

Little miracles







More kids than ever are beating cancer, but the effects of the treatment can last a lifetime. *The Weekly* meets the D'Monte family who have been part of a very special program, helping to ensure these little battlers might one day have children of their own.

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# A ray of hope

**K**imberlee and Dave D'Monte met when they were teenagers and knew very quickly that they wanted to spend their lives together. For them, happiness meant a big family. Kimberlee trained as a nurse and Dave pursued computer systems engineering and retail management. For a decade they both worked two jobs as they saved and planned for the life they wanted: A bustling home that was alive with the sounds of rambunctious children.

"Family was always the future," Kimberlee says. "For me, having children is a massive part of my identity and my life. I can't imagine not having the opportunity to do that. My retirement plan is spending time with my grandchildren."

The mother of three has a quick, warm laugh and an indestructible good humour as she shares the story of how her family found themselves signing up for a cutting-edge new program that has helped ensure those grandchildren will one day be born.



Kimberlee was 30 when they had their first daughter, Hazel. Holding her newborn confirmed everything she had always believed: Being a mother would be the defining act of her life. Hazel had dark, curly hair and observant brown eyes. Two years later, Kimberlee and Dave welcomed Ivy, who was a fair-headed firecracker, and two years after that, Delilah arrived.

Life could get chaotic, but the pair welcomed the tumult of raising their brood. Kimberlee says she'd choose playing with Play-Doh over going into the office any day. She and Dave had achieved their dream, and the house they bought is now filled with fairy costumes and picture books.

At first, the signs that life was about to veer off course were small. They appeared in the middle of the night. Ivy would wake, and when Kimberlee or Dave went to check on their middle child, they noticed the two-year-old was "almost shivering".

"She'd be shaking a little bit. It was just a shiver. It only lasted a couple of seconds and then she'd stop," Dave says. Ivy would go back to sleep. Then Kimberlee started to notice Ivy trembling during the day.

"She'd have Nutri-Grain, and she would be feeding herself and she would be shaking so much that her cereal would fall off the spoon. It was intermittent. It wasn't every time she'd take a scoop." But it was enough for Kimberlee to make an appointment with her GP.

Her doctor called The Royal Children's Hospital in Melbourne. They ran some blood tests but didn't detect anything nefarious.

"I couldn't see that there were any other neurological issues," Kimberlee says. Ivy was sweet and "always so happy and always smiling ... She was thriving really. She was hitting all her milestones."

The family's GP suggested the D'Montes video Ivy's tremors. When they did, they could clearly see that something was not quite right. Yet because Ivy's blood test results suggested no abnormalities, there was a year-and-a-half wait to see a neurologist at the



children's hospital. Kimberlee started phoning private neurologists. The more she and Dave watched the videos of their bright two-year-old, the more nervous they became.

The family had a lucky connection. Kimberlee's brother-in-law, Dan, was a GP, and Dan's brother was the head of neurology at the Royal Darwin Hospital. Kimberlee sent Dan the footage of Ivy. Dan conferred with his brother, then he presented Kimberlee and Dave with a letter and told them to take Ivy to the emergency department. The letter asked the medical staff to run some tests to rule out a brain tumour.

"I was petrified," Kimberlee says.

"I couldn't let myself believe that's what it was, but I had a massive fear that that's what it would be."

Dan tried to reassure her, saying, "She's playing well ... She was as joyful and playful as anything ... It's going to be fine. This is just to check all the boxes."

On Monday morning, the family presented at The Royal Children's Hospital emergency department and Ivy was booked in for an MRI and lumbar puncture. The doctors did the MRI first. Afterwards, the family was ushered into a consultation room where the doctor explained they had found a tumour in the back of Ivy's



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brain. It was the size of a tennis ball.

Hearing those words “scared my heart,” Kimberlee says. Dave describes feeling like “a deer in the headlights”. He can hardly remember the conversation as his mind moved rapidly through what he needed to do to protect and support his girls. “It was just trying to work out the next steps. Trying to take that all in. How are we going to do this?”

