As young people increasingly get cancer, new fertility tech is changing their futures

By Brianna Abbott Globe Correspondent, Updated August 11, 2026, 5:30 a.m.

Jenilee Crowley with her son, Archer, in Falmouth, Maine. CHRISTIAN KANTOSKY FOR THE BOSTON GLOBE

Shortly after her wedding four years ago, Jenilee Crowley felt ready to start having kids. Then the 38-year-old found a lump in her breast that upended all her future plans.

Chemotherapy, radiation, and other cancer treatments come with a slew of side effects, including hormone changes and potential organ damage that can risk a person's fertility.

But Crowley, who was diagnosed with stage one breast cancer in 2022, learned that she had options. After a double mastectomy to remove the cancer, Crowley started hormone therapy to help prevent it from returning. Then, under medical guidance from her team at Dana-Farber Cancer Institute, she paused the treatment so that she and her husband could freeze embryos and try for a baby. Her son, Archer, is now four months old.

"He's smiling, and I just got him to giggle the other day," said Crowley, who is now 43 and lives in Falmouth, Maine. "The cancer diagnosis, honestly, it sounds so weird, only made it more special, and not taking for granted what we've been given."

Younger people are being diagnosed with a range of cancers at growing rates, disrupting their lives and threatening their fertility. But new technologies, cancer doctors, and reproductive specialists are working together to give more patients a chance to have children post-treatment, in the growing field known as oncofertility.

Bridging the fields of oncology and reproductive health, oncofertility is not so much an official medical specialty, but a term that reflects the growing recognition of the need to help younger cancer patients protect their ability to have children. The concept emerged around 2006, with the release of some of the first guidelines surrounding fertility preservation for cancer patients and the creation of the Oncofertility Consortium network, which provides support to survivors and those undergoing treatment.

The field has expanded, gaining momentum as more reproductive-age patients have been diagnosed and better treatments have prolonged their survival.

t Boston IVF, a network of fertility clinics in 10 states, the number of cancer patients in its New England clinics who have come in for a consultation has risen from 19 in 2015 to 183 in 2025. One Boston-based team found that the number of cancer patients nationwide who preserved their eggs more than doubled between 2014 and 2019. From 2022 to 2025, referrals for fertility presentation for oncology patients at Brigham and Women's Hospital increased by 49 percent, according to Mass General Brigham.

Crowley and her husband, Sean, with their son, Archer. CHRISTIAN KANTOSKY FOR THE BOSTON GLOBE

"We want them to not only survive but we want them to be able to thrive and live the fullest life possible," said Dr. Ann Partridge, director of the Program for Young Adults with Breast Cancer at Dana-Farber and Crowley's oncologist. "For many of our young adults, that entails still having biologic children."

The rise in such cancer cases is stark: Diagnosis rates in people under age 50 have increased some 22 percent from 2000 to 2023, according to the National Cancer Institute. Breast cancer rates for women younger than 50 are rising about 1.4 percent

ach year, data show. And with more people having children later in life, many are diagnosed before starting families or even deciding if that is what they want.

At the same time, innovations in reproductive technologies have ushered in new possibilities. Freezing ovarian tissue has enabled childhood cancer patients to preserve their fertility before hitting puberty. Women now regularly freeze their eggs, without the need for sperm or fertilized embryos.

“It’s come a long, long way, and egg freezing has been the biggest part of that,” said Dr. Mary Morris, a reproductive endocrinologist at Boston IVF.

The biggest challenge in fertility preservation for cancer patients is the time pressure, Morris said. Many patients need to find a fertility specialist and undergo preservation — sometimes a weeks-long process — before their cancer treatments start. And this rush happens as people are still grappling with their diagnosis.

At Terra Fertility in Boston, Dr. Denis Vaughan, a reproductive endocrinologist and cofounder, said he lets cancer patients skip his months-long wait list, seeing them within 48 hours.

But some patients still struggle to be seen. John Ballou called multiple fertility clinics for sperm banking after getting diagnosed with the blood cancer Hodgkin’s lymphoma in 2023, at age 23. But he either didn’t meet their criteria or didn’t have the right insurance. The delay lasted nearly a month, until his oncologist at Mass General Brigham called a clinic and got him an appointment.

Crowley played with Archer. CHRISTIAN KANTOSKY FOR THE BOSTON GLOBE

“I was getting very stressed out. Like, is this going to affect my chances?” said Ballou, now 27, who lives in East Hartford, Conn. “Do I even want to have kids? It was a big conversation.”

thers don't realize that fertility preservation is an option. Among early-onset patients diagnosed from 2013 to 2021, about half reported talking with their health care team about it, according to a 2024 study. Patients in the Northeast are more likely to get counseling or take steps to preserve their fertility than those in other parts of the US, some studies have found.

Cost is also a consideration. Without insurance, embryo freezing can cost up to $20,000, according to the Alliance for Fertility Preservation, but insurance coverage is expanding. In 2017, Connecticut and Rhode Island became the first two states to pass legislation mandating the coverage of preservation for people with medical conditions including cancer. New Hampshire and Maine followed, and Massachusetts passed legislation in 2024.

Those laws, however, only apply to certain health plans, so many patients, including those on Medicaid, don't receive benefits. Some of the laws also don't address storage fees for frozen eggs or sperm. Within two years of his diagnosis, Ballou had racked up some $2,000 in debt on storage fees. The nonprofit Worth the Wait, which helps fund fertility preservation and adoption for cancer patients, wiped out that bill, but Ballou is still paying a $110 monthly fee.

"Fertility treatments in general, it's seen as a luxury problem, and it's not, especially for cancer patients," said Mike Scherer, cofounder of Worth the Wait.

The growing momentum around the issue has also spurred new research. For instance, Partridge and her team at Dana-Farber found that survivors of early, hormone-sensitive breast cancer could pause their hormone therapy for up to two years to get pregnant, without raising the risk that their cancer would come back. Five years into the trial, some 69 percent of the women had at least one baby after pausing their treatment.

Crowley brought Archer, back inside. CHRISTIAN KANTOSKY FOR THE BOSTON GLOBE

"This study put the nail in the coffin for the concern that pregnancy itself might increase the risk of cancer recurrence," Partridge said.

So, that is what Crowley did. After successful treatment for her cancer, Crowley was supposed to take the drug tamoxifen for five years, to help prevent a recurrence. But after two years, she stopped taking it. The couple froze embryos and started trying for a baby. They tried naturally but had multiple miscarriages, and the first of their three embryos failed to transfer.

Then the second embryo took, and their son was born this past March.

The first two months were hard; the abrupt shift in her life almost reminded her of her cancer diagnosis, Crowley said. But now, Archer is tracking objects with his eyes, and recognizing his parents. The family recently bought a camper and has spent parts of the summer traversing Maine with their two dogs.

The Crowleys are also debating whether to use their final embryo to fulfill their dream of having a second child — or if Crowley should get back on treatment as soon as possible. She's already taken the full two years off. There is no data to show whether extending that time is dangerous.

"I'm hoping that it is a best-case scenario, but I am taking a risk with my life, essentially, and my health," Crowley said. "It weighs on me every day."

Right now, she is leaning toward taking a chance on the last embryo: "I just feel like it really is, for me, now or never."