

## Management of Haematologic Malignancies in Pregnancy

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### Abstract

**Introduction:** Malignancy complicates about 1 in 1000 pregnancies and is the second leading cause of death in women of reproductive age. Commonly diagnosed malignancies during pregnancy include breast cancer, cervical carcinoma, melanoma and lymphoma. Chemotherapy is usually necessary for optimal treatment, especially in patients with leukaemia and lymphoma. Concerns arise regarding the effects of imaging modalities in the pregnant cancer patients and the effects of chemotherapeutic agents on the developing fetus. **Methods:** A Medline search of articles describing haematologic malignancies in pregnant patients was performed. Particular attention was paid to the kind of malignancy, stage of pregnancy, the types and side effects of chemotherapeutic agents used and the outcome of the pregnancy. **Results:** There is no entirely safe cytotoxic drug or timing of exposure for the developing fetus. The administration of chemotherapy during pregnancy will not always produce a poor outcome. A pregnant cancer patient can also be safely and reasonably staged with imaging. Magnetic resonance imaging will most often be the procedure of choice as it does not use ionising radiation. **Conclusions:** The management of each pregnant patient diagnosed with a malignancy has to be highly individualised and involves a multidisciplinary team of medical personnel. The patient and her family need counselling regarding the diagnosis, long-term prognosis, options of termination of pregnancy, choice of chemotherapeutic agents and their effects on the fetus and pregnancy.

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**Key words:** Chemotherapy, Fetus, Leukaemia, Lymphoma, Radiation

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