



# With child . . . and cancer

Nowadays chemo doesn't wait, and it appears babies don't suffer

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Pregnant women today are given strict dietary do's and don'ts by their obstetricians. Drink lots of milk. Maintain a balanced, wholesome diet supplemented with pregnancy vitamins. Don't drink alcohol. Don't smoke. Don't even be around someone who is smoking. When Dawn Wren of suburban Morris was in her second trimester, she avoided the "don'ts" list too. Yet as she was trying her best to lead a healthy lifestyle, her doctors intentionally were injecting into her veins some of the most toxic drugs used in medicine today.

Early in her first trimester, in what should have been one of the most joyous times of her life, Wren had been diagnosed with cancer. It was a particularly aggressive breast cancer—so nasty, in fact, that to wait for chemotherapy until after the baby's birth would have been a death sentence for her.

A radical mastectomy was performed the day after the diagnosis, and full-strength chemotherapy treatments were begun while she was pregnant.

What once was taboo in medicine and still seems to fly in the face of all common sense is almost mainstream today. Chemotherapy is being given to pregnant women who have cancer, and the only apparent effects on their "chemo-babies" are some slightly lower birth weights.

Wren's little miracle baby girl, Jocelyn Faith, was born a year ago February—healthy, alert and robust. Her mom's placenta had shielded her from the destructive effects of the cell-killing chemotherapy. At 7 pounds, 1 ounce, she even weighed more than her older brother and sister had at birth. Her mother, completely bald from three months of chemo, was delighted at her newborn's full head of hair.

"These kids seem to be pretty normal," said Dr. Charles Loprinzi, a Mayo Clinic oncologist who has treated several pregnant cancer patients. "All things being considered," he said, "you would not choose to give these drugs to a pregnant woman. These are not benign drugs.

"But when a pregnant woman comes to you with an aggressive cancer, you're posed with a life-threatening situation if you wait," Loprinzi explained. "You want to get started as soon as possible."

One of Loprinzi's first pregnant cancer patients was Laura De Meulenaere, a Niles, Mich., resident who was 27 weeks pregnant when she discovered the lump in her breast. "She had a very large cancer with several [lymph] nodes involved," Loprinzi said. "It was a serious situation. Other oncologists might have given her less than five years.

"We gave her chemo in her third trimester, then she delivered a healthy baby girl," he said. "She had more chemo and radiation following the birth. I recently saw her on a follow-up 16 years later. She brought her 16-year-old daughter with her; a perfectly healthy high school cheerleader."

Loprinzi was cautious about the long-term prognoses for chemo-babies, however. These children haven't yet grown into adulthood, he said, so there haven't been good long-term studies of their health.

Treating pregnant cancer patients with chemotherapy is done throughout the country today. Most major medical centers have seen a handful of these patients through the seemingly impossible ordeal. In Chicago, Loyola University Medical Center, the University of Illinois at Chicago and the University of Chicago have all performed the procedure.

Mary Rose McDermott, a survivor of cancer during pregnancy and co-founder of the support group Pregnant with Cancer, said it's unimaginably difficult to go through cancer and pregnancy at the same time. The women who call her hot line always have their baby's health as their utmost concern.

"The first question most women ask when they call is, 'How is your baby?'" McDermott said. "Sometimes that's all they ask; that's all they want to know. I tell them all about my 7-year-old, Matthew, and what a great, perfectly normal kid he is. He likes soccer, cartoons and video games."

Other women want to make connections with others who have gone through the ordeal they're facing. McDermott's group matches them up with women who have survived cancer while pregnant to lend their support and offer hope.

McDermott's advice to pregnant women diagnosed with cancer is to do research and get a second opinion.

"If you're not comfortable with what the first doctor says, go to a second doctor and a third doctor," she said. "Go to a major cancer center where they have the latest—not only in information but also support centers, new methods of pain relief, drug trials and social services."

Treating pregnant cancer patients with chemotherapy is not without controversy, however. Phillip Hoffman, oncologist at the University of Chicago's Department of Medicine, whose group has treated three pregnant cancer patients, explained the risks.

### Reassuring results

"The babies seem to be fine so far," he said. "The results are more reassuring than one might think. But you can't prove it's not risky. We don't know what's down the line for these babies. How do we know when the baby's an adult something won't crop up? But you have to ask, 'Will the chemo save the mother's life?' Then leave the decision for the mother to make."

"This is certainly not something any of us wants to do," Hoffman said. "It's agonizing for everybody. It's agonizing for the patient, who's worried about the health of her baby; it's agonizing for the nurses who are distressed about treating pregnant women with chemotherapy; and it's agonizing for the doctors who have to weigh whether or not the disease could wait until after delivery."

Dr. John Gianopoulos, chairman of Loyola's Stritch School of Medicine's department of obstetrics and gynecology and a specialist in high-risk pregnancies, has treated several pregnant women who have cancer, including Dawn Wren. Though Wren's baby was fine, he said these chemo-babies aren't always as healthy as other babies.

"Short-term," he said, "these babies can have anemia due to the suppression of the bone marrow by the chemo."

