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## Cancer and Pregnancy

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## APPENDIX 2

### Comment on “maternal and perinatal outcomes in pregnancy-associated melanoma. Report of two cases and a systematic literature review”.

*Gynecology and Reproductive Biology. 2017;216:261-262.*

Jorine de Haan, Kristel Van Calsteren, Christianne A.R. Lok,  
Christianne J.M. de Groot, Frédéric Amant. On behalf  
of the International Network on Cancer,  
Infertility and Pregnancy (INCIP).

## **TO THE EDITORS:**

Dear Editors, we read with interest the recently double case report and systematic literature review on the maternal and perinatal outcomes in pregnancy-associated melanoma by Mendizábal et al., in the *European Journal of Obstetrics & Gynecology and Reproductive Biology*.<sup>1</sup>

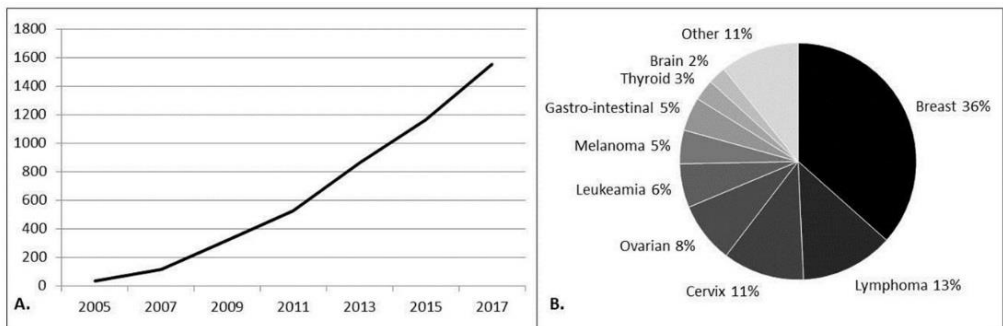
The authors state that the diagnosis of melanoma patients during pregnancy can be difficult as symptoms can mimic several pregnancy and non-pregnancy related illnesses.<sup>2</sup> In addition, treatment options for metastatic melanoma during pregnancy are limited due to the unknown and potentially teratogenic effects of targeted and immune therapies during pregnancy.<sup>3</sup> We therefore completely agree that care for these patients must be done in a multidisciplinary setting where regular evaluation of individualized care is the key focus. In their conclusion they state that “due to the growing incidence of malignancies during pregnancy, it would be interesting to create an international database in order to minimize differences in the recorded data, to compare the treatments used and to evaluate globally the evolution of the malignancies and the obstetric and materno-perinatal outcomes”.<sup>1</sup>

We completely agree with this conclusion. Cancer during pregnancy is a challenging situation where benefits of both mother and child need to be balanced. However, the incidence of cancer during pregnancy is estimated to be 1 in 1000 pregnancies, resulting in 3500 to 5000 women per year in Europe, making it a relatively rare but relevant phenomenon. This is why in 2005, due to the lack of cohort studies on cancer in pregnancy and no available nationwide registrations for patients with cancer in pregnancy, the ESGO taskforce ‘Cancer in Pregnancy’ (CIP) was established. Like Mendizábal et al.,<sup>1</sup> this taskforce recognized the need for an international registration of these patients in order to evaluate detailed oncological and perinatal management and outcome, which led to the international registration study on cancer in pregnancy ([www.cancerinpregnancy.org](http://www.cancerinpregnancy.org)). Over the years, the number of participating doctors increased resulting currently in 97 members from 30 countries and subsequently increasing number of patients registered. To date, 1553 pregnancies complicated by cancer are registered (Figure 1A). Breast cancer, cervical cancer, haematological cancer, ovarian cancer and melanoma are the most common types of cancer diagnosed during pregnancy (Figure 1B).

With the growth of the taskforce, the scope also broadened and in 2014 the ESGO Taskforce on Cancer in Pregnancy evolved into the International Network on Cancer, Infertility and Pregnancy (INCIP) shifting the focus from only cancer during pregnancy to cancer in young women. Besides cancer during pregnancy, the registration study now also includes patients with cancer diagnosed within the first two years after delivery and patients

undergoing fertility sparing treatments in order to facilitate a possible pregnancy in the future.

The strength of a registration study relies on a registration that is as complete as possible. Since registration of patients with cancer during pregnancy, postpartum and fertility sparing therapies is on a voluntary basis, we would like to invite all health care workers affiliated with cancer in young women, especially cancer during pregnancy, in the postpartum period and patients undergoing fertility sparing therapies, to become an INCIP member and collaborate with us. The care for these mothers and their unborn child can still be improved and international collaboration is in our opinion the only way to provide these patients with the best possible care.



**Figure 1A+B.** The increasing number of patients included in the INCIP registration study (A) and the distribution of the different tumour types during pregnancy, as registered in the INCIP database (B).

## REFERENCES

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