menopause. They could also sidestep the ensuing early osteoporosis, even if their fertility was not saved.

Without the technique, their sex lives were normally ruined, they suffered almost unbearable hot flushes and had to live with a very long menopause.

‘To have osteoporosis at 70 is not a disaster but at 40 it’s terrible,’ he added.

He said that in many cases when the

work first began, researchers achieved sufficient function to produce hormones so that the menopausal side-effects could be alleviated. However in ‘quite a few cases’ the ovaries or tissue recovered sufficiently to start reproducing eggs.

At both Cornell University in New York and Copenhagen University Hospital in Denmark, groups produced an embryo after re-implanting ovarian tissue into another cancer patient, but for unknown reasons the embryo failed to implant in the womb.

Van Rensburg said that to his knowledge facilities in Cape Town, Johannesburg and Pretoria had the capability to reproduce the experimental technique ‘in the very near future’.

The extraction of immature sperm from young men who had testicular cancer or had undergone a vasectomy was well known locally but the difficulty was ‘getting the urologist and oncologist to play ball by delaying chemotherapy’.

‘If you have an IVF unit with good freezing facilities, it’s not technically that difficult to perform’, Van Rensburg added. He said the biggest barrier to this kind of groundbreaking research in the South African private sector was time and the funds to do it.

Under-funding in the public sector made similar research virtually impossible.

‘Of course once it (the research) is done it takes some time for the reality to sink in and for us to get over the inertia and apply it,’ he added.

Chris Bateman