

# How to Fight Cancer During Pregnancy

Rebecca Shannonhouse, Medical Writer

A cancer diagnosis is never welcomed, but it can be especially challenging if you are pregnant. For the estimated one in 1,000 pregnant women who are found to have cancer, treatment options largely depend on the type of malignancy and the stage of pregnancy.

"One of the problems with cancer and pregnancy is that oftentimes the complaints are attributed to the pregnancy," says Dr. Elizabeth Grosen, assistant professor at the University of Wisconsin Medical School, Division of Gynecologic Oncology. "So unless it is clearly presented, it's unfortunately often written off because she is pregnant."

## Delayed Pregnancies

As women increasingly postpone childbearing, cancer during pregnancy is predicted to occur more often. "The modern culture delays pregnancy, so there's more of an opportunity for an overlap of the childbearing years with the risk period for various malignancies," explains Dr. Philip J. DiSaia, professor in the Department of Obstetrics and Gynecology at the University of California at Irvine and co-author of *Clinical Gynecologic Oncology* (Mosby-Year Book, 1997).

## Types of Cancer

Invasive cervical and breast cancer are the most common malignancies associated with pregnancy, although virtually all cancers that affect nonpregnant women have also been documented in pregnant women.

Invasive cervical cancer occurs in approximately one in 2,200 pregnancies, while breast cancer affects one in 3,000–10,000 pregnancies.

## Cancer Detection

Although a pregnant woman's stage-for-stage cancer survival rate is generally considered to be comparable to that of a nonpregnant woman of the same age, pregnancy can impact the diagnostic process. Breast cancer, for instance, is usually diagnosed at more advanced stages in pregnant women because hormonal changes can affect the breast tissue and disguise a mass.

Pregnancy can impact the diagnostic process. "The trick is to get the diagnosis and treatment without harming the fetus," says Dr. Jeanne Petrek, director of the surgical program at the Memorial Sloan-Kettering Breast Center. "Mammograms don't help so much because the breasts go crazy with all the cellular development." Ultrasound, as well as the core- and fine-needle biopsy, are much more reliable ways of diagnosing breast cancer in pregnant women, notes Dr. Petrek.

To detect other types of cancer during pregnancy, most standard diagnostic tools, including magnetic resonance imaging (MRI), can be used; X-rays, however, are avoided whenever possible.

## Early Diagnosis

Earlier diagnoses of cervical and other pelvic cancers may occur during pregnancy, because patients are monitored with routine obstetric examinations. "In most cases, it would promote early diagnosis," says Dr. DiSaia. "Surveillance is much more intense during pregnancy."

Careful surveillance by the patient is also important. Catherine Poole, author of *Melanoma: Prevention, Detection and Treatment* (Yale University Press, 1998), was 5 months pregnant when she discovered a suspicious mole on the back of her leg. "I just knew instinctively that it was very serious," says Poole, who gave birth to a healthy 10-pound boy 3 months after surgery.

## Treatment Options

Cancer treatment during pregnancy is dictated by a number of factors, including the type and stage of malignancy, length of pregnancy, treatment standards, and the patient's religious and personal values.

"Cancer complicates the decision-making process because it is often perceived as pitting the life of the mother against the life of the baby," explains Dr. Richard Theriault, professor of medicine at the University of Texas M.D. Anderson Breast Medical Oncology Department.

In some cases, women may choose to delay their treatment until the fetus is considered viable. "The first trimester is when the limbs and organs are being formed and as such is the most worrisome time for treatment," says Memorial Sloan-Kettering's Dr. Petrek. Surgical treatment can occur during pregnancy, and patients can receive general anesthesia without harming the fetus.

## Studies on Chemotherapy

According to a report in the March issue of the *Journal of Clinical Oncology*, chemotherapy can be administered to pregnant patients.

"It is an amazing finding that chemotherapy, which is used to kill cancer cells, can be given to a pregnant patient who is strongly advised not to drink or smoke during her pregnancy," points out Dr. Theriault, the study's lead author.

