Pre 13**DOES PREGNANCY HAS ANY INFLUENCE FOR THE FOLLOW UP OF PATIENTS WITH CERVIX-, OVARY-, OR BREAST CANCER?**

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In the period of 1965 until 1984 more than 400 patients with cervix cancer, 300 patients with ovarian cancer, and more than 2000 patients with breast cancer were treated in the Women's Hospital of the University of Erlangen.

In 20 cases cancer was diagnosed simultaneously with pregnancy (12 cervix cancer, 2 ovarian cancer, 6 breast cancer).

The diagnostic procedure and follow-up of these patients in relation to the extension of the disease at the time diagnosed was analysed. A detailed histologic study was done in every case observed.

No specific criteria as a main prognostic factor can be found. In most cases marked proliferation of the vascular tissue is the only specific sign seen in surrounding tissue of the cervix or breast cancer. This can be the promoting factor for early metastases of cancer during pregnancy.

Two patients with ovarian neoplasm were treated conservatively. Both patients had pregnancy some years after this therapy. One patient was treated with chemotherapy after surgery, she delivered a normal baby.

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Pre 14**TERMINATION OF PREGNANCY IN PATIENTS WITH MALIGNANT DISEASES**

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Counselling the pregnant cancer patient has to take into account her individual prognosis, risk of disorder and treatment for the unborn child and the influence of pregnancy on the prognosis of the disorder. Besides, gestational age at the time of diagnosis determines the obstetrical course of treatment. Recent advances in neonatal intensive care medicine have led to reduced neonatal mortality and morbidity in premature babies. Premature delivery shortens the time interval between diagnosis of the malignancy and delivery. This allows maternal treatment which would otherwise have been too dangerous for the fetus up to two months earlier. In general pregnancy does not lead to an exacerbation of the disease and therefore "therapeutic" abortion is not warranted. Primary surgical therapy for breast cancer leaves the fetus in utero unaltered. Surgical treatment for cervical cancer implies termination of pregnancy. Cytotoxic treatment of leukemia may induce fetal malformations and chromosome anomalies depending on the time of gestation. Maternal prognosis, fetal risks due to treatment and psychosocial aspects concerning the pregnant woman influence the decision for termination of pregnancy. Our management and decision making is demonstrated in the cases of 3 women presenting with breast cancer, cervical cancer and chronic myeloid leukemia diagnosed at 28, 24 and 16 weeks of gestation, respectively. After cesarean section at 32, 30 and 32 weeks, all children survived healthy.

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Pre 15**Pregnancy rate and disease free survival after therapy of early ovarian cancer by saving fertility.**

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The aim in treating ovarian cancer is to remove malignant tissue totally in the hope of long disease free survival. Loss of fertility is an important secondary effect due to surgery of ovarian cancer. Furthermore associated symptoms of deficiency may be caused by the lack of sexual hormones. By request of further pregnancy it is often difficult to find a compromise between radical cancer surgery and saving fertility.

In order to facilitate the decision the following report is given on women undergoing cancer surgery of the ovaries by saving fertility at the UFK Mannheim.

From 1960 to 1984 540 carcinomas of the ovaries were diagnosed. Only 29 of them were less than 40 years of age, and both, the desire and the potential for childbearing had to be taken into account. In 9 of these 29 patients stage FIGO Ia, allowed to preserve the uterus and a rest of ovarian tissue. The mean age of these 9 women was 23 years.

1 patient was only seen for 2 years afterwards. The mean follow up period of the remaining 8 women now is 12,25 years. All women are free of relapse. Indicated by histological study further therapeutic steps were considered to be necessary in 3 patients. These steps were connected with the loss of fertility. At least 5 patients remained fertile. In the mean time, two pregnancies took place. 1 woman takes contraceptives. Two women had no pregnancy.

Conclusion: Disease free survival by treating early ovarian cancer in women preserving fertility justifies a surgical treatment less radical than usual. - UFK Mannheim/Germany.

Pre 16**PREGNANCY OF PATIENTS WITH HODGKIN'S DISEASE IN REMISSION**

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The factors to be considered were intrauterine and extrauterine development of the child and particularly the risk of recurrence of the disease caused by pregnancy.

A questionnaire was filled out by 122 women up to the age of 40 years, who had been treated for Hodgkin's disease in Freiburg i.Br. from 1949 until 1981. All of the 122 patients were in remission. Of these patients 39 (32%) had been pregnant once or more than once. Of a total of 63 posttherapeutic pregnancies 65% resulted in normal births, 5% in viable preterm babies, 3% in viable infants with slight malformations, and 8% in spontaneous abortion. In 19% of the pregnancies an interruption was performed. With regard to the distribution percentage of the normal births and the negative variants, there were no significant deviations from those of normal populations, even compared with the literature. After additional intensive chemotherapy, however, a slight increase in the negative variants was observed. There was no indication that posttherapeutic pregnancy might increase the morbidity or mortality rate.

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