



PHOTOS COURTESY OF PATTY MURRAY

Patty Murray of Buffalo is shown shortly after giving birth to her third child, Patrick, in March 1996. Patrick is shown below in a recent photo.

Surviving cancer while pregnant

Both mother and child can successfully overcome complications from disease

BY KATHY RICKETTS
Gazette Reporter

On a crisp fall day in November 1995, Patty Murray of Buffalo decided to take a bath after weeding her garden. That's when she felt a lump the size of a golf ball underneath her arm.

"I remember I went ashen," recalled Murray, who was four months pregnant with her third child. "Two weeks earlier, I had done a breast self-exam and there was no lump."

Murray's worst fears were confirmed when tests revealed breast cancer.

"Questions race through your mind," recalled Murray, who was then 35, with children ages 5 and 2.

"Can I keep this baby? If I have major surgery, will my baby be safe? and 'What will happen to the baby if I have chemotherapy?' were just some of the things I was thinking."

Murray will be one of several speakers at a conference titled, "Pregnancy Complicated by Cancer," scheduled for next spring, sponsored by the Maternal Infant Network of the Capital Region and the Greater Adirondack Perinatal Network.

The goal is to educate primary care providers, health and human service providers or those interested about the complications associated with a cancer diagnosis before or during pregnancy, said Deborah Elliott, executive director of the Maternal Infant Network.

"Any time you're diagnosed with cancer, it's devastating," said Elliott. "But when it's associated with a pregnancy, it poses many other issues that make it much more difficult to know what decisions are best for you and for your baby."

While cases of cancer during pregnancy are rare — approximately one in 1,000 women — it is becoming



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more common as women delay childbearing into their 30s and 40s when the risk of cancer is higher, said Dr. Elyce Cardonick, maternal/fetal medicine specialist for Cooper Health System in Camden, N.J.

"Any time you're diagnosed with cancer, it's devastating," said Cardonick, who will speak on "Pregnancy for Cancer Survivors," at the conference. "But when there is a pregnancy involved, it's especially upsetting. At a time when you're supposed to be happy, you get this terrible news."

Although treatment decisions must be made on an individual case basis, Cardonick said there is no evidence that terminating the pregnancy improves patient results.

"Most often, women have a choice to undergo therapy after the first trimester and have an outcome that is comparable to nonpregnant women," she said.

When doctors told Murray she had an aggressive type of breast cancer that needed immediate treatment, it seemed surreal, she recalled.

"It felt like I was having a nightmare, and I was going to wake up soon, and then I would be OK," she said.

After talking about her options with her obstetrician and oncologist, Murray decided to have a lumpectomy followed by chemotherapy.

'Initially, it was very difficult for me to understand that I could have chemotherapy while I was pregnant, and it was going to be safe for me and for my baby when I couldn't even have a glass of wine or an aspirin.'

PATTY MURRAY
Mother, cancer survivor

"Initially, it was very difficult for me to understand that I could have chemotherapy while I was pregnant, and it was going to be safe for me and for my baby when I couldn't even have a glass of wine or an aspirin," said Murray.

EFFECTIVE BARRIER

Cardonick said most women are surprised to learn that some chemotherapy drugs are considered relatively safe if given in the second or third trimester of pregnancy.

"The placenta acts as a barrier," explained Cardonick, who advises using older chemotherapy drugs rather than newer agents because there is more evidence that older drugs will not harm the unborn child.

Evidence also indicates that the risks of stillbirth, birth defects, low birth weight and other complications are only slightly higher than for the general population.

Because radiation therapy can cause birth defects and developmental delays, however, it is generally delayed until after delivery.

Cardonick has developed a national registry of women diag-

nosed with cancer during pregnancy and cancer survivors having a pregnancy after cancer treatment. She is following the health of the women as well as their children.

In December 1995, five months pregnant and three days after having a lumpectomy, Murray started chemotherapy treatments.

"The exhaustion was indescribable, but I would look at my husband and my children and think, 'I have to get through this for them,'" she recalled.

On March 25, 1996, Murray, who had lost most of her hair during chemotherapy, gave birth to a healthy 7-pound, 15-ounce boy named Patrick, who ironically was born with a full head of hair.

After his birth, Murray had another four rounds of chemotherapy and six weeks of radiation.

MESSAGE OF HOPE

About six months after her treatment ended, in an effort to help other women, Murray and two other women who lived through cancer during pregnancy, started the Pregnant With Cancer Network, a Fairfax-based national support organization that connects women who are pregnant with cancer with other women who have been pregnant with the same type of cancer.

"Our mission is to offer hope and support through phone and e-mail conversations to women who are facing cancer while pregnant," said Christine Bradford, executive director of the peer-to-peer support group.

Bradford said the organization currently serves about 100 women a year through its matching program, and another 1,000 through its Web site, www.pregnantwithcancer.org.

Cardonick said currently there is no evidence that women who become pregnant after remaining cancer-free for about two years have an increased risk for a cancer recurrence.

"But right now we don't have thousands of women to study," she said. "We have hundreds."

Cardonick said she advocates more studies to determine the correct dose of chemotherapy to



In this 2003 photo, Patty Murray celebrates her birthday with her children, Jack, far left; Molly, right; and Patrick, sitting on Murray's lap. Murray, now 45, was diagnosed with breast cancer when she was pregnant for Patrick nine years ago. She co-founded the Pregnant With Cancer Network.

give pregnant women. "There are a lot of physiologic changes that occur when you're pregnant," she said. "We want to make sure we're giving them enough so they won't have a recurrence, but not too much."

SELDOM SEEN

The majority of obstetricians and oncologists will only see one or two pregnant women with cancer during their entire careers, Cardonick added.

"That's why it's important to collect and study cases," she said.

"Nobody can manage these patients alone. You have to have a team working together — an obstetrician, oncologist and neonatologist."

Murray, now 45 and cancer-free, is chairman of the board of directors for the Pregnant With Cancer Network. She said she hopes to reach as many women as possible through the organization.

"Studies show that people who are involved with support groups have a better quality of life and live longer," said Murray.

"And by helping others, we help ourselves."

Other speakers at the conference will be Dr. Michael Plevyak, perinatologist at Albany Medical Center, and Dr. Lance Hellman, radiation oncologist at Glenn Falls Hospital. Alejandra Marriaga, Maternal Infant Network of the Capital Region, 19 Aviation Road, Colonie (ammincr@nycap.rr.com) has more information.

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