Weinstein A, et al., J Reprod Med Gynecol Obstet 2023, 8: 146
DOI: 10.24966/RMGO-2574/100146

HSOA Journal of
Reproductive Medicine, Gynecology & Obstetrics

Commentary

Recognizing the Imperative of Abortion Access in Gestational Cancer

Weinstein A[1], Chafitz O[1], Sheedy C[2], Figueroa M[1,3] and Oladipo AF[1,3]*

[1]*Department of Obstetrics and Gynecology, Hackensack University Medical Center, Hackensack, NJ, USA*

[2]*Department of Family Medicine, Rutger-Robert Wood Johnson Medical School, Freehold, NJ, USA*

[3]*Hackensack Meridian School of Medicine, Nutley, NJ, USA*

Gestational cancer refers to a malignant diagnosis that is made during pregnancy, and has an estimated occurrence of 1 in 1000 pregnancies [1]. Common cancers in pregnancy include breast, cervical, ovarian, hematologic cancer and melanoma [2]. Diagnosing malignancy in pregnancy is often challenging, considering that constitutional symptoms are often misattributed to physiologic symptoms of pregnancy [2]. The management of cancer in pregnancy is complex and takes into account both maternal and fetal impact. Risks and benefits regarding chemotherapy, radiation therapy, surgery and early delivery must all be considered [3]. A multidisciplinary approach is recommended to help patients navigate through difficult decision making in gestational cancer.

Chemotherapy is the mainstay treatment for many malignant conditions. The fetal implications of chemotherapeutic agents vary with trimester [3-5]. Exposure to chemotherapy in the first trimester significantly increases the risk for spontaneous abortion and for developing malformation in surviving pregnancies. Given the high teratogenic potential during organogenesis, most recommend avoidance of chemotherapy during the first 13 weeks of gestation [3-5]. Administration of chemotherapy during the second and third trimester is considered an acceptable approach, with the most common fetal risks including fetal growth restriction, preterm prelabor rupture of membranes, preterm contractions and preterm delivery [6]. Long term implications of antenatal chemotherapy in the second and third trimester are not well elucidated, though existing data has reassuringly not demonstrated significant neurodevelopmental impact [7]. Pelvic radiation therapy unavoidably results in intrauterine fetal demise and decreases the likelihood of future fertility, whereas non-pelvic radiation therapy has promising pregnancy outcomes [6]. When treatment for gestational cancer requires surgery, the optimal timing of surgical intervention is early in the second trimester, when the risk for pregnancy loss is low and the uterine size does not yet compromise intraabdominal access [6,8-11]. A minimally invasive approach is preferred over an open laparotomy, though is not without risk. While laparoscopy allows for shorter operating times and fewer adverse fetal effects, risks of laparoscopy during pregnancy include uterine perforation, hypercapnia and uterine hypoperfusion [6,12].

Given the complexity of pregnancy complicated by an oncologic diagnosis, multidisciplinary models have been proposed to help facilitate care amongst different subspecialists. While national guidelines have proposed termination of pregnancy as an option in the individualized care of gestational cancer patients, the involvement of family planning specialists has not been standardized [6]. In fact, there is a paucity of published data regarding termination of pregnancy in the setting of gestational cancer.

We recently published a manuscript detailing the diagnosis and management of a high risk Gastrointestinal Stromal Tumor (GIST) in a pregnant patient at our institution, who presented with an abdominal mass in the first trimester [13]. Surgical excision confirmed stage IIIb small intestinal GIST, and genetic testing of the tumor indicated benefit from adjuvant chemotherapy with Imatinib. Forgoing treatment placed the patient's probability of two year recurrence free survival at 1%. "The timing of our patient's diagnosis contributed to the complexity of its management: the benefit of Imatinib in a patient with a high risk for tumor recurrence had to be weighed against the risk of Imatinib initiation in the first trimester of a desired pregnancy" [13]. The comprehensive care team included providers from maternal fetal medicine, gynecologic oncology, surgical oncology, and complex family planning. The collaborating subspecialists were able to offer truly comprehensive options counseling, and the patient ultimately elected to undergo a dilation and evacuation at 19 weeks gestation. Our experience with a pregnancy complicated by high grade disease highlighted the importance of providing gestational cancer patients with abortion access.

The recent overturn of federal protections on abortion access has impacted reproductive rights in the United States [14-16]. Many states have adopted restrictions on termination of pregnancy care, increasing the access to abortion gap across the country [17]. The political climate change has affected the autonomy of millions, including those afflicted by gestational cancer [18]. The hindrance of necessary medical care to this patient cohort is discongruent with national medical guidelines. Many Americans now have to decide between optimizing their prognosis at the expense of teratogenic effects of chemoradiation therapy and delaying their necessary treatment so as to avoid fetal complications. Traveling to states with more liberal abortion policies is a marginalizing option, as it disproportionately

***Corresponding author:** Oladipo AF, Department of Obstetrics and Gynecology, Hackensack University Medical Center, 20 Prospect Avenue, Suite 601, Hackensack, New Jersey 07601, USA, Tel: +1 5519962765; Fax: +1 2014878516; E-mail: Antonia.Oladipo@hmhn.org

Citation: Weinstein A, Chafitz O, Sheedy C, Figueroa M, Oladipo AF (2023) Recognizing the Imperative of Abortion Access in Gestational Cancer. J Reprod Med Gynecol Obstet 8: 146.

