癌症與懷孕

Cancer and Pregnancy

時　　間：114 年 6 月 2 8 日(星期六) 13:20~17:00
地　　點：臺北榮民總醫院 長青樓一樓護理館會議廳

13:20-13:30	***Opening Remarks***	陳怡仁教授 Yi-Jen Chen
	座長：陳怡仁 主任 (Yi-Jen Chen) **洪煥程 主任 (Huann-Cheng Horng)**	
13:30-14:00	子宮頸癌前病變在孕期中的處置 Management of CIN lesions in pregnancy	陳楨瑞教授
14:00-14:30	骨盆腔腫瘤在孕期中的處置 Management of pelvic tumor in pregnancy	顏志峰教授 Chih-Feng Yen
14:30-15:00	癌症患者的生育能力保存 Fertility preservation for cancer patients	何積泓醫師 Ji-Horng Her
15:00-15:30	***Coffee Break***	
	座長：吳華席 主任 (Hua-Hsi Wu) **葉長青 主任 (Chang-Ching Yeh)**	
15:30-16:00	乳癌與懷孕 Breast cancer and Pregnancy	賴峻毅醫師 Jiun-I Lai
16:00-16:30	孕期血液癌症的診斷與治療 Diagnosis and management of hematologic cancers in pregnancy	蔡淳光醫師 Chun-Kuang Tsai
16:30-17:00	癌病病人的孕期照顧 Pregnancy care in cancer patients	曾仁宇醫師 Jen-Yu Tseng

Fertility preservation for cancer patients

癌症患者的生育能力保存

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何積泓

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Advancements in cancer therapies have achieved much improvement in survival rate of cancer patients. The cancer treatments, such as surgery, chemotherapy, and radiotherapy, potentially damage ovarian function. For young patients who desire future pregnancy, it is necessary to preserve the reproductive organs and their function to prevent loss of fertility. The methods of female fertility preservation include oocyte/embryo cryopreservation, ovarian tissue cryopreservation, ovarian transposition, and fertility-sparing surgery.

To cryopreserve oocytes or embryos, patients should receive appropriate controlled ovarian stimulation (COS). Most patients have only a single cycle owing to time constraints before oncologic treatment. The COS protocol and gonadotropin dose for oocyte cryopreservation in cancer patients requires an individualized assessment to obtain sufficient good quality oocytes with safety, especially minimizing the risk of ovarian hyperstimulation syndrome (OHSS). Random-start ovarian stimulation reduces time constraints without compromising oocyte yield and maturity. For estrogen-sensitive cancer, letrozole can be used during ovarian stimulation.

Ovarian tissue cryopreservation (OTC) is an important development for fertility preservation in girls and young women at risk of premature ovarian insufficiency because of treatment for cancer. OTC involves the removal and freezing of ovarian tissue containing primordial follicles, which can later be thawed and re-implanted or uses for in vitro maturation. OTC allows for the preservation of hormonal function, which may contribute to better reproductive outcomes and overall quality of life post-treatment. However, the risk of reintroducing malignant cells in cancer patients and the long-term safety of re-implantation require more research.

Pelvic irradiation almost induces castration and long-term hormone therapy would then be indicated for young women. Ovarian transposition has been proposed to preserve ovarian function in premenopausal patients receiving radiation therapy. For most gynecological cancers, the standard treatment must have reproductive organs removed. The fertility-sparing surgeries to treat early-stage cervical cancer, endometrial cancer and ovarian cancer should be considered for young patients who desire future pregnancy.

Breast cancer and pregnancy

乳癌與懷孕

Jiun-I Lai

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Breast cancer in reproductive-aged individuals presents unique challenges, particularly regarding pregnancy planning and fertility preservation. This talk will explore the intersection of breast cancer treatment and pregnancy, focusing on chemotherapy-related pregnancy risks, the role of gonadotropin-releasing hormone (GnRH) agonists in fertility preservation, and the long-term pregnancy risks associated with endocrine therapy. Chemotherapy is a cornerstone of breast cancer treatment but carries potential reproductive risks, including ovarian toxicity and impaired fertility. The impact of chemotherapy on ovarian reserve and pregnancy outcomes will be discussed, emphasizing the importance of counseling patients on fertility preservation strategies prior to treatment initiation.GnRH agonists have emerged as a potential option for protecting ovarian function during chemotherapy. While their use is associated with a reduced risk of premature ovarian insufficiency, questions remain regarding their efficacy in preserving long-term fertility and their impact on pregnancy outcomes. This talk will review current evidence on the use of GnRH agonists and their role in reproductive planning.Endocrine therapy, particularly selective estrogen receptor modulators and aromatase inhibitors, plays a critical role in hormone receptor-positive breast cancer management. However, the prolonged duration of endocrine therapy, typically 5 to 10 years, poses challenges for individuals desiring pregnancy. Emerging research on pregnancy safety after endocrine therapy and potential strategies for treatment interruption, such as the POSITIVE trial findings, will be discussed.In this talk, I will discuss the above topics through the prespective of evolving landscape of breast cancer and pregnancy.