"The well-being of not only the patient but also the unborn child must be considered."

In the study, 24 breast cancer patients experienced no complications from chemotherapy regimens of fluorouracil, doxorubicin, and cyclophosphamide in the second and third trimesters. The women were advised not to breast-feed following the treatment, but no congenital malformations were seen in the 24 babies, and only one baby had a lower-than-recommended birthweight.

Children whose mothers received chemotherapy during the first trimester for hematologic cancers were among those studied in a 1991 report in the *American Journal of Hematology*. These children, in addition to others whose mothers received chemotherapy during the second and third trimesters, were found to be healthy when examined between the ages of 3 and 19.

Still, some research indicates that first-trimester chemotherapy can harm the fetus, while second- and third-trimester chemotherapy can cause early delivery and lower birthweight.

Although radiation therapy is generally avoided during pregnancy, it can be used in some cases, depending on the length of the pregnancy and the feasibility of protecting the fetus from radiation.

## Confronting Difficult Questions

When cancer is diagnosed during pregnancy, the well-being of not only the patient but also the unborn child must be considered. Some women choose abortion, while others weigh treatment options against the potential impact on the fetus. Fortunately, most types of cancer do not spread to the fetus, although metastasis has occurred in cases of hematologic tumors and melanoma.

"To me, life is very important," says 36-year-old Kay Jones of Winnebago, Illinois, who had her ovaries and tubes removed (technically called a salpingo-oophorectomy) during her 17th week of pregnancy as a treatment for ovarian cancer. "I don't believe in

matter what the statistics said, I would live. I think that's what got me through it."

For more information on Pregnant With Cancer, call 1-800-743-6724, extension 308. Or you can write to the group at P.O. Box 1243, Buffalo, NY 14220.

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Rebecca Shannonhouse is a New York-based freelance writer. Her work has appeared in the *New York Times*, *San Francisco Chronicle*, and *USA Today/International Edition*.

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abortion, so we sat down with the doctors and priest and asked the questions. Looking at statistics is basically how we made the choices."

Jones also received chemotherapy and eventually a complete hysterectomy when her son was delivered 4 weeks early by Cesarean section. "It's now 4 years after the cancer and I'm alive," says Jones. "The baby is beautiful and rambunctious. He's a miracle."

#### Finding Appropriate Care

If cancer is diagnosed during pregnancy, experts agree that patients should seek out the best medical care available. Dr. Jeanne Petrek of Memorial Sloan-Kettering advises women diagnosed with cancer to seek a consultation at a comprehensive cancer center that is designated by the NCI (National Cancer Institute). For a list of these cancer centers, visit <http://www.nci.nih.gov>.

Similarly, the patient's medical team should include a perinatologist, a specialist in high-risk pregnancies, says Dr. Elizabeth Grosen of the University of Wisconsin at Madison. "It's also a good idea in very complicated cases such as these to get a second opinion," she adds.

It is also wise to be vigilant during pregnancy. "If you feel something isn't right and you get it checked out, and they say they're going to watch it, stay on top of it," says cancer survivor Kay Jones. "It's your baby's health and your health."

To help ease the stress of coping with cancer during pregnancy, you may find it helpful to talk to someone who has lived through the experience.

"Having cancer is such an isolating experience," says Patty Murray, director of development for Pregnant With Cancer, a nonprofit telephone network. "When I went to the oncologist's office, I never saw anybody my age and certainly no one who was pregnant."

Through the national network, callers are matched with women who have survived cancer during pregnancy. "You're fighting for your life and your baby's life at the same time. That's the hard part," explains Murray, who delivered a healthy, 7-pound 15-ounce baby after undergoing surgery and chemotherapy during pregnancy. "But I went through this whole thing knowing there was no other option but to live. I knew that no

matter what the statistics said, I would live. I think that's what got me through it."

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