## Pre 01

CANCER AND PREGNANCY

J. Baltzer

When cancer coincides with pregnancy the following questions are of importance:

1. Effect of pregnancy on the prognosis of the carcinoma
2. Effect of the carcinoma on the fetus
3. Effect of therapy of the carcinoma on the fetus
4. Is therapeutical abortion obligatory?
5. Is subsequent pregnancy possible under certain requirements?

Carcinomas of the vulva, vagina and endometrium are rare in pregnant women as these carcinomas mainly occur in older women.
The rate of incidence of the carcinoma of the cervix related to pregnant women lies within 0.02 to 0.04 p.c. The treatment depends for instance upon the stage of the disease, the age of the fetus and patient's parity. Hormonal changes in pregnancy do not effect the prognosis. It is poorer, however, if the carcinoma was discovered in the puerperium.
A malignant ovarian tumor occurs in 1 of 18 000 pregnancies. Early diagnosis and treatment are essential. If low-risk tumors are concerned, restricted operative treatment is possible for the time being. In widespread carcinomas operative treatment no different from that in nonpregnant women is obligatory.
The carcinoma of the breast occurs in 1 of 3 000 pregnancies. The worse survival rates are due to detection at an advanced stage, rather than to hormonal changes. By terminating pregnancy there is no better prognosis. If chemotherapeutical agents are used following surgery, termination of the pregnancy for eugenic indication will be required.
The survival rates of disease-free patients with breast-cancer and subsequent pregnancy are not worse than those of the control group. Therefore, pregnancy following a relapse-free interval should be allowed.

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## Pre 02

OVARIAN CANCER AND CHORIOCARCINOMA ASSOCIATED WITH NORMAL PREGNANCY.

K.-W. Schweppe

I. Solid tumors of the ovary during pregnancy are rare. A review of the literature gives an incidence of one in 1.000 pregnancies; of these only 5% are malignant. That means a cancer frequency of one in 20.000 pregnancies. Therefore every enlargement of the ovaries needs sonographic examination to exclude cysts; if the diameter is more than 6 cm, if the tumor is persistent, or if solid masses are present, a laparotomy and histologic examination are necessary. The principles of treatment are identical with those of ovarian cancer without pregnancy. During the third trimester a caeserian section is indicated followed by radical operation. Only in stage Ia with low grade malignancy an unilateral oorphorectomy may be sufficient in the first and second trimester, if the patient desires pregnancy primarely. Neither the pregnancy nor an abortion have any influence on the prognosis of the disease.
II. Only 43 cases of choriocarcinoma in combination with a normal pregnancy are reported in the literature. Usual the diagnosis is made too late, because this rare complication is not taken in consideration. The prognosis is poor for both, mother and child. Treatment of choise is the triple-chemotherapy as known from the high-risk-group of choriocarcinoma without pregnancy. Delay of treatment in order to achieve a viable fetus is not acceptable, independent of the gestational age. In the third trimester a caeserian section is indicated before chemotherapy. An unsolved problem is chemotherapy at the end of the second trimester and a delivery after a treatment, which is toxic for the fetus.

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## Pre 03

BREAST CANCER AND PREGNANCY

W.JONAT

Normal pregnancy and cancer are the only two biologic conditions in wich antigenic tissue is tolerated by a seemingly intact immune system. Although the coincidence of both or pregnancy following cancer is not a frequent clinical problem it is not rare. Of great concern are in this respect the issues raised regarding therapeutic priorities, riks to the mother and fetus and the prospects for cure. In view of breast cancer and pregnancy or lactation the following specific questions are reviewed on the basis of published studies:

- What is the incidence and age distribution of pregnant breast cancer patients?
- Does pregnancy adversly influence maternal cancer?
- What are reasons for the poor prognosis in pregnant breast cancer patients?
- What is the prognosis of breast cancer diagnosed in the lactation period?
- Is pregnancy following breast cancer treatment advisable? Do future pregnancies influence recurrence?

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## Pre 04

ACUTE LEUKEMIA AND PREGNANCY.

A.E.Schindler and P.Abele

For the time span from 1870 until 1983 444 reported pregnancies complicated by leukemia have been compiled and evaluated; 262 cases with acute leukemia and 182 cases with chronic leukemia. Prior to 1950 there is a preponderance of reported pregnancies with chronic leukemia.
In this presentation only pregnancies complicated by acute leukemia will be discussed. Because of the large time span covered the evaluation will be carried out according to the following time intervalls: 1. Until 1950, 2. 1950-1969, 3. 1970-1983.
The following results were found:

1. Increasing portion of surveiving infants from 32 % before 1950 to 87 %, during the time from 1970 - 1983.
2. Increase of term deliveries from 29 % before 1950 to 50 % during the time from 1970 - 1983.
3. Decrease of the number of newborns with a birth rate below 2500 g from 55 % before 1970 to 35 % after 1970.
4. Decrease of severe postpartum hemorrhage from 35 % before 1950 to 8 % during the time from 1970 to 1983.
5. Decrease of postpartum mortality due to leukemia from 70 % before 1950 to 18 % during the time from 1970 to 1983.
6. Prolongation of the median survival time of 2 months before 1950 to 9-15 months during the time between 1970 till 1983.
7. There is no recognizable influence of pregnancy on the course and prognosis of acute leukemia.

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