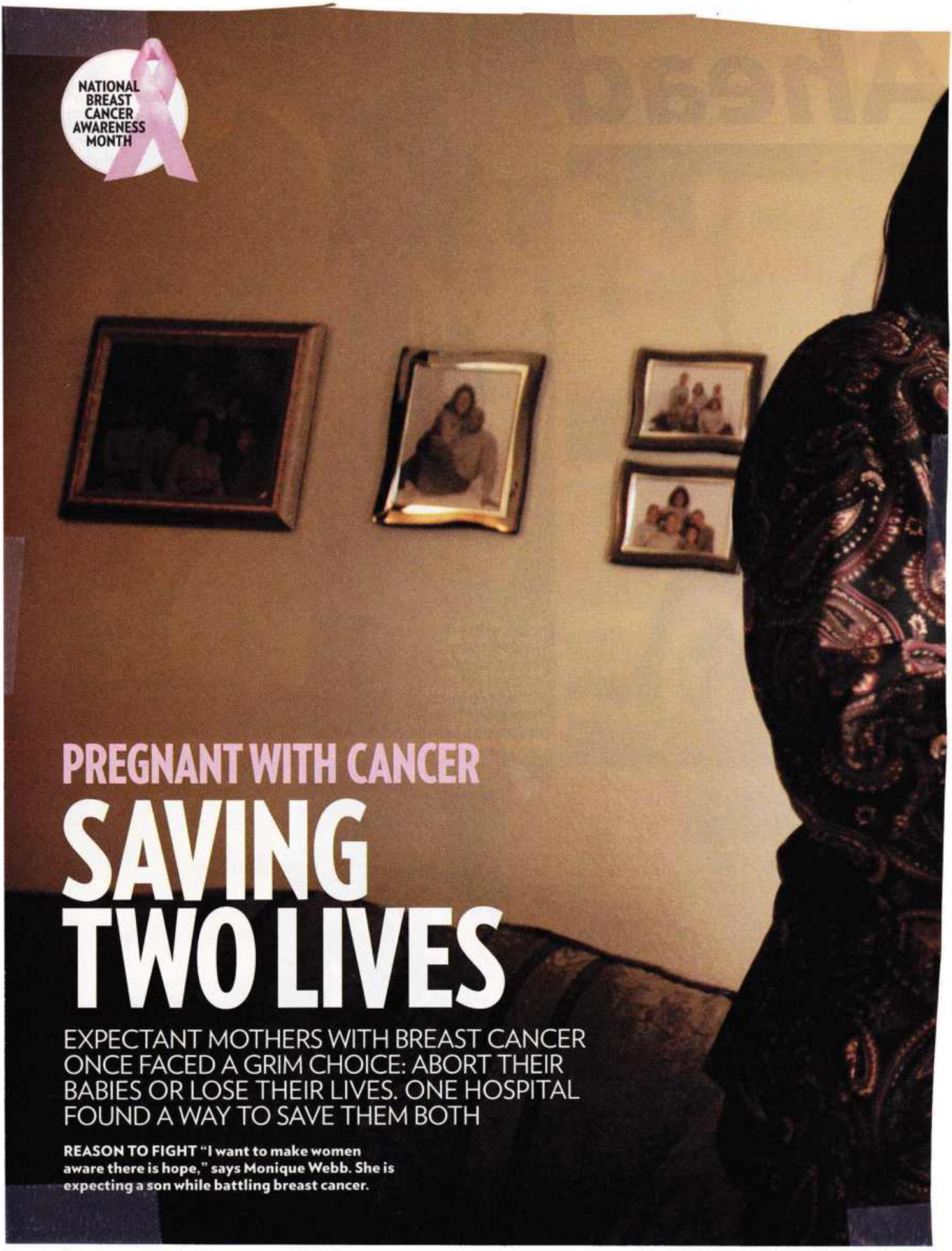


PREGNANT WITH CANCER

SAVING TWO LIVES

EXPECTANT MOTHERS WITH BREAST CANCER ONCE FACED A GRIM CHOICE: ABORT THEIR BABIES OR LOSE THEIR LIVES. ONE HOSPITAL FOUND A WAY TO SAVE THEM BOTH

REASON TO FIGHT "I want to make women aware there is hope," says Monique Webb. She is expecting a son while battling breast cancer.