Chemo-babies, on the average, also are smaller than they should be. According to Gianopoulos, chemo drugs actually damage the placenta, resulting in less oxygen and nutrients being delivered to the baby and doubling the risk of low birth weights.

"Also, theoretically, there could be effects on the fertility of these babies," he said. Eggs in the ovaries of women begin their maturation process while in the embryonic state. Gianopoulos postulates that grown women who were chemo-babies could have problems with fertility because of the effects of the chemo they were still inside the womb. Men might have sterility problems.

### Relatively safe

These are small risks, though, according to Gianopoulos, that are far outweighed by the long-term survival for the mother. "Overall, this is a procedure that is relatively safe for mother and baby," he said.

The decision of whether to give chemo to a pregnant woman is a very individual one that is carefully considered on a case-by-case basis depending upon the type of cancer, its location and how far along the pregnancy is.

"Some cancers are very forgiving," Hoffman said. "If you discover the cancer in the last trimester and wait six to eight weeks until the pregnancy is over to give the chemotherapy, it won't make any difference in the outcome of the disease." Other cancers are more aggressive and require immediate action no matter what trimester the pregnancy is.

Before these medical pioneers began administering chemo during pregnancy, most oncologists recommended either waiting until after birth to begin the treatments or aborting the pregnancy to begin chemo right away. It was thought that the harsh chemotherapy drugs would kill or severely deform the babies. Chemotherapy works by going after rapidly dividing cells, and what is a fetus if not an organized bundle of rapidly dividing cells?

Women were put in the gut-wrenching position of choosing whether to lose a child by terminating the pregnancy or wait until after delivery for chemo, frequently putting their own lives in jeopardy.

### Risks in first trimester

Today most obstetricians and oncologists still recommend termination if a woman has an aggressive cancer early in her first trimester. The chemo drugs cause gross deformities of the developing fetal organs that early in pregnancy and, more likely, miscarriages of very young fetuses.

The chemotherapy regime given by most oncologists to pregnant women is no "chemo-lite." The drugs and their dosages are mostly the same as those given to women who aren't pregnant.

Some doctors even increase the concentrations of the chemicals to compensate for the increased blood volume in pregnant patients, their higher weights, accelerated kidney function and faster metabolism.

How do these chemo-babies survive in such a harsh, toxic environment? Dr. Richard Theriault, oncologist at the University of Texas M.D. Anderson Cancer Center in Houston, has treated more than 44 pregnant cancer patients from all throughout the world as principal investigator of an ongoing research study on chemotherapy during pregnancy. The study began in 1989.

"The placenta has a high level of keeping larger drugs out," he said. "Small molecules, such as caffeine, alcohol and carbon monoxide, go in easily. Most chemo drugs are large molecules, and the placenta doesn't let them through to the baby."

Physicians have successfully used chemotherapy to treat pregnant women for breast cancers, Hodgkin's and non-Hodgkin's lymphomas, and thyroid, lung and colon cancers, among others. An estimated 1 in 3,000 women gets cancer while pregnant. Breast cancer is by far the most common.

Dr. Kathy Albain, professor of medicine and director of breast cancer research at Loyola's Cardinal Bernardin Cancer Center in Maywood, has seen several pregnant women through chemotherapy in her 18 years at Loyola, including Dawn Wren.

### An important message

"Dawn came here with a recommendation to terminate her pregnancy," Albain said. "The most important message to get out there . . . is that in the majority of cases, we can begin treatment during pregnancy that is state-of-the-art, and at same time, the unborn child will be safe."

As for little Jocelyn Faith Wren, her 1-year check-up showed her height and weight to be in the 75th percentile for children her age. She has met all of the big childhood milestones right on time, just as her big sister and brother had before her.

"She's doing just great," said her mother, Dawn. "Throughout this past year, I kept asking her doctor if he saw any differences between her and other kids her age, and he always said no. By her 1-year check-up, the issue of being a chemo-baby didn't even come up.

"She's the comedian of the family now," Dawn said. "She's so inquisitive and smart, cabinet locks won't even keep her out. She'll find a way to squeeze her little hand in there and pull stuff out. She always has us laughing."

Though her first year after going through cancer while pregnant hasn't been quite the celebration she had expected—her memory isn't what it used to be and the chemo threw her into full-blown menopause complete with night sweats and mood-swings—Dawn said her outlook on life has changed dramatically.

"I used to worry so much about keeping my house straight and about having the perfect house and the perfect car," she said. "Those things aren't as important to me anymore. I'm less materialistic and more laid-back," she said, adding that she simply wants to spend more time with her children and husband Dan.

"Whenever I start feeling sorry for myself," Dawn said, "I just look at Jocelyn. I have so much to be thankful about. Dan and I truly believe that Jocelyn Faith is a gift sent from God. I know God has a purpose in what I have gone through, . . . and part of that purpose is to give hope to those who are diagnosed with breast cancer.

"It has also taught me that the small problems of everyday life are not so important."

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Reach the support group Pregnant with Cancer through the American Cancer Society at 800-743-6724, ext. 308 or at [www.pregnantwithcancer.org](http://www.pregnantwithcancer.org) on the Internet.