

Pregnant Mother's Impossible Choice: Treat Cancer or Harm Her Baby



By Jamie Wells, M.D. — September 22, 2017

Sadly, a woman's tragic story plays out in the real world more often than people may realize. When treating cancer can, at the same time, harm her baby, the choices can be horrendous.



Credit: Pixabay [1]

Sadly, a woman's tragic story-- recently [all over the news](#) [2]-- plays out in the real world more often than people may realize. The devastating tale of Carrie DeKlyen who just died after succumbing to brain cancer, which was discovered after becoming pregnant and declining certain treatments to protect her unborn baby, ends with more misfortune. The baby she continued to carry beyond her own lost consciousness, who was born prematurely as a result, has also died.

Due to crippling, intolerable headaches with [vomiting](#) [3], Mrs. DeKlyen got evaluated and diagnosed with an extremely aggressive, unforgiving brain tumor named *glioblastoma*. She endured surgical removal of the mass. Very soon thereafter she learned she was pregnant and the tumor had already returned. The discovery of the pregnancy made her ineligible for experimental therapies and chemotherapy. She opted to continue with the pregnancy of her sixth child and forgo these treatments that would be contraindicated for her baby. A very difficult choice.

Her diagnosis was an ominous one given the spectrum of other cancers that exist. To learn more about this type of cancer, see [Understanding Sen. McCain's Glioblastoma Diagnosis](#) [4]. To learn about brain tumors and more about this particular condition, see my two-part series where I

interview [Dr. Gregory Riggins](#) [5], Professor of Neurosurgery and Oncology and Director of the Brain Cancer Biology and Therapy Research Laboratory at Johns Hopkins: [Brain Tumors: Fact Vs. Fiction - Part I](#) [6], [Brain Tumors: Fact Vs. Fiction - Part II](#) [7]. [7]

Her condition worsened and a second surgery was performed to remove the recurrent tumor. Ultimately, [as per reports](#) [3], she endured a major stroke with concomitant brain damage, followed by another and eventual recalcitrant swelling of the brain. Inevitably, she became unconscious and remained on life support to maintain the pregnancy. It would be quite rare, even unheard of, for a baby under these circumstances to reach full term. While optimizing mom's nutrition and stabilizing her vital signs, the goal would be to keep the baby in the womb for as long as possible to allow for more advanced development so as to increase the likelihood of survival after birth.

At a certain point, given the challenges of the clinical scenario, the decision was made to deliver the infant by c-section when her weight exceeded one pound. Carrie DeKlyen passed away within days and Life Lynn DeKlyen did as well 14 days after her birth.

The infant was shy of 25 weeks gestational age. Issues of prematurity are vast in scope and often center around a lack of lung maturity. To appreciate the risks associated with extreme preterm birth and very low birth weight, review [this article](#) [8].

Unfortunately, there are a number of situations where moms develop conditions that warrant significant interventions while pregnant. The choices can be impossible ones. They vary substantially. Some treatments may pose minimal risk to the infant and can genuinely save the mother. But, a whole host of factors must line up perfectly to increase such odds. Some cancers are detected early—and are, therefore, more contained-- so only require surgical correction in a less dangerous area with anesthesia risks being the most significant for consideration for the fetus. Others are determined at the “wrong” time within the pregnancy, meaning when chemotherapy is at greatest risk to the baby in early pregnancy versus that particular type being less risky in later term pregnancy.

Aggressiveness of the underlying disease matters. As does the type of tumor. Some require radiation or hormonally-derived therapies that also need to be discussed in the context of maternal and fetal consequences. The answer of next steps is not always obvious and rarely simple. All chemotherapies and their effects are not alike. Some can pose less adverse effects to the baby, while others could be catastrophic ranging from short- and long-term disability to fetal demise or premature labor etc.

Fortunately, glioblastoma is being studied and, hopefully, new developments are around-the-corner in therapeutics. That said, for many, the road with this disease is particularly grueling and difficult. With or without pregnancy, it is a very serious illness that lacks a cure. Most of the treatments are life-extending in nature. While thankfully some do quite well in the long run, the disease has a high rate of recurrence for many who suffer from it.

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[1] https://pixabay.com/p-2568594/?no_redirect

[2] <http://https://www.usatoday.com/story/news/nation-now/2017/09/21/baby-dies-days-after-funeral-mom-cancer/689121001/>

[3] <http://www.chicagotribune.com/lifestyles/health/ct-carrie-deklyen-baby-dies-20170921-story.html>

[4] <http://www.acsh.org/news/2017/07/19/understanding-sen-mccain%E2%80%99s-glioblastoma-diagnosis-11583>

[5] http://www.hopkinsmedicine.org/neurology_neurosurgery/research/labs/brain-cancer-biology-lab/

[6] <http://www.acsh.org/news/2016/10/10/brain-tumors-fact-vs-fiction-part-i-10281>

[7] <http://www.acsh.org/news/2016/10/11/brain-tumors-fact-vs-fiction-part-ii-10285>

[8] <https://www.acsh.org/news/2017/05/26/after-sextuplets-are-born-11335>