

Pregnant, With Cancer: Doctors Rethink Treatment

Risk of Chemotherapy May Be Lower Than Once Feared; The Pressure to Terminate

By AMY DOCKSER MARCUS

LAST DECEMBER, Vernetta Rolle Smith started chemotherapy to treat breast cancer. But Ms. Smith, a 28-year-old math teacher from Houston, isn't an ordinary cancer patient: She was 24 weeks pregnant at the time.

For years, pregnant women diagnosed with cancer have faced a stark and painful choice: terminate their pregnancy—as Ms. Smith's doctor originally suggested that she consider—or risk their babies and their own lives. Women who refused to terminate have had a hard time even finding a doctor to treat them. The worry is that the large doses of chemotherapy and other treatments often needed might severely damage the unborn child. There has also been a fear that pregnancy itself—which increases hormone levels and blood volume and is undeniably stressful to the body—might reduce a woman's chances of survival.

But an important change in thinking is emerging among oncologists. Many are starting to argue that chemotherapy and other treatments can be administered in ways that may not harm the mother's prognosis or damage the fetus, especially if given after the first trimester. At the same time, as more people survive cancer and can expect to be alive years down the road, some pregnant women are deciding it's worth the risk of trying to save both themselves and their babies. This, in turn, is generating more data than were previously available.

While cases of pregnant women coping with cancer are rare, oncologists say the numbers are growing as more women are delaying childbearing into their 30s and 40s when the likelihood of cancer is higher. Estimates range anywhere from one in 1,000 pregnancies to one in 3,000. And these women, faced with giving up what may be their last chance to have a child, are looking for alternatives.

One of the key insights emerging from the growing number of cases is that, contrary to what was once believed, a woman's survival doesn't appear to improve if the pregnancy is terminated. Evidence also indicates that among children ex-

posed to chemotherapy in utero, the risks of still-birth, birth defects, low birth weight and other complications are lower than previously feared. On average, these risks are higher than in the general population, but research suggests that when chemo is delayed until after the first trimester, the risks fall considerably.

In Ms. Smith's case, she turned to a program at M.D. Anderson Cancer Center in Houston after learning the lump in her breast was malignant. Doctors there run a registry tracking what happens to pregnant women with breast cancer who go through treatment. Ms. Smith began treatment in her second trimester, and her son, Paul, was born in March with no apparent complica-

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tions. Her treatment is continuing.

Not all oncologists think it is worth taking the risk—either to the mother or the baby—of undergoing cancer treatment while pregnant. Virtually no long-term data are available on how babies of cancer-treatment patients fare into adulthood. And pregnancy certainly doesn't make cancer treatment any easier.

"It's like saying I'm going to get hit by a car and recover from it at the same time that I have cancer treatment," says Jeanne Petrek, director of the surgical program at the Lauder Breast Center of New York's Memorial Sloan-Kettering Hospital. Given that there are still unanswered questions about the effects of chemotherapy, she says she still recommends patients consider terminating a pregnancy.

First-Trimester Risk

In a University of Oklahoma registry of 619 pregnant women who had chemotherapy, director John J. Mulvihill says his analysis shows the rate of birth defects when the drugs were given in the first trimester was 19%, compared with a 5% risk in the general population. But the risk went down to 5.5% when drugs were given only in the second and third trimesters.

There are now at least four such registries tracking the health outcomes of pregnant women diagnosed with a variety of cancers, as well as children exposed to chemotherapy drugs in utero.

All chemotherapy drugs are considered potentially dangerous to a fetus. The drugs have caused defects in animal studies, but no human trials have been conducted. So oncologists have relied mainly on published reports of cases to try to determine which drugs are more harmful. For instance, some drugs that are mainstays in treating particular cancers—such as cyclophosphamide, widely used to treat non-Hodgkins lymphoma, breast and ovarian cancer—have caused eye abnormalities, absent toes and cleft palate in children exposed during the first trimester.

