

Cancer in pregnancy

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The occurrence of cancer in pregnant women raises challenging issues and dilemmas for the treating clinician. Diagnostic delays, compromised diagnostic options and difficult medical, ethical and psychosocial issues are part of this challenge [1].

Where the continuation of pregnancy is not desired by the mother and the family, decisions regarding cancer management may be simpler. However, when a safe outcome of pregnancy is desired for both the mother and the baby, the management of the associated cancer needs to be modified. The use and timing of various therapeutic modalities has to be considered carefully. Obstetric management for women with cancer and long-term side-effects of anticancer treatment on the newborn are other important considerations.

The article appearing in the current issue has deliberated on several of these important details. However, several site-specific concerns would need to be addressed by the treating clinician. As mentioned by the authors, it is difficult to bring all of it together in a single article. A brief mention of the management of breast and gynaecological cancers, with appropriate references [2–5], would have been useful for the readers of this paper.

The presence of certain unique pathological conditions associated with pregnancy and important in the differential diagnosis of pelvic masses also needs to be mentioned. These ovarian masses which are specific to pregnancy

(Luteoma of pregnancy and Theca Lutein cysts) regress postpartum [3]. Hormonal influence of pregnancy also causes difficulty in differentiating serous low malignant potential tumours of ovary from frankly invasive carcinoma. Emergency surgical interventions and obstetric complications are especially associated with dysgerminoma in pregnancy.

The need for multidisciplinary involvement and decision making in pregnant women with cancer cannot be overstressed. The recently published clinical recommendations of the European Society of Medical Oncology (ESMO) highlight several of these very important issues relating to the diagnosis, treatment and follow-up of cancer in pregnancy [6].

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