Lisa Landrum's awful and wondrous odyssey began last Dec. 5 at a Wal-Mart not far from her home in Kirbyville, Texas. "I'd been feeling that certain sickness, you know?" she says. Christmas shopping with her husband, Tim, she bought a pregnancy test kit and rushed to the ladies' room. "It was a surprise," says Landrum, a mother of two. "But it was a good surprise."

Two months later Landrum suffered a shock of an entirely different sort. For four months she had been seeing doctors for what they thought was an infection in her left breast. When antibiotics brought no relief, Landrum, 38, had a mammogram—but only after doctors assured her it wouldn't harm the baby. A former X-ray technician, she could read the results for herself—breast cancer. Worse, it was in an advanced stage.

Landrum wept, though her tears weren't solely for herself. Worried about what would become of the baby, she soon learned that most women are given a grim choice. She could end the pregnancy and start chemotherapy or have the baby and delay treatment for months, possibly at the cost of her life. For the diminutive Landrum, a devout Christian, the decision was easy. "I've lived 38 years," she said, "but this baby hasn't even had a chance to live at all."

Until recently, pregnant women diagnosed with breast cancer faced the same wrenching decision. Although the number of women affected each year is small—perhaps 100—some doctors believe it is growing as more women put off childbearing into their late 30s and 40s, the age when

Photographs by DAVID LEESON

the risk of breast cancer also starts to rise. What's more, some of the very signs of breast cancer (a lump, for example) are similar to changes that occur in pregnancy, and some doctors simply dismiss them. "Cancer is way down on the list," says Dr. Richard Theriault, a professor of medicine at the University of Texas M.D. Anderson Cancer Center in Houston. "They say it's a plugged duct or mastitis [inflammation]."

Even once they identify cancer, many doctors are reluctant to treat pregnant patients for fear chemotherapy—a standard treatment after a mastectomy or lumpectomy—will harm the baby. Indeed, until recently, ending the pregnancy as early as possible, for all its emotional cost, had seemed the sensible thing. "My doctor's basic message was that my health was more important," recalls patient Monique Webb of Houston, diagnosed early in her pregnancy this year. "If we chose to have an abortion, we could try again for another baby."

But conventional wisdom is changing at large cancer hospitals—in part because of pioneering research by Theriault and his colleagues at M.D. Anderson. Doctors there have found that chemotherapy after the first trimester can fight—and sometimes eradicate—breast cancer while leaving the baby healthy. The conclusion comes after a 15-year study, which will be published later this year. The study focused on breast cancer, Theriault explains, because it is a common cancer among pregnant women, and because in most cases it has proved safe to delay aggressive treatment during the first trimester—the fetus's most vulnerable time. Of 57 babies born in the course of the study, only one suffered a genetic disorder, Down syndrome, which doctors feel was unrelated to the chemotherapy.

The Landrums, of course, knew nothing of these breakthroughs last winter, as they grappled with matters of life and death. An engineer with the Merchant Marine, Tim, 42, was on a ship in the English Channel when he phoned home to learn how Lisa's mammogram had gone. "My world fell under my feet," he recalls. With Tim at sea for another 12 days, relatives and friends pitched in to help with the kids as Landrum underwent a lumpectomy she hoped would be the end of the disease. Instead, one day she collapsed from back pain; a subsequent MRI revealed the cancer had spread to her spine, all but disintegrating two vertebrae. On her surgeon's advice, Landrum was taken to M.D. Anderson, where, under the care of Theriault's partner, Dr. Karin Gwyn, she began chemo—though it took several doctors to talk the cautious patient into it. Even then, the plainspoken Landrum didn't leave everything up to medical science. "When I had my treatments," she says in a light Texas drawl, "I'd lay my Bible on my belly and pray, 'God, please protect my baby.'"

In subsequent weeks her fear and skepticism melted away. Landrum made rapid progress over four courses of chemo. Through it all, her pregnancy progressed trouble-free until the point at which doctors felt the baby would thrive outside the womb. At 1:30 p.m. on June 10, Isaac Lee Landrum, weighing in at 5 lbs. 9 oz., arrived five weeks prematurely by cesarean section. With green eyes and a crown of red hair, "he turned out just perfect," says Landrum. "All three of our children are miracles, but Isaac is an extra-special miracle."

