Cancer Diagnosis during Pregnancy: Evaluating the Challenges Faced by Oncologists

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Cancer during pregnancy is occurring more often than in the past, and it is estimated that cancer is diagnosed in approximately 1/1000 pregnancies. A consensus exists that management of these patients should prioritize survival of the mother and minimize teratogenic effects to the fetus, and utilize a multidisciplinary approach, involving medical oncology, surgical oncology, radiation oncology, radiology, and a maternal fetal medicine specialist. In spite of this consensus, there is not a standardized approach for treating cancer in women diagnosed during pregnancy. Due to the relative infrequency of this situation in the oncologic setting, the aims of this study were to determine how comfortable oncologists are discussing pregnancy issues related to treatment, specifically termination and fetal risks, to determine what oncologists view as their primary responsibilities in the management of a woman diagnosed with cancer during pregnancy, and to identify the challenges oncologists face when treating a woman diagnosed with cancer during pregnancy. An 18 question survey was developed and distributed to oncologists at The Methodist Hospital and the Memorial Hermann Hospital system. The results from 53 completed anonymous surveys showed that oncologists who have treated at least one patient diagnosed with cancer during pregnancy are significantly more likely to be comfortable treating this patient population (p<0.01). Thus, providing care to one patient within this population may be sufficient to establish a level of comfort in providing clinic care to a patient diagnosed with cancer during pregnancy. Providers appear to recognize that a multidisciplinary approach is needed when treating this patient population, though have differing opinions regarding whom of these providers has the highest practice responsibility to address pregnancy-related topics, including termination of pregnancy and risk of teratogenic effects. Additionally, many providers acknowledge that barriers exist which create added challenges when treating this patient population.

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