Received: August 07, 2023; **Accepted:** August 18, 2023; **Published:** August 25, 2023

excludes those without the financial means to afford travel expenses. With fewer locations offering termination of pregnancy, providers are overwhelmed by increasing patient load, resulting in longer wait times for procedure completion; this in turn poses undo risk related to terminations performed at later gestational ages.

While inequitable access to health care precludes optimal standardization of care in gestational cancer, efforts should be channeled towards integrating complex family planning into multidisciplinary care teams. Offering termination of pregnancy as a part of the plan of care discussion empowers gestational cancer patients to make a truly informed decision.

References

1. Korenaga TK, Tewari KS (2020) Gynecologic cancer in pregnancy. Gynecol Oncol 157: 799-809.
2. Hepner A, Negrini D, Hase EA, Exman P, Testa L, et al. (2019) Cancer During Pregnancy: The Oncologist Overview. World J Oncol 10: 28-34.
3. Kalampokas E, Vlahos N, Kalampokas T, Gurumurthy M (2021) Common Malignancies During Pregnancy: A Comprehensive Review. Cancer Diagn Progn 1: 103-109.
4. Van Calsteren K, Verbesselt R, Ottevanger N, Halaska M, Heyns L, et al. (2010) Pharmacokinetics of chemotherapeutic agents in pregnancy: a preclinical and clinical study. Acta Obstet Gynecol Scand 8: 1338-1345.
5. Esposito S, Tenconi R, Preti V, Groppali E, Principi N (2016) Chemotherapy against cancer during pregnancy: A systematic review on neonatal outcomes. Medicine (Baltimore) 95: 4899.
6. Amant F, Berveiller P, Boere IA, Cardonick E, Fruscio R, et al. (2019) Gynecologic cancers in pregnancy: Guidelines based on a third international consensus meeting. Ann Oncol 30: 1601-1612.
7. Amant F, Van Calsteren K, Halaska MJ, Gziri MM, Hui W, et al. (2012) Long-term cognitive and cardiac outcomes after prenatal exposure to chemotherapy in children aged 18 months or older: an observational study. Lancet Oncol 13: 256-264.
8. Streffer C, Shore R, Konermann G, Meadows A, Uma Devi P, et al. (2003) Biological effects after prenatal irradiation (embryo and fetus). A report of the International Commission on Radiological Protection. Ann ICRP 33: 5-206.
9. International Commission on Radiological Protection (2000) Pregnancy and medical radiation. Ann ICRP 30: iii-viii.
10. Kal HB, Struikmans H (2005) Radiotherapy during pregnancy: Fact and fiction. Lancet Oncol 6: 328-333.
11. Vandenbroucke T, Verheecke M, Fumagalli M, Lok C, Amant F (2017) Effects of cancer treatment during pregnancy on fetal and child development. Lancet Child Adolesc Health 1: 302-310.
12. Shigemi D, Aso S, Matsui H, Fushimi K, Yasunaga H (2019) Safety of Laparoscopic Surgery for Benign Diseases during Pregnancy: A Nationwide Retrospective Cohort Study. J Minim Invasive Gynecol 26: 501-506.
13. Sheedy CM, Weinstein A, Chafitz O, Oladipo AF (2023) Diagnosis and management of high risk gastrointestinal stromal tumor in first trimester pregnancy: A case report and review of the literature. Heliyon 9: 15858.
14. https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf
15. JUSTIA (1973) Roe v. Wade, 410 U.S. 113 (1973). JUSTIA, Mountain View, California, USA.
16. JUSTIA (1992) Planned Parenthood of Southeastern Pa. v. Casey, 505 U.S. 833 (1992). JUSTIA, Mountain View, California, USA.
17. Center for Reproductive Rights (2022) After Roe fell: abortion laws by state. Center for Reproductive Rights, New York, USA.
18. Silverstein J, Van Loon K (2022) The Implications of the Supreme Court Decision to Overturn Roe v Wade for Women With Pregnancy-Associated Cancers. JAMA Oncol 8: 1394-1395.