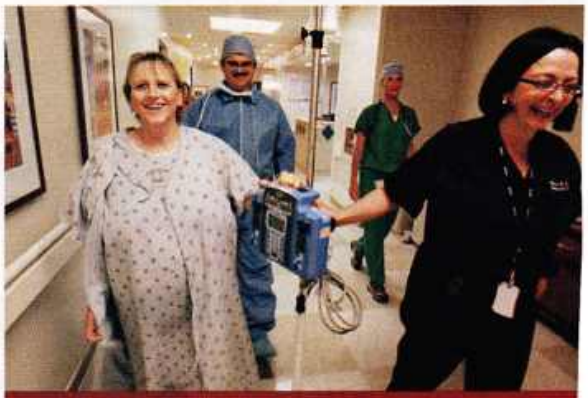
That joy has helped buoy them in the challenging days since. A test found a new spot of cancer on Landrum's skull, though for now doctors say radiation is unnecessary. These days Landrum occasionally gets a moment to relax in a recliner, while her kids roam the family's seven-acre spread and fish in the pond. Acutely aware of her own fragile state, she wakes every morning with deeply felt gratitude as she holds Isaac and gives him his bottle. "That's when I'm happiest," she says, "with my family around me and the day beginning."

Monique and Lum Webb await just such a day. Webb, 39, was diagnosed with cancer in her left breast in mid-February, days after her doctor confirmed she was pregnant. The double-barreled news "was overwhelming," she says. She'd barely had time to absorb it when her ob-gyn delivered another blow. "He said we might want to terminate the pregnancy," recalls Webb, quick to cry at the memory. "I nearly had a nervous breakdown." But having suffered a recent miscarriage, Webb, a customer service rep with two children from a first marriage, was determined to have the baby. Lum, 35,