Elyce Cardonick, a maternal-fetal medicine specialist who runs a database of pregnant women with cancer based at Cooper University Hospital in Camden, N.J., says she advises using older drugs rather than the newer agents because at least there is more evidence about their effects on children who get exposed during pregnancy.

Richard Theriault, who founded the M.D. Anderson pregnancy registry, says none of the 54 babies in his database has had birth defects, including Ms. Smith's son. But it's not known if the long-term

Pregnancy and Cancer

The following Web sites offer information and resources about fertility issues and cancer.

■ Fertile Hope

Contact: www.fertilehope.org
Information involving all aspects of fertility issues arising from cancer treatment before, after and during pregnancy

■ Motherisk

www.motherisk.org
Runs an international registry tracking pregnant women with cancer, advises pregnant and lactating women about drug exposures

■ National Cancer Institute

Contact: www.cancer.gov
Information about specific cancer treatments while pregnant

■ Pregnant With Cancer

Contact: www.pregnantwithcancer.org,
1-800-743-6724 x308
Support group, information about all aspects of being pregnant with cancer

■ Cancer and Childbirth Registry

Contact: For database: 856-757-7876; For appointments: 856-342-2491
Run by Elyce Cardonick at Cooper Health, tracking the outcomes of pregnancies of women with cancer all over the country

■ Health Outcomes of Pregnancy Database at M.D. Anderson

Contact: 713-792-4124
Database currently comprises women diagnosed with breast cancer while pregnant

■ Registry of Pregnancies Exposed to Chemotherapeutic Agents

Contact: Susan-Hassed@ouhsc.edu
Run out of the University of Oklahoma, the database includes 619 cases, primarily from published reports, including women with diseases other than cancer who were also exposed to chemo drugs while pregnant

risks of chemotherapy—such as an increased susceptibility later in life to cancer, cardiac problems and fertility problems—could also affect children exposed in utero. Dr. Theriault's database is small and the oldest child is still only 14. In some of the other databases, the oldest child is even younger.

"The children are fine so far," says Dr. Theriault, "but no one knows what's ahead."

New studies may start developing the data that women need to make a more informed choice about what to do, says Gideon Koren, director of the Motherisk program at the Hospital for Sick Children in Toronto, which advises pregnant and lactating women about drug exposure and runs an international registry of pregnant cancer patients. Dr. Koren says a large study they did of 200 women diagnosed with breast cancer during pregnancy had surprising results. When matched by age, treatment, and stage of the disease with nonpregnant women, the women's survival rates were similar, Dr. Koren says.

Delaying Radiation

Oncologists say they try to ensure that a pregnant woman's cancer treatment remains as close as possible to what she would receive if she weren't pregnant. Some changes are usually required, though. Radiation therapy, where the patient receives beams of X-rays or other radiation, can cause birth defects and mental retardation and

is generally delayed until after delivery. But diagnostic scans such as mammograms, which involve low levels of radiation, have all been successfully used on pregnant cancer patients, and surgical procedures including mastectomies have been safely performed, oncologists say.

The Question of Dosage

A debate remains over how much chemotherapy is safe to give. "You do not want them to be undertreated and get chemo-lite," says Dr. Cardonick. "That puts the women at risk of recurrence." But Dr. Cardonick adds that not enough is known about whether pregnant women need to get a different dose of chemotherapy than women who are similar weights but not pregnant.

These sorts of uncertainties are what can make the choice so overwhelming.

"I felt guilty every time I did chemo," says Juliet Jones, 34, of Tarrytown, N.Y., who was diagnosed in 2002 with inflammatory breast cancer, an aggressive form of the disease, when she was 23 weeks pregnant. Each time she finished a treatment, she would wait anxiously, making sure she could still feel the baby moving. Her 17-month-old daughter is healthy and Ms. Jones is currently considered disease-free, but she says she still worries about both of their futures. "It is so tough to go through the most horrible thing that has ever happened to me," she says, "and have it be completely intertwined with the most wonderful thing that has ever happened to me."