REPRODUCTIVE HEALTH CARE DECISION MAKING IN THE CONTEXT OF CANCER

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Impact of the Dobbs Decision on Cancer Care: How Abortion Restrictions Affect Patients with Cancer and Cancer Care Delivery

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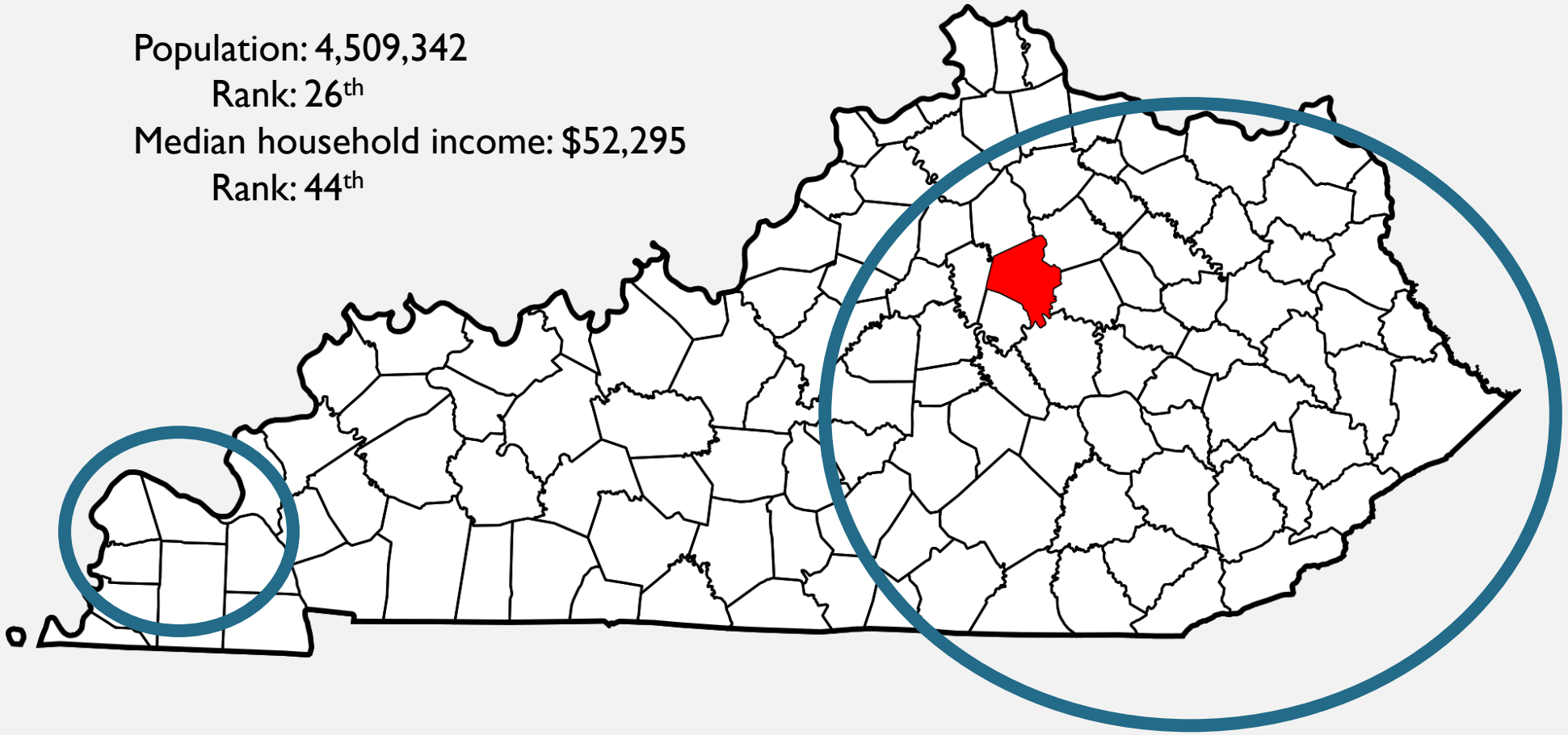
ABOUT KENTUCKY

Population: 4,509,342

Rank: 26th

Median household income: $52,295

Rank: 44th



CANCER RATES IN KENTUCKY

Age-Adjusted Incidence Rates by Cancer Site (2015-2019)*	Kentucky Rate	USA Rate
All cancer sites	516.0	449.4
Cervix	9.8	7.7
Ovary	9.3	10.4
Uterus	28.2	27.7
*Cases per 100,000 population per year		

Data from
statecancerprofiles.cancer.gov
Information retrieved 7/6/2023

ABORTION IN KENTUCKY

- Statues and Bills
  - House Bill 5 – "An act relating to the human rights of unborn children to not be discriminated against and declaring an emergency"
    - Prohibits abortion based on unborn child's sex, race, color, national origin or disability, except in the case of a medical emergency
  - Senate Bill 9 – "An act relating to abortion and declaring an emergency"
    - Prohibits abortion after detection of fetal heart beat
- Penalty for "unlawful" Abortion
  - Women who procure abortions will not face penalties
  - Healthcare providers:
    - May have medical license revoked and can be charged with Class D felony
      - 1-5 year incarceration with $1000-$10000 fine

PATIENT CASE: M

- 34 year old G7P5015 who present to my office with a "cervical mass in pregnancy"
  - 2 month history of postcoital bleeding prior to conception
  - Presented to PCP to establish care and reported bleeding – ultrasound ordered
  - Heavy bleeding prompted ED visit
    - Underwent ultrasound that showed an 11 week fetus with heart beat
      - Cervix was documented to have "cysts" – review of imaging showed 4 cm cervical mass

PATIENT CASE: M

- 15 weeks gestation
  - Routine OB visit – still having bleeding, anatomy ultrasound ordered
- 19 weeks gestation
  - OB triage visit for bleeding and cramping
- 21 weeks gestation
    - Anatomy ultrasound showed a 5 cm cervical mass
      - Maternal fetal medicine (high risk OB specialist) recommended oncology referral
    - Represented to OB triage with vaginal bleeding

PATIENT CASE: M

- Gynecologic oncology visit at 21w3d
  - Exam with 6 cm cervical mass with involvement of posterior vagina with brisk bleeding
  - Biopsy obtained, vaginal packing placed
- Patient admitted to L&D
  - Inpatient MRI showed a 5.7 cm cervical mass with possible vaginal involvement
  - Hemoglobin nadir at 8.1 g/dL (normal > 12 g/dL)

DIAGNOSIS: STAGE IIA2 ENDOCERVICAL ADENOCARCINOMA

- Standard treatment in non-pregnant patient: chemoradiation
  - Cannot radiate in pregnancy due to birth defect risk for fetus
  - Not candidate for termination to pursue standard treatment based on Kentucky law
    - Case reviewed with multiple physicians and legal team
- Patient reports that "she wants to be alive for her existing children"
  - Pursued transfer to state where evacuation of uterus was possible but patient ultimately not able to do this due to socioeconomic factors

TREATMENT

- 2 cycles of neoadjuvant chemotherapy – continued vaginal involvement on exam
  - Based on small case reports
- Cesarean section at 32 weeks
  - Delivery of a male infant
    - Admitted to NICU
    - Discharged after 2.5 week NICU stay
- Definitive chemoradiation