HERALD

Advances In Industrial Biotechnology | ISSN: 2639-5665

Advances In Microbiology Research | ISSN: 2689-694X

Archives Of Surgery And Surgical Education | ISSN: 2689-3126

Archives Of Urology

Archives Of Zoological Studies | ISSN: 2640-7779

Current Trends Medical And Biological Engineering

International Journal Of Case Reports And Therapeutic Studies | ISSN: 2689-310X

Journal Of Addiction & Addictive Disorders | ISSN: 2578-7276

Journal Of Agronomy & Agricultural Science | ISSN: 2689-8292

Journal Of AIDS Clinical Research & STDs | ISSN: 2572-7370

Journal Of Alcoholism Drug Abuse & Substance Dependence | ISSN: 2572-9594

Journal Of Allergy Disorders & Therapy | ISSN: 2470-749X

Journal Of Alternative Complementary & Integrative Medicine | ISSN: 2470-7562

Journal Of Alzheimers & Neurodegenerative Diseases | ISSN: 2572-9608

Journal Of Anesthesia & Clinical Care | ISSN: 2378-8879

Journal Of Angiology & Vascular Surgery | ISSN: 2572-7397

Journal Of Animal Research & Veterinary Science | ISSN: 2639-3751

Journal Of Aquaculture & Fisheries | ISSN: 2576-5523

Journal Of Atmospheric & Earth Sciences | ISSN: 2689-8780

Journal Of Biotech Research & Biochemistry

Journal Of Brain & Neuroscience Research

Journal Of Cancer Biology & Treatment | ISSN: 2470-7546

Journal Of Cardiology Study & Research | ISSN: 2640-768X

Journal Of Cell Biology & Cell Metabolism | ISSN: 2381-1943

Journal Of Clinical Dermatology & Therapy | ISSN: 2378-8771

Journal Of Clinical Immunology & Immunotherapy | ISSN: 2378-8844

Journal Of Clinical Studies & Medical Case Reports | ISSN: 2378-8801

Journal Of Community Medicine & Public Health Care | ISSN: 2381-1978

Journal Of Cytology & Tissue Biology | ISSN: 2378-9107

Journal Of Dairy Research & Technology | ISSN: 2688-9315

Journal Of Dentistry Oral Health & Cosmesis | ISSN: 2473-6783

Journal Of Diabetes & Metabolic Disorders | ISSN: 2381-201X

Journal Of Emergency Medicine Trauma & Surgical Care | ISSN: 2378-8798

Journal Of Environmental Science Current Research | ISSN: 2643-5020

Journal Of Food Science & Nutrition | ISSN: 2470-1076

Journal Of Forensic Legal & Investigative Sciences | ISSN: 2473-733X

Journal Of Gastroenterology & Hepatology Research | ISSN: 2574-2566

Journal Of Genetics & Genomic Sciences | ISSN: 2574-2485

Journal Of Gerontology & Geriatric Medicine | ISSN: 2381-8662

Journal Of Hematology Blood Transfusion & Disorders | ISSN: 2572-2999

Journal Of Hospice & Palliative Medical Care

Journal Of Human Endocrinology | ISSN: 2572-9640

Journal Of Infectious & Non Infectious Diseases | ISSN: 2381-8654

Journal Of Internal Medicine & Primary Healthcare | ISSN: 2574-2493

Journal Of Light & Laser Current Trends

Journal Of Medicine Study & Research | ISSN: 2639-5657

Journal Of Modern Chemical Sciences

Journal Of Nanotechnology Nanomedicine & Nanobiotechnology | ISSN: 2381-2044

Journal Of Neonatology & Clinical Pediatrics | ISSN: 2378-878X

Journal Of Nephrology & Renal Therapy | ISSN: 2473-7313

Journal Of Non Invasive Vascular Investigation | ISSN: 2572-7400

Journal Of Nuclear Medicine Radiology & Radiation Therapy | ISSN: 2572-7419

Journal Of Obesity & Weight Loss | ISSN: 2473-7372

Journal Of Ophthalmology & Clinical Research | ISSN: 2378-8887

Journal Of Orthopedic Research & Physiotherapy | ISSN: 2381-2052

Journal Of Otolaryngology Head & Neck Surgery | ISSN: 2573-010X

Journal Of Pathology Clinical & Medical Research

Journal Of Pharmacology Pharmaceutics & Pharmacovigilance | ISSN: 2639-5649

Journal Of Physical Medicine Rehabilitation & Disabilities | ISSN: 2381-8670

Journal Of Plant Science Current Research | ISSN: 2639-3743

Journal Of Practical & Professional Nursing | ISSN: 2639-5681

Journal Of Protein Research & Bioinformatics

Journal Of Psychiatry Depression & Anxiety | ISSN: 2573-0150

Journal Of Pulmonary Medicine & Respiratory Research | ISSN: 2573-0177

Journal Of Reproductive Medicine Gynaecology & Obstetrics | ISSN: 2574-2574

Journal Of Stem Cells Research Development & Therapy | ISSN: 2381-2060

Journal Of Surgery Current Trends & Innovations | ISSN: 2578-7284

Journal Of Toxicology Current Research | ISSN: 2639-3735

Journal Of Translational Science And Research

Journal Of Vaccines Research & Vaccination | ISSN: 2573-0193

Journal Of Virology & Antivirals

Sports Medicine And Injury Care Journal | ISSN: 2689-8829

Trends In Anatomy & Physiology | ISSN: 2640-7752