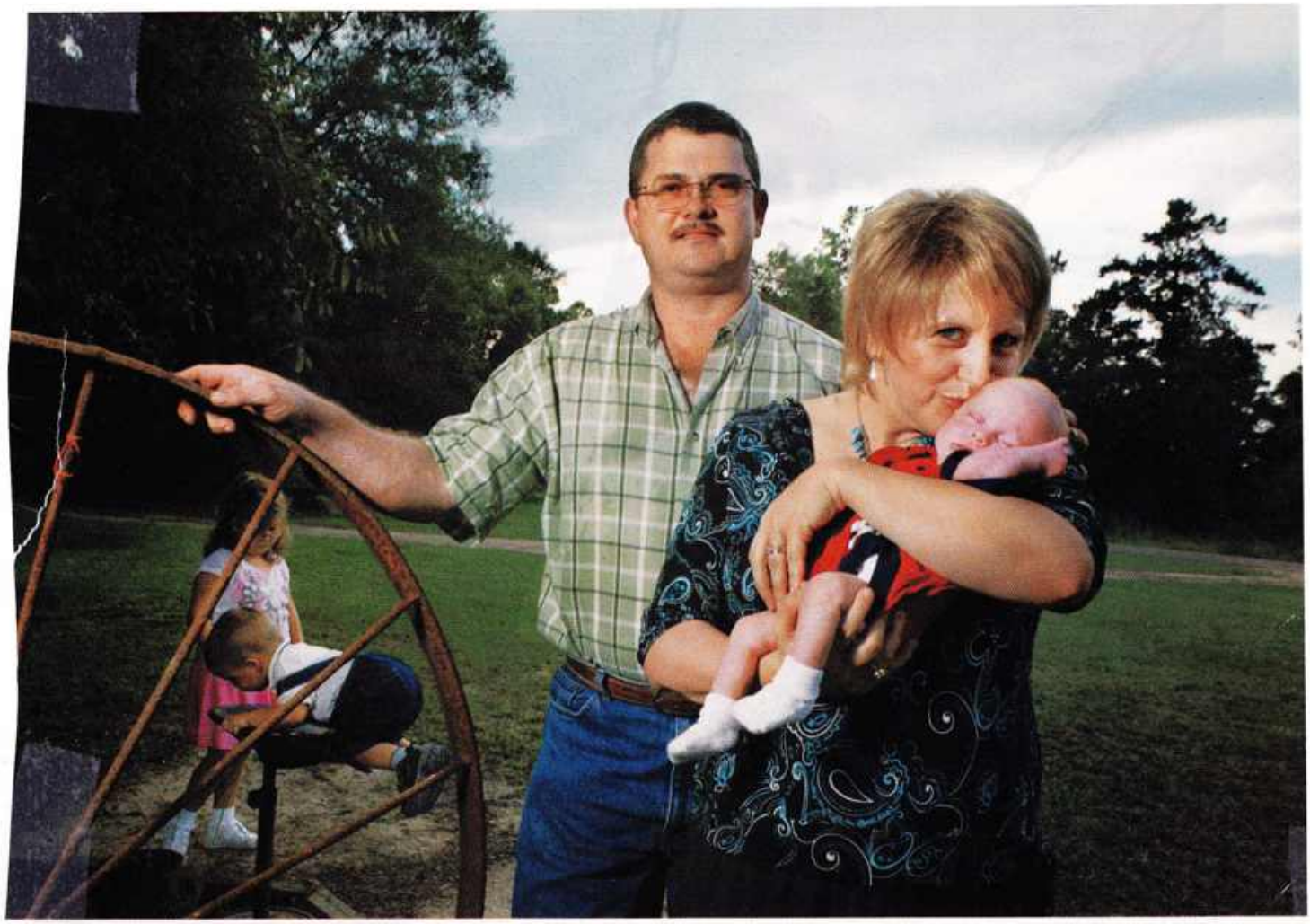
FRIDAY, JUNE 10

A DREAM CHILD IS BORN

BEDSIDE PRAYERS Lisa Landrum, husband Tim (left) and Pastor James Kinman ask for God's blessing.



READY TO GO Dr. Mildred Ramirez escorts Landrum to the operating room for her C-section.



"I figure there might be a few more miracles in store for me," says Landrum (above, with husband Tim and baby Isaac and, in the background, daughter Toni and son Rainey).

"YOUR WIFE AND BABY ARE FINE" Dr. Ramirez gives Tim Landrum the good news.

LISA MEETS HER BABY ISAAC "Oh, Timmy, isn't he beautiful!" cried Landrum (with daughter Toni).

a Coca-Cola serviceman, shared her resolve. "I felt God put the baby here," he says. "We should let it do its thing."

Monique's brother suggested she search for a specialist. She then called M.D. Anderson and was quickly seen by Dr. Theriault. "He assured me we could make this work," says Webb. She went through five rounds of chemo, battling fatigue, body aches and hair loss. "I've always been kind of proud of my hair, and had a lot of it," Webb says. "I've worried that Lum won't see me in the same way." At this, her easy-going husband drapes a reassuring arm around her.

There's more tough treatment ahead. Doctors are awaiting her Oct. 12 due date, after which Webb will undergo weeks of radiation. Still, with the baby—a boy they plan to name Quinston—at 37 weeks and counting, Webb is upbeat. "He's very active, kicking all the time," she says. "At the first ultrasound, I saw he had all his fingers and toes. And I thought, 'We can do this!'"

For inspiration Webb can look to another woman whose child was saved at M.D. Anderson. Jennifer Finder, 33, a willowy mother of two from Lincoln, Neb., discovered a lump in her right breast in 2003 just as she began to suspect her third child was en route. Because she has a family history of cancer, she called her ob-gyn right away. But, recalls Finder, "a nurse said, 'We get this all the time—pregnant women with breast lumps.'" Calmed, she waited until her two-month checkup to see

"I WORKED VERY, VERY HARD TO GIVE JACK LIFE. BUT ONCE HE WAS BORN, HE GAVE *ME* LIFE"
—JENNIFER FINDER WITH SON JACKSON

the doctor, who felt the lump and sent her for an ultrasound. That doctor then took a biopsy. The diagnosis: invasive ductal breast cancer. "I went numb," says Finder. "It was bizarre to imagine my body feeding life and death at the same time." After a partial mastectomy in July 2003, she got some unsolicited advice from the surgeon's nurse, who told her no doctor would give chemo to a pregnant woman. "She said, 'It's either you or the baby,'" Finder recalls with irritation.

