The US Supreme Court decision to overturn Roe v Wade has complicated cancer care for pregnant patients. Numerous states across the country are moving to severely restrict or remove access to abortion, a medical procedure often needed before cancer treatment can begin. Cancer affects about 1 in 1000 pregnant individuals, of which 9% to 28% choose to terminate the pregnancy, according to a recent viewpoint in JAMA Oncology.

Diagnosing cancer early is imperative, as is treating it as soon as possible in many cases. Generally, the longer the time until cancer treatment, the higher the risk of mortality. A 2020 systematic review and meta-analysis in BMJ of 34 studies including more than 1.2 million patients with cancer found that each month of delayed treatment was associated with up to a 13% increase in mortality risk.

“IT’s critical to ensure that every person with cancer—no matter where they live—can receive high-quality, equitable, evidence-based care,” American Society of Clinical Oncology (ASCO) Chief Medical Officer and Executive Vice President Julie Gralow, MD, said in an interview with JAMA. “For people diagnosed with cancer during pregnancy or who become pregnant during treatment, abortion is part of evidence-based care.”

ASCO and other oncology groups have denounced the Supreme Court’s decision on Dobbs v Jackson Women’s Health Organization because the implementation of laws based on the Dobbs decision could limit treatment options, such as chemotherapy and radiation therapy.

“That sacred relationship between the patient and the physician is being violated by these antiabortion laws,” Banu Symington, MD, a hematologist and oncologist at Memorial Hospital of Sweetwater County in Wyoming, said in an interview with JAMA. “The biggest thing here is interference with who’s making medical decisions and deciding what’s best for the patient.”

When to Terminate
Prior to her current role at ASCO, Gralow worked as a breast cancer specialist for more than 25 years. As a practicing oncologist, Gralow said that some of her patients received a positive pregnancy test before starting cancer treatment. “I discussed the option [of abortion] and felt it was a very reasonable option for a patient to choose, given that we wanted to start treatment sooner,” she explained.

A September perspective published in The New England Journal of Medicine (NEJM) highlighted how pre-Dobbs, physicians typically recommended abortion for all pregnant patients with breast cancer because the toxicity of treatment was “deemed incompatible with a healthy pregnancy.”

“The best treatment of breast cancer is a multidisciplinary approach involving surgery, radiation, and systemic therapies,” the perspective’s lead author, Nicole Christian, MD, MSCS, said in an interview with JAMA.

Such treatments, which a patient may need immediately, could put the fetus at risk. “If a mother’s diagnosis is curable but rapidly progressing, immediate initiation of therapy is warranted,” the JAMA Oncology viewpoint stated.

Because approximately 41% of the 3.6 million US births in 2020 occurred in states likely to ban abortion, the viewpoint authors—Jordyn Silverstein, MD, and Katherine van Loon, MD, MPH—projected that within the next year, at least 1500 individuals will develop pregnancy-associated cancer in states restricting the procedure. The authors also estimated that between 135 and 420 individuals with pregnancy-associated cancer will receive suboptimal cancer care and might die because an abortion needed to start treatment may not be protected by law.

Defining a Medical Emergency
Legislation such as the Emergency Medical Treatment & Labor Act (EMTALA) exists to ensure that any patient, regardless of ability to pay, isn’t denied emergency care. Federal guidance issued in July clarified that abortion is permissible in all cases for which it’s required in the event of a medical emergency, like ectopic pregnancy or severe preeclampsia—regardless of
state laws. Although cancer can be lethal, it’s unclear if it would fall under the premise of an emergency that warrants stabilizing treatment.

“The patient’s life is at risk, but it’s not at an immediate risk tomorrow,” Gralow said. “However, if we don’t start treatment, there could be a long-term risk in terms of survival.”

Furthermore, there’s a lack of consensus about what constitutes an emergency and who makes that call. “When it’s cancer, and you’re seeking an abortion so that you can get started on treatment, who defines that as an emergency,” Gralow asked. “Fear of lawsuits is also going to delay things that aren’t imminently life threatening.”

The JAMA Oncology viewpoint highlighted the uncertainty. “Determinations of whether a termination can occur in a medical emergency or with a life-threatening physical condition will be determined by individual state laws,” it noted. “Oncologists who provide care in states with laws restricting abortion access will find themselves in precarious situations in terms of navigating recommendations for termination based on medical indications.”

