

# Chemotherapy

**Table 1.** The degree of gonadal failure associated with chemotherapeutic agents

## High risk

Cyclophosphamide

Melphalan

Busulfan

Nitrogen mustard

Cholarambucil

Procarbazine

## Intermediate risk

Cisplatin

Adriamycin

Paclitaxel?<sup>a</sup>

## Low or no risk

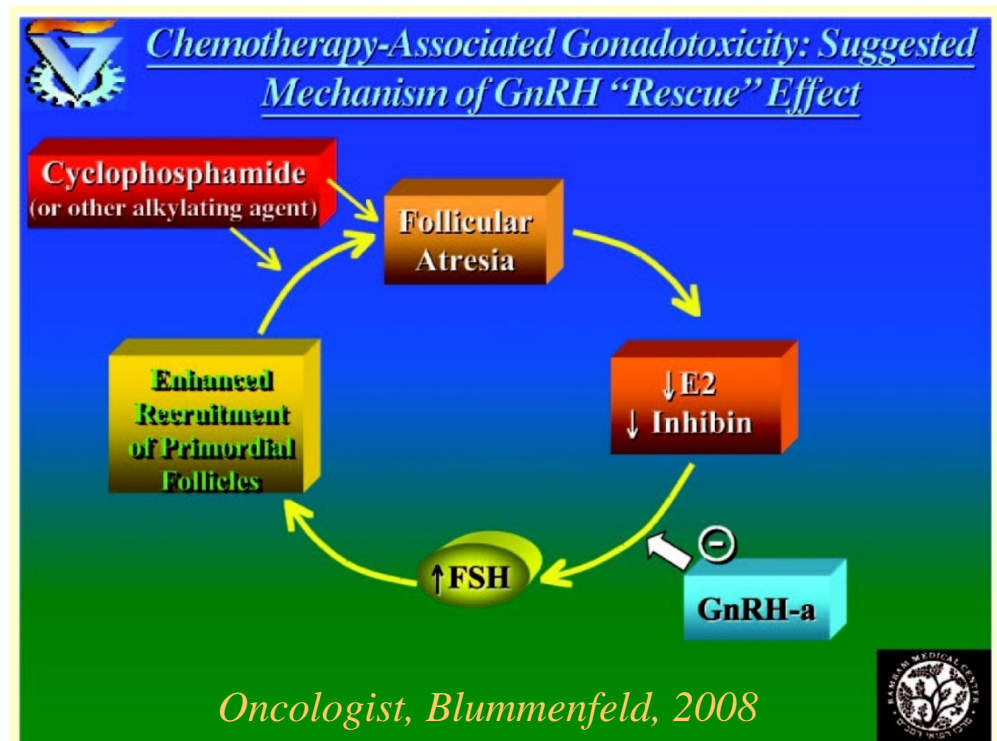
Methotrexate

5-Fluorouracil

Vincristine

Bleomycin

Actinomycin D



<sup>a</sup>Confirmation needed.

# Treatment impact on fertility

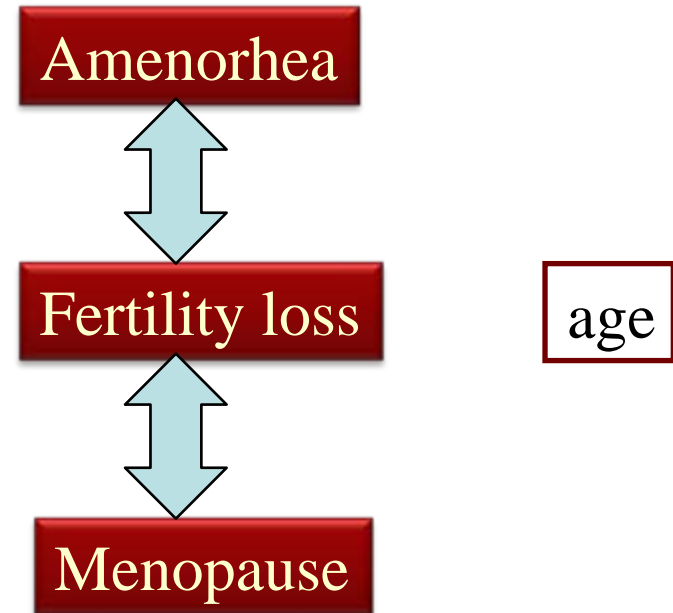
**Tableau 1.** Risque d'aménorrhée définitive après chimiothérapie selon l'ASCO<sup>7</sup>

ASCO : American society of clinical oncology.

A : doxorubicine ; C : cyclophosphamide ; E : épirubicine ;

F : 5-fluorouracile ; M : méthotrexate.

Risque d'aménorrhée	Age	Schémas de chimiothérapie
Elevé (> 80%)	≥ 40 ans	CMF, CEF, CAF (6 cycles)
Intermédiaire (20-80%)	30-39 ans ≥ 40 ans	CMF, CEF, CAF (6 cycles) AC (4 cycles)
Bas (< 20%)	< 30 ans < 40 ans	CMF, CEF, CAF (6 cycles) AC (4 cycles)
Risque incertain		Taxanes, trastuzumab



## Evaluation and follow-up of ovarian function

Capacity of recovery? How to predict? How to protect?

Dosage of Anti-Mullerian Hormone?