CANCER TREATMENTS DURING PREGNANCY: WHAT SHOULD BE AVOIDED?

COMPILED BY MAXIMA WOMENS HEALTH

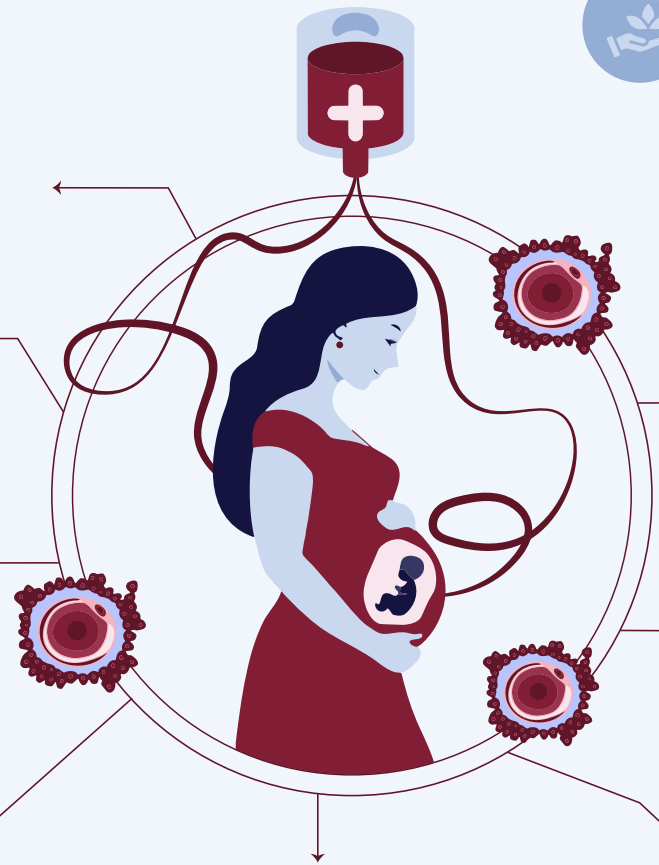
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Pregnancy and cancer treatment require individualised care. Some cancer treatments can be used during pregnancy, while others must be delayed until after delivery.

Symbol Represents - *Potentially 'safe' treatment*

Symbol Represents - *Non-safe treatment*

Every treatment decision should be made by a multi-disciplinary team, taking into account the cancer type, stage, gestational age, maternal health and potential risks to the mother and the developing baby.



- **Chemotherapy During The First Trimester**

  During early pregnancy, the baby's major organs are developing. Certain chemotherapy medicines can interfere with this process and increase the risk of miscarriage or congenital abnormalities.

- **Methotrexate**

  Methotrexate can interfere with fetal development and may cause pregnancy loss or serious congenital abnormalities.

- **Radiotherapy, Radioactive Iodine and Other Radiopharmaceuticals**

  Radiation exposure can damage developing fetal tissues. Radioactive substances, like iodine may cross the placenta and expose the developing baby to radiation. Particularly when the treatment area is near the uterus.

- **Anti-angiogenic Therapies**

  These medicines interfere with the formation of new blood vessels. Blood vessel development is essential for the placenta and growing baby, these treatments may pose significant fetal risks.

***For a lot of these and other treatment methods, pregnancy safety data are limited**; potential fetal risks depend on the medicine and woman.*

- **HER2-targeted and Hormonal Therapies**

  Some HER2-targeted medicines, including trastuzumab, have been associated with reduced amniotic fluid and pregnancy complications.

  Some hormone-blocking treatments can interfere with the hormonal signals involved in fetal development. Treatments such as tamoxifen are generally avoided during pregnancy.

- **Bone-modifying Medicines**

  Medicines such as bisphosphonates and denosumab affect bone metabolism. Their potential effects on fetal bone development mean they are generally avoided.

- **Immunotherapy, CAR T-cell therapy and High-Dose Chemotherapy**

  Some immunotherapies can interfere with immune tolerance during pregnancy, while high-dose chemotherapy and stem cell transplantation can cause significant maternal toxicity.

- **Other Targeted Therapies**

  Many targeted cancer medicines have limited pregnancy safety data.

  Their effects on fetal development depend on the specific medicine and its mechanism of action.

  Their effects are not fully understood, and potential exposure to treatments may pose significant risks.

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