**Toxic and Lifesaving**

If a pregnant patient doesn’t want an abortion before receiving cancer treatment—such as chemotherapy, immunotherapy, radiation therapy, or targeted therapy—the fetus’ health could become endangered.

Some chemotherapies aren’t considered especially dangerous to a fetus, but typically only after the 14-week mark. Even then, early delivery and low birth weight are possibilities. The ultimate risk is hard to gauge because pregnant individuals are often excluded from clinical trials, and evidence for long-term health issues is lacking, according to a 2020 clinical review in JCO Oncology Practice.

During development and organ formation in the first trimester, the fetus is most sensitive to teratogens—substances that can cause fetal abnormalities and birth defects. Teratogens include chemotherapies like the drug methotrexate (also used to treat rheumatoid arthritis), which may lead to a miscarriage. In some circumstances, such as ectopic pregnancy, methotrexate is used as a standard, evidence-based method to end early pregnancies.

In the past, Symington recommended abortion prior to cancer treatment plans that involved teratogens. Now, she’s unsure whether she’ll ever be allowed to discuss the medical evidence as Wyoming aims to institute a near-total abortion ban.

Another common method of treating cancer is radiation therapy to shrink tumors—but that’s also avoided during all pregnancy stages because of fetal risks, as are several other treatments, including hormone and targeted therapies. “Many cancer therapies work by inducing DNA damage, which may have a severe detrimental effect on the developing fetus,” Gralow said.

According to the NEJM perspective, targeted therapies often treat breast cancer successfully with fewer toxic effects for patients than traditional chemotherapy. But these targeted therapies either have unknown effects on fetal health, or they have known adverse effects and are contraindicated in pregnancy. Gralow said that ERBB2-targeted therapy, such as trastuzumab, can seriously affect fetal heart development. “It’s a very important component of therapy that dramatically improves survival rates that you’d have to avoid until the end of pregnancy,” she explained.

In many cases, immunotherapy isn’t recommended during pregnancy either because it’s unclear how the treatment might negatively affect a fetus.

**Surgical Treatment**

Depending on the cancer and stage, surgery may be the recommended method of treatment, and it’s often the safest treatment option during pregnancy. Elective surgery with anesthesia is usually avoided during the first trimester, although the anesthetic degree of risk is debatable.

According to Gralow, pregnant patients can be administered anesthesia during the first trimester. Thus, some physicians might choose to perform surgery first and chemotherapy later, she said, when preoperative chemotherapy is part of a preferred treatment plan. Preoperative (also known as neoadjuvant) chemotherapy involves shrinking tumors with chemotherapy in the initial step. Then, surgery is performed to remove the remaining tumor. Physicians use the information on treatment response to determine the extent of aggressive treatment still needed.

Although not always the ideal plan, surgery without the preceding round of chemotherapy is possible. In these cases, patients with breast cancer, for example, may need a mastectomy or a full axillary lymph node dissection, which might have been avoided with chemotherapy prior to surgery, Christian also noted.

“What you don’t want is to do surgery, give the chemo, and then have months before you can give the radiation or targeted therapy,” Gralow said, adding that delays in radiation therapy after surgery have been associated with higher recurrence rates. “And not all breast cancer is best treated with surgery first.”

The NEJM perspective stated that although “Surgery is a necessary component of successful curative treatment of breast cancer....[Large] large studies have shown that nonobstetric surgery in pregnant patients is associated with small, but real, increases in the risks of stillbirth, preterm delivery, and the need for cesarean section.”

Christian, who’s also an assistant professor of surgical oncology at the University of Colorado School of Medicine, added that “surgery in a pregnant woman is not a zero-risk endeavor for the pregnancy.”

**Acting Quickly**

“Even with the limited number of therapies we’re able to offer during pregnancy, none of them are zero risk to the pregnancy itself,” Christian said. Thus, many pregnant patients with cancer may face delayed appropriate treatment, increased health risks, and reduced chances of survival because of restrictions on access to abortion. Although postponement might not acutely threaten a pregnant patient’s life, it could affect disease curability and increase the risk of mortality later.

“It’s a delayed threat to the life of the mother,” pointed out Symington, who’s also the medical director of the Sweetwater Regional Cancer Center. “A stage I or II cervical cancer can be cured just with surgery—but when you get to stage III and IV, you have to have chemotherapy and radiation.”

