Poor Outcomes Seen in Pregnancy-Tied Breast Ca

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SAN ANTONIO — Survival outcomes in women with pregnancy-associated breast cancer were significantly worse than in nonpregnant controls matched for age and tumor stage in a relatively large single-center study.

This finding is at odds with most prior series, which have found no difference in 5-year survival depending upon whether a breast cancer patient was pregnant, study investigator Dr. Rajesh Sehgal said at the San Antonio Breast Cancer Symposium.

"We don't know why our results were different. We could not explain it on any basis," he said in an interview.

Breast cancer is the most frequently diagnosed malignancy in pregnancy, with an incidence of roughly three cases per 10,000 live births.

Dr. Sehgal presented a retrospective study involving 40 women with pregnancy-associated breast cancer (defined as breast cancer diagnosed during pregnancy, within 1 year of delivery, or at any time during lactation) and 40 matched nonpregnant controls, all treated at University of Pittsburgh Medical Center.

Median overall survival was 4.9 years in the pregnancy-associated breast cancer group, significantly less than the 6.0 years in controls. Median disease-free survival was 2.7 years in women with pregnancy-associated breast cancer, compared with 5.1 years in controls. The most common site of relapse in the pregnancy-associated breast cancer group was bone. In controls, recurrences were most commonly local.

Pregnancy remained an independent predictor of worse outcomes in breast cancer patients after adjusting for key variables including hormone receptor status, family history, tumor stage, human epidermal growth factor receptor 2 (HER2) status, and the use of radiotherapy and/or chemotherapy.

None of the studies reported to date is large enough to be definitive, and a national registry is warranted, Dr. Sehgal said. ■

Vulvar, Vaginal Pain Is Common In Pregnancy

CHICAGO — Many women report vulvar and vaginal symptoms during pregnancy, but little is known about the frequency, severity, and timing of complaints such as vulvar pain, burning, itching, and dyspareunia, said Dr. Colleen M. Kennedy of the University of Iowa, Iowa City, in a poster presentation at the annual meeting of the Central Association of Obstetricians and Gynecologists.

Vulvar and vaginal symptoms account for more than 10 million office visits annually and represent the most common gynecologic complaint.

To identify the prevalence rates of burning, itching, pain, and dyspareunia during pregnancy and in the 3 months post partum, and to determine how rates of vulvar and vaginal symptoms compare in pregnant and nonpregnant women, Dr. Kennedy and her colleagues evaluated 103 pregnant women recruited from the University of Iowa obstetrics clinics. Sixty-three of these participants completed the final postpartum survey. The study also included 122 nonpregnant women in a control group.

The participants had a mean age of 28 years and were mostly white (92%) and married or living with a partner (81%); most had completed some education beyond high school (86%).

The results showed that both vulvar and vaginal symptoms commonly occur in pregnancy. Pregnant women reported vulvar pain more frequently in their second and third trimesters than in the first trimester, but pregnant women and their nonpregnant controls reported the same level of severity. Vaginal discharge increased in frequency and severity in the second and third trimesters. Dyspareunia was less common in the first trimester than in subsequent trimesters, but reached its peak in the postpartum period, particularly in those women who gave birth vaginally. All other symptoms decreased during the postpartum period.

"Symptoms are dynamic and change [during pregnancy]," said Dr. Kennedy. Compared with nonpregnant controls, the pregnant women in the study did not have higher rates of vulvar pruritus and burning.

—Sarah Pressman Lovinger