More tests were ordered. The family had to stay overnight while doctors ensured the mass wasn’t putting pressure on Ivy’s spine, or brain fluid. With that risk ruled out, she was scheduled for brain surgery.

“We left the hospital that day and went and got a pizza and just sat in the park and watched our kids play. And we thought, we’re not sure if we’re going to do this again,” Kimberlee remembers.

Her voice trembles as she recounts the total fear she felt that Ivy would die on the operating table. “We could have lost our baby,” she says.

At this early stage, they didn’t have a full picture of what Ivy was up against. There was no official cancer diagnosis. The day of the operation was agony.

Ivy was taken into theatre around 8am. Finally, at 6pm, the surgeon called. Ivy had come through. The next step was to watch her recovery.

“When Ivy woke up, it was a real waiting game to see what the outcome was,” Kimberlee says.

“It’s more difficult than anyone can imagine. It’s terrible for a lot of different reasons.”

Ivy had to be monitored closely. Kimberlee sat at the end of her hospital bed and watched over her.

Amid those scary early days, when everything was happening faster than the family could absorb, a consultant came to speak to the D’Monte family. Ivy would need to have a port put in to deliver chemotherapy. While Ivy was undergoing that procedure, the team wanted to do something else.

They wanted permission to remove one of Ivy’s ovaries.

Childhood cancer casts a long shadow. For Ivy, treatment meant a regime of chemotherapy so toxic that she needed medication to prevent cyanide poisoning and had to be bathed every six hours to prevent the drugs from burning her skin. Her natural playfulness was dulled by pain. Her fine, blonde hair fell out. At just two-and-a-half, she had been diagnosed with Medulloblastoma,



Despite her gruelling treatment, Ivy has been given hope in the form of the game-changing intervention which may one day help her become a mum.

a form of childhood brain cancer.

For seven months, Dave shuttled between the hospital and home where he was trying to keep things as normal as possible for Hazel, now five, and Delilah, now one, while Kimberlee and Ivy all but lived in the oncology ward. Kimberlee would always go and watch when one of the other patients rang the bell that marks the end of treatment.

“I wanted to find joy anywhere I could,” she says.

Amid everything, Kimberlee was worried about the long-term effects the disease and its treatment may have on Ivy. Everything felt tentative. Fragile.

One of the biggest issues for cancer survivors, according to fertility specialist Dr Genia Rozen, is fertility. The destructive nature of cancer treatment leaves between 30 and 70 per cent of young patients with damaged reproductive organs. Cancer survivors are at least 39 per cent less likely to be able to have children. The various interventions used to fight different types of cancer can damage fertility, but the big one is chemotherapy.

“The toxicity of the drugs can actually affect the ovaries, even in young girls,” Dr Rozen says. “It can kill off some of the eggs and deplete their ovarian reserve. It’s a complex space.”


Adults who are diagnosed with cancer can take measures to protect their fertility. Men can freeze their sperm. Women can freeze their eggs. Those methods don’t work for children. However, there are alternatives, and thanks to the Children’s Cancer Foundation and My Room Children’s Cancer Charity, The Royal Women’s Hospital has launched a new program called In Time, to give children with cancer a shot at becoming parents.

“It’s really a very hopeful exercise,” says Dr Rozen, who is co-leading the program with Associate Professor Wan Tinn Teh. “When patients’ families are dealing with this horrendous, life-altering diagnosis, to be able to talk about future fertility, to be able to offer things, it’s really a massive boost of hope.”

This was the D’Monte family’s experience. Kimberlee says, once they processed what they were being told, planning for their desperately ill daughter’s future was a much-needed ray of hope.

“The consultant sat with me for half an hour. I hadn’t even thought of chemo yet. It was an intense moment,” she says. She started wondering about freezing her own eggs for Ivy to one day use. “If I left her ovary, would it be okay? If I took it, am I damaging something that might have been okay? Am I making it worse by intervening?”



