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Review Article

Colorectal cancer in pregnant women

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ABSTRACT

Background: Colorectal cancer in pregnancy is a rare pathology with limited high-grade evidence available for guidance. The diagnosis of CRC in pregnant women is usually delayed, and once diagnosis is made, challenges exist as treatment options may be limited.

Objective: The study aims to highlight the importance of early investigation of symptomatic patients during pregnancy, as well as to update treatment and prognosis in CRC.

Methods: A literature search in PubMed database, including articles from 2006 to 2016 and cross-research articles with the initial research.

Results: Pregnancy can limit and contraindicate the utilization of standard diagnostic and therapeutic tools, which in particular can hamper the liberal use of colonoscopy and CT. Physical evaluation and abdominal US are first recommended; besides, MRI or CT may be used, only in indicated cases. Surgery is the main stay of treatment but radiotherapy and chemotherapy have significant role in posterior management of tumour.

Conclusions: Many studies are needed in order to achieve development in CRC pathogenesis during pregnancy as well as in treatment outcomes. The potential curative treatment of the disease should be the main aim of treatment when considering CRC in pregnancy. However, it is crucial to adapt the treatment to each patient, taking into account conscious decision on pregnancy further management.

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Cancro colorectal na mulher grávida

RESUMO

Introdução: O cancro colorretal na gravidez é uma patologia rara, com limitada evidência científica para orientação terapêutica. O diagnóstico de cancro colorectal em mulheres grávidas é tardio e, quando o diagnóstico é feito, as opções de tratamento podem ser limitadas.

Objetivo: O objetivo deste estudo é ressaltar a importância da investigação precoce de pacientes sintomáticas durante a gravidez, assim como avaliar os atuais métodos de tratamento e prognóstico no CCR.

Palavras-chave:

Cancro do cólon

Cancro do reto

Gravidez

Diagnóstico do cancro

Tratamento do cancro

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Métodos: A pesquisa bibliográfica foi realizada na base de dados PubMed, incluindo artigos a partir de 2006 até 2016, assim como artigos de pesquisa cruzada com os artigos iniciais.

Resultados: A gravidez pode limitar e contra-indicar a utilização de ferramentas de diagnóstico e terapêuticas convencionais, assim como dificultar o uso indiscriminado de colonoscopia e tomografia computadorizada. A avaliação física e a ecografia abdominal são a primeira linha para diagnóstico. No entanto, em casos selecionados, a ressonância magnética ou a tomografia computadorizada também podem ser usadas. A cirurgia é o *gold-standard* mas a radioterapia e a quimioterapia assumem um papel cada vez mais relevante no tratamento multidisciplinar destes tumores.

Discussão: Como os sintomas abdominais são comuns na gravidez e cancro colorretal pode simulá-los, o diagnóstico diferencial entre estas duas patologias é crucial, já que intervenções precoces podem ser curativas. Após diagnóstico, o seguimento das grávidas deve ser individualizado, dependendo de vários fatores. Porém, já que atualmente o tratamento do cancro é possível na gravidez, a probabilidade de sobrevivência da paciente não deve ser diminuída devido ao diagnóstico tardio.

Conclusões: Mais estudos são necessários para saber mais acerca da patogênese do cancro colorretal na gravidez, assim como os resultados após tratamento. O potencial objetivo é o tratamento oncológico do cancro colorretal. No entanto, é crucial adaptar o tratamento a cada paciente, tendo em conta a sua decisão consciente acerca da continuação da gravidez.

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Introduction

Background

Colorectal cancer (CRC) in pregnancy is a condition that represents a distinct entity from CRC in the general population, as it is a rare pathology with limited high-grade evidence available for guidance. In fact, the literature on this subject is scant with fewer than 300 cases reported,¹ which means there is limited experience on the management of CRC diagnosed during pregnancy.

The diagnosis of CRC in pregnant women is usually delayed, because there is a significant overlap in signs and symptoms between a colorectal malignancy and normal pregnancy, impeding proper diagnosis.²⁻⁴ Once diagnosis is made, challenges exist as treatment options may be limited.² That is why management requires judiciously individualized strategies after thorough patient counselling to deal with consequent emotional and physical stress, in order to ensure adequate psychological support and realistic expectations.^{2,5}

The primary objective of this review was to highlight the importance of early investigation of symptomatic patients during pregnancy, as well as the role of chemotherapeutic, radiological and surgical interventions. Secondary objectives include a research about epidemiology of CRC during pregnancy, its implications and prognostic features.

Methods

The literature survey was conducted in PubMed database. The words “colon pregnancy cancer” and “rectum pregnancy cancer” were used. Only the articles published from 2006 to 2016 were considered. After reading the title and abstract, and

subject to an availability of the article, 31 articles were obtained in PubMed. Articles obtained by cross-searching with the articles of the initial research with relevant information were also added.

Results

Epidemiology

CRC is the third most common type of cancer in women⁴ with its highest incidence occurring in patients aged 50 years old⁶; women older than 40 years tend to be 11 times more likely to develop CRC than those younger than 30 years of age.^{7,8}

While the overall incidence of CRC is steady or falling, some studies report an increased incidence of CRC in younger patients (<40 years),¹ which means that 3% of patients with this cancer are younger than 40 years old.⁶ Nevertheless, for this age group, studies report that overall survival of CRC for women has improved substantially, with 5-year overall survival now approaching 80%.⁹

Because of the increase in the incidence of CRC in younger patients, it may occur during the reproductive age, interfering with pregnancy.¹ Cruveilhier reported the first case of rectal carcinoma in pregnancy in 1842, but now it is the seventh most common type of cancer in pregnancy.^{5,6} However, its incidence rate is controversial; some studies report an incidence of 0.002%^{3,4,6-8,10,11} while others consider 0.07–0.1%,¹²⁻¹⁴ which means about 1 case per 13,000 gestations.^{3,5,15} The mean age of women with CRC during pregnancy has been reported as 31 years of age,^{4-6,16} with range of 16–48 years.¹²

Considering racial predisposition, Hispanic women were slightly less likely to develop CRC, in comparison with non-Hispanic white women.⁸

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