

This table represents a compilation of clinical experience and current research on common cancer treatments that may impact reproductive function in men.

Degree of Risk	Treatment	Common Usage
High Risk Prolonged azoospermia post-treatment	Total body irradiation (TBI) Testicular radiation dose > 2.5 Gy in men Testicular radiation dose \geq 6 Gy in boys Protocols containing procarbazine: COPP, MOPP, MVPP, ChIVPP, ChIVPP/EVA, MOPP/ABVD, COPP/ABVD Alkylating chemotherapy for transplant conditioning (cyclophosphamide, busulfan, melphalan) Any alkylating agent (e.g., procarbazine, nitrogen mustard, cyclophosphamide) + TBI, pelvic radiation, or testicular radiation Cyclophosphamide >7.5 g/m ² Cranial/brain radiation \geq 40 Gy	Bone marrow transplant/stem cell transplant(BMT/SCT) Testicular cancer, acute lymphoblastic leukemia (ALL), non-Hodgkin lymphoma (NHL) ALL, NHL, sarcoma, germ cell tumors Hodgkin lymphoma BMT/SCT Testicular cancer, BMT/SCT, ALL, NHL, sarcoma, neuroblastoma, Hodgkin lymphoma Sarcoma, NHL, neuroblastoma, ALL Brain tumor
Inter-mediate Risk Prolonged azoospermia not common at standard dose	BEP x 2-4 cycles (bleomycin, etoposide, cisplatin) Cumulative cisplatin dose < 400 mg/m ² Cumulative carboplatin dose \leq 2g/m ² Testicular radiation dose 1-6 Gy (due to scatter from abdominal/pelvic radiation)	Testicular cancer Testicular cancer Testicular cancer Wilms' tumor, neuroblastoma
Low Risk Temporary azoospermia post-treatment	Non-alkylating chemotherapy: ABVD, OEPA, NOVP, CHOP, COP Testicular radiation dose 0.2 – 0.7 Gy	Hodgkin lymphoma, NHL Testicular cancer
Very Low/ No Risk No effects on sperm production	Testicular radiation dose < 0.2 Gy Interferon- α Radioactive iodine	Multiple cancers Multiple cancers Thyroid
Unknown Risk	Irinotecan Bevacizumab (Avastin) Cetuximab (Erbix) Erlotinib (Tarceva) Imatinib (Gleevec)	Colon Colon, non-small cell lung Colon, head & neck Non-small cell lung, pancreatic Chronic myeloid leukemia (CML), gastrointestinal stromal tumor (GIST)