Acting fast is critical in some instances, and viable options may be limited. For example, beyond chemotherapy and radiation therapy, “there really aren’t alternative options for leukemia or lymphoma,” Gralow said. “You don’t have the option of delaying things—it really is life threatening in the short-term, and without this treatment, the patient could die within 3 months.”

And patients should have a say regarding how to proceed, Gralow added. “If the
Diagnosis that’s leading to an abortion, on-
that before I say, ‘I quit’? And eventually, “How many times am I going to go through
may cost me financially,” she explained.
"It's going to cost me emotionally and
abortion services in less-restrictive re-
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evidence and the role of abortion, or if they
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Symington noted how physicians practic-
"Doctors, nurses, and lawyers are working
bumped to the top of the list, because a
need to find ways to shorten delays in pro-
abortions, so that’s going to have an im-
impact on time-sensitive cancer therapy,”

Legal Consequences
Symington noted how physicians practic-
ing in states with severe abortion restric-
tions will probably be subject to legal reperc-
cussions if they discuss existing medical evi-
dence and the role of abortion, or if they
provide resources to help patients access
abortion services in less-restrictive re-
regions. "It's going to cost me emotionally and
may cost me financially," she explained.
"How many times am I going to go through
that before I say, 'I quit'? And eventually,
there's going to be a worse doctor shortage
than there already is."

Similarly, Gralow said, "if it's the cancer
diagnosis that's leading to an abortion, on-
cologists could be brought into lawsuits."

Another concern arising from Dobbs is
privacy. Although the Health Insurance
Portability and Accountability Act of 1996
(HIPAA) is meant to prevent identifiable
health information from being shared with-
out patient consent, it doesn't safeguard in-
formation involving illegal activity—such as
a prohibited abortion.
"What happens in the physician's of-
office should never, ever be discussed out-
side of that office," Symington said, adding
that in states like Texas, private citizens can
sue people suspected of facilitating an abor-
tion. "We regularly do pregnancy tests on pa-
patients who are going to get chemotherapy,
and I'm afraid with the far-reaching aspects
of these laws, they will try to find out if our
patients were pregnant during chemother-
apy, and that's a HIPAA violation."

Additional Impacts
Abortion restrictions for patients with can-
cer have consequences beyond legal and
mortality risks. According to the NEJM per-
spective, “it may be overwhelming or impos-
sible for the patient to manage breast can-
cer treatment in addition to pregnancy—and
then care for a newborn.”

Symington pointed out that the later the
cancer stage, the greater the financial cost of
treatment. And there's the toxicity aspect: 
When patients are treated later, they're
“going to be exposed to much more therapy
and have many more side effects,” she said.

Additionally, Symington discussed the
hypothesical of being impregnated by a
patient with cancer whose sperm is dam-
aged from chemotherapy; abortion may
not be an option in this case either. There
are also ramifications for children born to
a parent with cancer not treated optimally.
Although a parent with cancer may survive
long enough to give birth, that parent
might die, Symington said.

And restrictions to abortion care for pa-
tients with cancer may disproportionately
impact historically underserved communi-
ties: Compared with White women, Black
women have a 12% higher mortality rate
from cancer and a 41% higher mortality rate
from breast cancer specifically, according to
the American Cancer Society. Moreover, the
Centers for Disease Control and Prevention
reported that compared with White women,
Black women are 3.2 times more likely to die
due to pregnancy or related complica-
tions; the mortality risk for American Indian
and Alaska Native women is 2.3 times higher
than for White women.

An Uncertain Future
As the legal landscape of abortion contin-
ues changing, many physicians are chal-
enged to provide the standard, evidence-
based care that's appropriate for pregnant
patients with cancer in states that restrict
abortion or plan to do so soon.
"It's really hard to make definitive state-
ments and offer definitive advice about any-
thing...when tomorrow there's going to be a
new law in a different state," Gralow said,
adding that since Dobbs, ASCO is "carefully
following all rulings state by state, but there
are still a lot of unknowns as to what each
state will do long-term."

Published Online: September 29, 2022.
doi:10.1001/jama.2022.13668

Conflict of Interest Disclosures: Dr Gralow
reported being a consultant for Seagen, a steering
committee member for Roche/Genentech, a data
and safety monitoring committee member of
Immunomedics and Novartis, and on the advisory
boards of AstraZeneca and Puma.
Note: Source references are available through
embedded hyperlinks in the article text online.