Doctors at M.D. Anderson didn't see it that way. Referred by her ob-gyn, Finder and her husband, Bob, 37, a financial consultant, met Dr. Gwyn in August 2003. Under Gwyn's guidance, Finder struggled through five rounds of chemo. The results were mixed. The cancer hadn't spread, but was still present in her breast. "I felt like I was walking a tightrope," she says. "I thought, 'If I live, it's wonderful, because I get to be a wife and mother and raise my family. If I die, I'll be with the Lord in Heaven.'"

Happily, she remains very much with the living. On Dec. 8, 2003, Finder gave birth to a 5-lb. 5-oz. boy named Jackson. She opted to have the remainder of her breast removed and plans to have reconstructive surgery. Having struggled through an intense chemotherapy regimen, she is so far cancer-free and takes particular pleasure in watching Jack chase his high-spirited siblings through the house. "I worked very, very hard to give Jack life," she says. "But once he was born, he gave *me* life. Every time I held him, every time he smiled at me. He filled me with the will to live. That was his gift to me."

By Richard Jerome. Anne Lang in Houston, **Michael Haederle** in Albuquerque and **Jenny Achilles** in Austin, Texas

Jennifer with Jackson in '03.

Myths About Breast Cancer and Pregnancy

Myth: Continuing a pregnancy worsens the odds of survival.
Reality: Patients who maintain their pregnancies have the same five-year survival rate as women who terminate them.
Myth: Pregnancy accelerates the cancer.
Reality: Most breast cancers in premenopausal women are not estrogen- or progesterone-linked, so pregnancy-related hormone surges do not feed the tumor.
Myth: Chemotherapy causes birth defects.
Reality: Small-scale studies show that certain chemo drugs, if taken after the first trimester, do not cause birth defects.
Myth: Pregnancy worsens the side effects of chemo.
Reality: For reasons doctors don't understand, most pregnant women on chemo have *less* nausea and vomiting than non-pregnant patients.

Source: Dr. Richard Theriault and Dr. Karin Gwyn of M.D. Anderson Cancer Center

WANT TO LEARN MORE? THREE EXPERTS DISCUSS BREAST CANCER TREATMENT DURING PREGNANCY. GO TO WWW.PEOPLE.COM/CANCER

As Seen in People Magazine 10/10/05 issue

Cancer and Pregnancy

Today, pregnant women can be treated for cancer – *and* have healthy babies. Here's what three experts have to say.

Thursday Sep 08, 2005 6:00am EST

By Anne Lang

"I want to make women aware there is hope," says Monique Webb, who is expecting a son while battling breast cancer.
CREDIT: DAVID LEESON

"Pregnant, With Cancer: Carrying New Life, Fighting for Their Own," in PEOPLE's Oct. 10 issue, profiled three women who were diagnosed with breast cancer while pregnant – and who, with help from doctors at the M.D. Anderson Cancer Center in Houston, decided to undergo treatment *and* have their babies. What are the options – and risks – facing women in the same situation? PEOPLE spoke with three nationally-known experts in cancer research and treatment.

The experts:

Elyce Cardonick, M.D., is a maternal fetal medicine specialist at Cooper University Hospital in Camden, N.J., medical advisor for the CUH website Cancer and Pregnancy and an advisor for the support network Pregnant with Cancer. She oversees a registry of women diagnosed with cancer before or during pregnancy, and has followed the long-term health of the women and their infants.

Clifford Hudis, M.D., is a medical oncologist and chief of the breast-cancer medicine service at Memorial Sloan-Kettering Cancer Center in New York City. He helped develop new chemotherapy agents and non-chemotherapy treatments for breast cancer.

Susan Love, M.D., is a clinical professor of surgery at the David Geffen School of Medicine at UCLA. She is the author of *Dr. Susan Love's Breast Book* and president and medical director of the nonprofit Dr. Susan Love Research Foundation.

Why do you think some oncologists and other cancer-treatment specialists are reluctant to treat pregnant breast-cancer patients with chemotherapy?

