



## Gynecologic Oncology and Pregnancy: Management of Cancer during Gestation

Ishir Jayden\*

Department of Obstetrics and Gynecology, IVF Unit, AOOR Villa Sofia Cervello, University of Palermo, 90146 Palermo, Italy

### INTRODUCTION

Gynecologic oncology during pregnancy presents unique challenges for both healthcare providers and patients. Cancer during pregnancy is a relatively rare occurrence, but its incidence has been increasing, partly due to the rising age of women at childbirth. Managing cancer during pregnancy requires careful consideration of both the treatment of the disease and the well-being of the fetus [1]. The growing understanding of the complexities involved in these cases has led to more refined and individualized approaches to therapy.

The diagnosis of gynecologic cancer in a pregnant woman raises immediate concerns about the safety of both the mother and the fetus. The most common gynecologic cancers that are diagnosed during pregnancy include cervical, ovarian, and endometrial cancers. Other malignancies, such as vulvar and vaginal cancers, are less frequently encountered. The management of these cancers during pregnancy depends on several factors, including the type and stage of cancer, the gestational age of the pregnancy, and the overall health of the mother [2].

Cervical cancer, particularly in its early stages, can often be managed without compromising the pregnancy. The treatment may involve a combination of surgery, radiation therapy, and chemotherapy, depending on the stage of the disease. However, during pregnancy, radiation therapy is generally avoided, especially in the first trimester, due to potential risks to the developing fetus. In some cases, a delay in the initiation of treatment may be considered until the second trimester to balance maternal health and fetal development. Ovarian cancer during pregnancy presents its own set of challenges. Early detection and diagnosis are critical to ensuring the best possible outcome for both mother and baby. Depending on the stage of the cancer, surgical intervention may be necessary,

which may involve removing the affected ovary or performing a more extensive surgery to address any spread of the cancer. Chemotherapy may also be considered, but it is usually postponed until the second trimester, as certain chemotherapy drugs may pose a risk to the fetus, particularly during the first trimester, when organogenesis is occurring [1].

### DESCRIPTION

Endometrial cancer, while rare during pregnancy, can occur and requires a multidisciplinary approach to treatment. If diagnosed in the early stages, surgery to remove the uterus may be performed, and chemotherapy may be considered as part of the treatment plan. The timing of surgery and chemotherapy is crucial to minimize risks to the fetus, and the decision must be made based on the gestational age and the severity of the cancer. The management of gynecologic cancers during pregnancy must also consider the potential impact of the cancer treatment on the fetus. Chemotherapy is a key component of cancer treatment in many cases, but its effects on pregnancy vary depending on the timing and the drugs used. Chemotherapy during the first trimester can increase the risk of fetal malformations and miscarriage, while during the second and third trimesters, the risk to the fetus is lower but still present. The choice of chemotherapy drugs is crucial, and certain drugs, such as platinum-based agents, are considered relatively safer in pregnancy compared to others [2].

Surgical interventions during pregnancy, such as the removal of tumors or organs, may be necessary, but they also carry risks. Surgery performed in the second trimester is generally considered to be the safest for both the mother and the fetus, as the risk of preterm labor is lower during this period. However, the timing of surgery must also take into account the extent of the cancer and the potential need for additional treatments, such as chemotherapy or radiation.

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**Corresponding author:** Ishir Jayden, Department of Obstetrics and Gynecology, IVF Unit, AOOR Villa Sofia Cervello, University of Palermo, 90146 Palermo, Italy; E-mail: jayden.ish@libero.it

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Multidisciplinary care is essential in managing gynecologic cancer during pregnancy. Obstetricians, oncologists, neonatologists, and other specialists must collaborate to develop an individualized treatment plan that considers the cancer's stage and the needs of the pregnant woman. This approach allows for a comprehensive management plan that aims to optimize outcomes for both the mother and the baby. In some cases, the pregnancy may need to be terminated early to allow for more aggressive cancer treatment, particularly if the cancer is in an advanced stage or if there is a risk to the mother's life. Managing gynecologic cancer during pregnancy is a complex task that requires careful consideration of the risks and benefits of various treatment options. The goal is to provide effective cancer treatment while minimizing harm to the fetus. Advances in medical technology, early detection methods, and individualized treatment strategies have improved outcomes for many women diagnosed with cancer during pregnancy. Through a collaborative and multidisciplinary approach, healthcare providers can offer the best possible care for pregnant women facing the challenges of a cancer diagnosis.

## CONCLUSION

The management of cancer during pregnancy remains a challenging, yet increasingly well-understood area of clinical

practice. Early diagnosis and a multidisciplinary approach involving obstetricians, oncologists, and other healthcare providers are essential to ensuring the health and safety of both the mother and the fetus. Treatment strategies must be tailored to each case, considering factors such as the type and stage of cancer, the gestational age, and the patient's overall health. With advancements in both oncology and obstetrics, pregnant women diagnosed with cancer can often receive treatments that minimize risks to the fetus while effectively addressing the malignancy. Moreover, the development of safer therapeutic protocols and the continued refinement of surgical, radiation, and chemotherapy approaches have significantly improved outcomes for both mother and child. Ultimately, the key to success in managing cancer during pregnancy lies in individualized care, constant collaboration among specialists, and a patient-centered approach to decision-making.

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