

The Best of Times, the Worst of Times

Coping With Cancer During Pregnancy

By GRETCHEN ELIZABETH HOFFMANN

Lisa Radel was four months pregnant with her second child when she developed a painful lump in her left breast.

She assumed it was just a clogged milk duct — a common problem for expectant mothers — but two weeks later, the lump was still there.

Ms. Radel, a 34-year-old dietician working in a Buffalo, N.Y. hospital, saw her obstetrician, who sent her for a sonogram. A mammogram and a needle biopsy followed, and the pathology report returned suspicious results. A surgeon removed a tumor the size of a raspberry, and Ms. Radel waited for the biopsy results. Several days later she learned that the tumor was malignant.

Ms. Radel became one of the few women diagnosed each year with cancer during pregnancy. Cancer complicates approximately one in 1,000 pregnancies. Even though breast cancer is the second most common type of cancer diagnosed during pregnancy (after cervical cancer), it is still rare, happening in about one in 3,000 pregnancies.

However, recent articles in the journal *Archives of Surgery* and the *Journal of the American College of Surgeons* predict breast cancer in pregnancy will become increasingly common in the future as women delay motherhood.

The average age of American mothers rose consistently during the past 30 years. More than 15% of all American women giving birth are older than 35, according to data from a December 2002 National Center for Health Statistics report. The relative risk for developing breast cancer is approximately 10 times higher for a woman in her 30s than for one in her 20s.

"Being diagnosed with cancer at any time is traumatic," said Dr. Ellyce Cardonick, a high-risk obstetrics specialist at Thomas Jefferson Hospital in Philadelphia. "But when there is a pregnancy involved, those feelings can be intensified."

Although treatment decisions must be made on an individual case basis, recent studies have indicated that an abortion does not alter the outcome in the majority of cases. "There is no evidence to suggest that having an abortion would improve the patient's results," said Dr. Ellen Chuang, assistant professor of medicine at New York's Weill Cornell Breast Center, who focuses on breast cancer treatment and research.

If the patient continues with the pregnancy during cancer treatment, some compromise is unavoidable when balancing treating the mother while limiting harm to the fetus. "It can be confusing for patients, when their doctor initially is telling them not to take anything stronger than Tylenol for pain, and then they are diagnosed with cancer and suddenly their doctor says they can have chemotherapy," Dr. Cardonick said.

When Lisa Radel was considering her options, she learned that chemotherapy is considered a safe treatment during the second and third trimesters.

Ms. Radel decided to have a mastectomy combined with chemotherapy, the most common treatment protocol for pregnant breast cancer patients. "We don't have huge numbers to base this recommendation on, but looking at the experiences of cancer centers around the world, we see that the majority of babies born after the mother has chemotherapy in the second and third trimester are born healthy," Dr. Chuang said. "But we don't have much long-term follow-up data," she added.

The other common breast cancer treatment, lumpectomy combined with radiation, is not favored during pregnancy because radiation is harmful to the fetus and is associated with birth defects and miscarriage.

Along with avoiding radiation therapy, doctors often also eliminate non-essential X-rays and CT scans, or substitute ultrasound and magnetic resonance imaging (MRI) for these tools, because these diagnostic tests can expose the fetus to radiation.

Not all cancers are diagnosed as frequently or treated the same way as breast cancer. For example, the primary treatment for acute myeloid leukemia is chemotherapy. The drug treatment wipes out the leukemia, but it destroys the patient's bone marrow and ability to produce infection-fighting immune cells in the process.

"There are important issues to consider when you're talking about a very aggressive protocol with huge doses of very toxic medicine," said Dr. Gail Roboz, assistant director of the leukemia program at Weill Cornell Medical Center. "You can't guarantee it won't be toxic to the baby."

The chance of diagnosing leukemia during pregnancy is only estimated at one in 75,000 to 100,000 pregnancies. Although it's uncommon, Dr. Roboz recently treated a 35-year-old woman diagnosed with acute myeloid leukemia 22 weeks into her pregnancy. "Because it is an imminently life-threatening disease, you've got to get going with treatment — delaying chemotherapy is not an option," she said.

The pregnant patient received the same drugs in the same dosage that she would have had she not been pregnant. Dr. Roboz was concerned about both the mother and fetus, but treating the leukemia was top priority.

Treatment for pregnant women with cancer does not end with chemotherapy and surgery; patients need emotional support from their peers as well. Lisa Radel, the breast cancer patient from Buffalo, contacted an older woman through the American Cancer Society. "But I what I really needed was someone who knew exactly what I was going through," Ms. Radel said.

Coincidentally, another woman, Patty Murray, struggled with the same issues only miles away. Ms. Murray also called the American Cancer Society. "A 60-year-old woman called me, and she talked to me about her breast cancer," she said. "I didn't really need to talk to her — I needed to talk to someone younger, someone who was also pregnant, or at least had other children."

Ms. Murray and Lisa Radel met with another cancer-during-pregnancy survivor Mary Rose McDermott (whom Ms. Radel had met during a chemotherapy session at Roswell Park Cancer Institute in Buffalo, N.Y.). It was clear to them that if they wanted a support network they were going to have to start it themselves. So in October, 1997, they founded a group called the Pregnant with Cancer Network.

Dr. Cardonick became the main medical adviser for the Pregnant with Cancer Network after hearing about the new group through the American Cancer Society. "Every oncologist I talked to said they only saw one to two patients [pregnant with cancer] each year," Dr. Cardonick said. "Patients kept saying, 'My doctor told me I'm the only pregnant woman he's ever seen with cancer.' Feeling alone made them feel worse about the situation."

The group currently has 247 members living in America and, thanks to their Web site, members from countries including South Africa, Iran, Russia, Scotland, and Bermuda. Approximately 60% of members have or had breast cancer; the rest were diagnosed with cancers such as Hodgkin's lymphoma, melanoma, cervical, and colon cancer.

Tracy LaLonde, age 31, is in the Pregnant with Cancer Network. She was diagnosed with breast cancer last July, 33 weeks into her third pregnancy. She contacted the group soon after her diagnosis.

"It really made me feel better to know that these women were alive, that their babies were healthy," she said. A week after diagnosis, Ms. LaLonde underwent a complete left breast mastectomy, and another week and a half later, her daughter Tess was born just shy of 36 weeks. Ms. LaLonde started chemotherapy two weeks after giving birth.

Patty Murray's son Patrick, a nearly eight-pound healthy boy who was born 10 days early, has grown into an active seven-year-old. And Lisa Radel's son Connor is now an eight-year-old who loves baseball and soccer.

Tracy LaLonde is looking forward to her new assignment as a support woman for a patient living near her Wisconsin home. She hopes that she can help this other woman by sharing stories about her diagnosis, treatment, her ups and downs, and most of all, news about her own rambunctious, 10-month-old daughter.