A photograph of three young girls standing in a grassy field with trees in the background. The girl on the right is the tallest, with long dark hair, wearing a purple and white checkered dress and holding a large clear balloon with gold confetti. The girl in the middle is shorter, with short blonde hair, wearing a purple and white checkered dress and holding a large gold star-shaped balloon. The girl on the left is the youngest, with short blonde hair, wearing a purple and white checkered dress and holding a large gold star-shaped balloon. There are several other balloons, including gold and clear ones with gold confetti, floating around them.

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Ivy can't consent to any of it."

It was a big and overwhelming decision. "I wanted to protect her desperately. Being a mother has been very, very important to me. Imagine Ivy couldn't get that?" says Kimberlee.

Once they'd had a moment to absorb the information, Kimberlee and Dave realised what a gift the In Time program was giving them. Apart from anything, Kimberlee says, having experts talk about their daughter's life after cancer was a huge dose of optimism.

"It wasn't as simple as infertility. It was the whole picture of her future and what that was going to look like which, at the time, it was hard to imagine. For someone who had seen this play out in other families to be saying, 'this is what we need to do' ... I feel like they were really advocating for Ivy. "That feeling of hopefulness is something that really resonated with me," Kimberlee continues. "There was hope for our future."

While Ivy was having her port put in, she also underwent keyhole surgery. Doctors removed some ovarian tissue. It was then sliced thinly and frozen. If Ivy wants to start a family one day, the tissue can be thawed and grafted back into the body.

Ovarian tissue grafts have resulted in close to 300 births worldwide. As reported by *The Weekly* in 2023, Melbourne woman Katrina Kirk gave birth to a very smiley little girl named Layla after she survived a shock bowel cancer diagnosis. Katrina's medical team acted quickly to freeze her eggs and some ovarian tissue. Once she was cancer free, she underwent an ovarian tissue graft and then IVF to become pregnant.



Above: Ivy was able to ring the bell to signify the end of her treatment this spring. Left: Joined by Disney princesses in hospital.



That process is the same for pre-pubertal girls, says Dr Rozen. Though there

have been a far smaller number of births resulting from ovarian tissue taken from young girls, it is possible.

In 2016, Moaza Al Matrooshi gave birth to a son in the UK after undergoing an ovarian graft with tissue that was removed and frozen before she had life-saving chemotherapy and a bone marrow transplant at the age of nine. There have been three or four others, Dr Rozen estimates.

"It is the same. It's just that there's a much longer time lapse. We don't expect our three-year-old patients to come back [for] decades and that's the main reason we only have a very few births from pre-pubertal patients."

Advancing existing techniques and researching new ones (including the cryopreservation of testicular tissue)

are part of In Time's mission to preserve fertility. One area of hope is In Vitro Maturation (IVM) which involves removing immature eggs and developing them in a lab.

In Time is also operating a national ovarian and testicular tissue transport and cryopreservation service to expand access to hundreds of children and young people across Australia. Currently only about 15 per cent of young Australian cancer patients access fertility preservation before treatment. In rural areas, that figure is as low as 4 per cent.

"We often find that people who have had the opportunity to consider fertility preservation really have very positive experiences about it because it's something that gave them so much hope for the future in a dark time," Dr Rozen says.

Kimberlee says that amid the terrifying ordeal of a childhood cancer diagnosis, the fertility preservation program helped her and Dave picture life after cancer. As she talks about that time, she stops for a moment, shakes her head and sighs. "What a light." Her voice is heavy with emotion.

After a long, hard fight, Ivy rang the bell this spring. "It's such a big celebration," says Kimberlee. "Everyone lines the corridors. We got to go home after that."

Today, Ivy is happy and healthy, and when *The Weekly* comes to meet the D'Montes, she is full of playful energy as she runs after her big sister. They tear across the grass, laughing, as their balloons blow in the wind.

"She's got some motherly instincts with her dolls," Dave laughs. "The program has given hope for her to be a mum. It is extremely special."

"I feel really grateful for what they've been able to offer Ivy," Kimberlee adds. "There are a lot of really challenging parts of this journey. But one of the good things was the fertility preservation. People are so amazing when they come together." **AWW**