Cardonick: Physicians are often hesitant to allow a pregnant woman to take any medication, let alone chemotherapy, which is known to affect actively dividing cells. The highest risk for (fetal) malformations is in the first trimester. The risks of exposure in the second and third trimester are to have a small birth-weight. However, (within our registry,) the majority of low-birth-weight infants were small because they were delivered preterm.

Hudis: When doctors treat with these drugs, they're not just treating the mother – they're exposing the developing fetus to the drugs as well. The consequences of that exposure over the lifetime of the child remain unknown. The evidence that we have – which is not perfect – suggests that chemotherapeutic treatment during the second and third trimester for most of the drugs that we routinely use is probably safe. You're never going to (unnecessarily) expose (pregnant breast-cancer patients) to these drugs – you do it when you have to. So you're never going to have the kind of big studies that would really prove that chemotherapy is or isn't safe.

Love: The key message to the public is that if you're pregnant and you get cancer – any type of cancer, not just breast cancer – and your doctor is reluctant to give you chemotherapy, then you should get a second opinion. Because really, there's fairly good literature nowadays on how to do chemotherapy on pregnant cancer patients.

Why do you think some cancer-treatment specialists are inclined to advise that a pregnant breast-cancer patient terminate her pregnancy before starting treatment?

Cardonick: I find that fewer and fewer women with breast cancer diagnosed during pregnancy are being advised to terminate their pregnancies. This shift in recommendations comes after several case studies have shown that women with breast cancer who terminate their pregnancies do not have an improved 5-year survival compared to women who chose to continue their pregnancies.

Hudis: It's true that at times, clinicians will recommend consideration of termination, but I think that has a lot to do with each case, such as how early or late in the pregnancy it is, how high- or low-risk the disease appears to be, what therapy appears to be urgently needed and the mother's own desire in terms of keeping the pregnancy. Some (women) say, "I wasn't trying to get pregnant, and this is my fourth child, so ..." Others say, "This is the one and only pregnancy I'm going to have in my life, and keeping this baby is really important to me." The earlier in the pregnancy that the cancer is diagnosed, combined with the more aggressive the cancer, the higher degree of concern exists.

Love: There's definitely a bias among physicians, because the easiest thing for the physician is for the woman to terminate the pregnancy. That way, they can do the treatment they always do – chemo, surgery and radiation – without worry. But there's no data suggesting that women who terminate their pregnancies do better than women who don't. In fact, it's just a matter of working around it a little bit – like putting off chemo and surgery until after the first trimester. But after that, it's fine to do a lumpectomy or mastectomy under general anesthesia, and then chemo. Some women do better to terminate because the alternative is just so stressful, psychologically. But what's important for the woman to know is that it's her decision, that it's not necessarily medically better to terminate.

What effects, if any, do cancer treatments such as chemo, radiation and other medications have on a woman's post-treatment fertility?

Cardonick: The risk of infertility for a woman treated with chemotherapy for breast cancer depends on the chemotherapeutic agent, the dose given and, importantly, the patient's age at treatment. The risk is higher for women older than 30 compared to women younger than 30.

Hudis: We're studying this more and more, and it's clearly a very important area for research. We're not advising women as to whether or not they should try to get pregnant following chemotherapy or other cancer treatments. We're telling them, "We need to treat your cancer a certain way, and afterward you can hope to still be fertile – but we can't guarantee it." Infertility is a very likely outcome of chemotherapy, so if it turns out that the patient doesn't have infertility, then that's a good break.

Love: Chemotherapy frequently will put a woman into menopause. Some women will stop having their periods for a short phase of time, and then they'll start again. But the subject of possible infertility generally isn't brought up when a pregnant woman is being treated for cancer. She's scared to death already, and no matter what the woman's age is, her doctor isn't likely to say, "By the way, this is going to put you into menopause, and you'll be infertile." It's important, then, to for a pregnant breast-cancer patient to ask questions about infertility before she starts chemotherapy, just so she's informed. We've got all these people who are living full lifetimes after chemotherapy, and the oncology world is finally waking up to the fact that there are all these issues of post-treatment survivorship that haven't been dealt with, such as infertility and how to get around it, and the effects of the drugs. More research is being done, so that's really a good trend.