

## Court Rulings Complicate Decisions for Pregnant Patients

Recent legislation restricting or eliminating access to abortion in many states dramatically complicates the personal and medical decisions faced by pregnant women with cancer, according to experts who spoke during the Presidential Select Symposium: Pregnancy and Cancer at the American Association for Cancer Research Annual Meeting 2023, held April 14–19 in Orlando, FL. The restrictions also present medical, legal, and ethical dilemmas for physicians when discussing treatment options.

“The walls are becoming increasingly higher around our pregnant patients, placing them in a dangerous and untenable situation when their baseline situation is bad enough,” said Virginia Borges, MD, of the University of Colorado Anschutz Medical Campus in Aurora. “As physicians, we may be legally bound not to discuss abortion as an aspect of medical care even when it would be the most appropriate recommendation.”

Since last June, when the U.S. Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* overturned the right to abortion, more than a dozen states have enacted near or total bans on the procedure, Borges noted. Extrapolating from the American Cancer Society’s estimates of new cancer cases in 2023, she estimated that 100 women living in states with abortion bans will face cancer during pregnancy in 2023, rising to 1,500 patients per year if legislative trends continue.

While oncologists can and do treat pregnant women, it’s not always possible to protect both patient and fetus from serious harm or death, said Ann Partridge, MD, MPH, of Dana-Farber Cancer Institute in Boston, MA.

Treatment decisions are based on the stage of pregnancy and degree of risk to the fetus, she said. Standard therapy is typically pursued in lower-risk situations but might be altered in cases of moderate risk. If modifying therapy—such as by eliminating

certain types of chemotherapy or dramatically reducing drug doses—is likely to compromise survival, however, early delivery and termination become considerations.

Difficult choices must be made when treatments are contraindicated, said Borges. For example, a tyrosine kinase inhibitor might be the best option for a patient with advanced, *BRAF*-mutant metastatic melanoma, but it can hamper normal fetal development. Some women prioritize the pregnancy over their own health, she added. One patient in her clinic with known metastatic breast cancer delayed treatment until after the birth of her child and—although prompt treatment may not have changed the outcome—died 2 years later.

Other serious questions emerge in light of recent bans on abortion, said Borges. For example, who decides when it may be necessary to terminate a pregnancy to preserve a woman’s life—the patient’s medical team or an independent review board? What degree of risk will meet the legal criteria for allowing termination in states with full bans? How can physicians nimbly change course during treatment in restricted states?

Many states with bans or heavy restrictions on abortion also have low or very low access to maternity care. “We were already facing a dearth of maternal care access before *Dobbs*,” said Borges. “Now with a large number of states banning abortion, access to that care is becoming increasingly difficult, as is access to the type of care needed for our high-risk cancer patients choosing to maintain their pregnancies.”

Physicians, said Borges, may have trouble reconciling good medical practice with the new legal landscape. She recommended embracing the American Medical Association’s code of ethics, which advises physicians to “respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.”

—Janet Cowell ■

doi: 10.1158/2159-8290.CD-NB2023-0035

### NOTED

The Society for Immunotherapy of Cancer (SITC) issued consensus definitions for immune-related adverse events (irAE) associated with immune checkpoint inhibitors (*J Immunother Cancer* 2023;11:e006398). irAEs can vary widely in their clinical presentation, response to treatment, and patterns of development, making their management difficult due to the lack of common and consistently used terminology. SITC says that adopting a standard vocabulary for irAEs will aid in the implementation of clinical practice guidelines and the conduct of irAE clinical trials.

**A federal judge overturned part of the Affordable Care Act that calls for free cancer screening** and other preventive care services. Although the ruling takes effect immediately, insurers aren’t likely to reinstate copayments for mammograms, Pap tests, colonoscopies, and other types of screening any time soon because contracts are already in place for this year and the companies will want time to alert consumers about any changes in coverage.

Electronic cigarette maker **Juul will pay \$462 million to six states and the District of Columbia** to settle claims that the company misled consumers about the health risks associated with its products and that it contributed to a dramatic rise in vaping among youth by advertising the devices directly to teens.

The U.S. Environmental Protection Agency (EPA) proposed health protections to reduce exposure to ethylene oxide, a carcinogenic gas mainly used to sterilize medical devices. If finalized, the EPA’s proposals are estimated to cut ethylene oxide emissions from commercial sterilization facilities by 80% per year, reducing worker and community exposure to the toxic chemical.

**The FDA granted accelerated approval to enfortumab vedotin** (Padcev; Astellas) plus pembrolizumab (Keytruda; Merck) to treat locally advanced or metastatic urothelial carcinoma. In the EV-103/KEYNOTE-869 trial, the overall response rate in 121 patients was 68%, with a complete response rate of 12%.

doi: 10.1158/2159-8290.CD-13-6-NOTED

For more news on cancer research, visit *Cancer Discovery* online at <https://aacrjournals.org/CDNews>.