

# LETTERS

## Denial of infertility in patients with Hodgkin's disease

Sir: We would like to call your attention to some interesting and thought-provoking data on infertility in male cancer survivors. Using a semi-structured interview and chart review, we examined awareness of infertility, attitude toward infertility, desire for children, and past health practices in a sample of 60 men who had been successfully treated for Hodgkin's disease (HD). The patients were between the ages of 20 and 46 years (mean, 31), and all had been off of treatment for six months to ten years (median, 30 months), with no evidence of disease, at the time of interview.

Our interest in infertility arose from the fact that 80% to 90% of men treated for HD with the standard combination of radiation and chemotherapy (nitrogen mustard, vincristine sulfate, procarbazine, prednisone) are rendered infertile.<sup>1</sup> Evidence is mounting to suggest that this infertility is irreversible; or at best fertility is slow to return.<sup>2,3</sup> Since HD afflicts late adolescents and young adults in great numbers, the issue of long-term (if not permanent) infertility is central to the survivor's future quality of life.<sup>3</sup> It seems clear, under the circumstances, that pre-treatment sperm-banking is the only viable alternative available to the majority of young men recently diagnosed with HD who desire children.

In our sample, 62% (37 of 60) reported a wish to father children in the future. Two men reported that they would have wanted children had they never had cancer, but that the cancer experience changed their minds. Surprisingly, we found that 38% (14) of those men who were interested in hav-

ing children had failed to bank sperm. Given the best information available to date,<sup>1,3</sup> the odds are that 12 of these 14 men will have no hope of fulfilling their stated desire to have children. This left us wondering why such a significant proportion of men would deny themselves the earlier opportunity to bank sperm. (All patients had been informed of the risk of infertility and were encouraged to deposit sperm before beginning treatment.)

To understand this apparently self-defeating neglectfulness, we examined other relevant variables. Of the 37 men who wanted children, 19 (51%) had been tested for fertility, and only two were within the fertile range. Of the 18 who did not have testing done, 13 (72%) believed they were fertile, accounting for all but one of the 14 who failed to deposit sperm prior to treatment. This suggests that the decision not to bank sperm prior to treatment may have been based on an unrealistic optimism about being spared treatment-induced infertility. This speculation is supported by comments made by these men during their interview, such as, "I knew it wouldn't happen to me," "It was impossible that I'd be sterile from it because I didn't get radiation below the diaphragm," and other similar misconceptions.

The short-term benefit of such denial is apparent in that these "optimistic deniers" rated personal distress about possible infertility as far lower than those patients who were tested and found infertile ( $P < .001$ ). However, as the moment of truth approaches, and the majority of these "optimistic deniers" fail in their efforts to have children, one can anticipate growing distress.

These data are presented for two reasons. First, to alert mental health professionals to the potential "time bomb effect," as one survivor referred to it, wherein the successfully treated young cancer patient suddenly realizes that infertility persists long after the disease is eradicated; and second, to encourage more active inquiry into the reasons for not banking sperm prior to treatment in young cancer patients who want children and are to receive gonadotoxic treatment.

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## REFERENCES

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2. Schilsky RL, Lewis BJ, Sherins RJ, et al: Gonadal dysfunction in patients receiving chemotherapy for cancer. *Ann Int Med* 93: 109-114, 1980.
3. Chapman RM: Effect of cytotoxic therapy on sexuality and gonadal function. *Sem Onc* 9(1): 84-94, 1982.

## Depression and benign intracranial hypertension

Sir: I read the interesting report by Ross et al on "Depression and benign intracranial hypertension" (*Psychosomatics* 26:387-393, 1985). The authors described five patients who developed symptoms such as headache, blurred vision, and episodic blindness shortly after resolution of a major depressive episode. They proposed that change in endocrine or neurotransmitter function associated

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