Incidental Finding of Pregnancy While Managing Stage IIIB Colorectal Cancer

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Background:

Colorectal cancer (CRC) in young women is rare and presents significant management challenges, particularly when complicated by an incidental pregnancy. Of all new cases of CRC diagnosed annually in Australia, 11.7% are in patients under 50 years, with more than 50% of patients are female[1]. Given the rarity of concurrent pregnancy and metastatic cancer a coordinated, multidisciplinary approach to balance maternal cancer treatment with fetal well-being is vital. This case highlights the complexities of managing a young woman with advanced colorectal cancer during pregnancy.

Aims

To highlight the complexities of managing a pregnant patient with metastatic colorectal cancer

To emphasise the need for multidisciplinary approach to optimize both maternal and fetal outcomes

Case

- 27-year-old female presented for routine restaging 3 months post ceasing chemotherapy for known Stage IIIB CRC
- An abdominal ultrasound was arranged for a new lesion on the liver during CT scanning
- US-Abdomen – incidental finding of live intrauterine pregnancy 8+5/40, likely live haemangioma
- O&G History: G2P1, P1 SVB 7 years ago, uncomplicated, regular period, not currently using contraception
- Oncological History:
    - June 2023; presented with large bowel obstruction, requiring high anterior resection for colorectal adenocarcinoma.
    - Commenced on chemotherapy, FOLFOX + 5FU (Fluorouracil-Leucovorin-Oxaliplatin), however in January 2024 this was ceased due to poor compliance and geographical barriers.

Results

Antenatal Management:

- Routine antenatal bloods and screening carried out
- 4-weekly full blood count, liver function and renal function testing
- 4-weekly Growth & Well-being ultrasounds as well as Abdominal Ultrasound to monitor new liver lesion
- Close oncological follow-up.
- At 24 weeks, MRI confirmed liver lesion was an increasing liver metastases, prompting MDT discussion regarding timing of delivery with tertiary centre with access to Hepatobiliary Surgeons.
- Recommended to commence FOLFOX for 2 cycles and then deliver at 36 weeks, patient declined chemotherapy in pregnancy due to concerns for foetus.

Delivery Planning:

- Initially planned for caesarean section at 28-32 weeks to allow for immediate chemotherapy and liver resection.
- After extensive MDT discussion and patient advocacy, a decision was made to delay delivery until 35 weeks to prioritize fetal maturity and maternal preference.
- Induction of labour was planned to attempt a vaginal birth while balancing oncological urgency.

Outcome

- Patient had a success vaginal birth with no compilations aside from planned prematurity
- Patient and neonate were able to be transferred back from tertiary hospital to local hospital special care nursery for ongoing care.
- At time of discharge from tertiary centre patient did not want to undergo surgery for metastatic CRC but rather attempt chemotherapy and radiation first.

Discussion

- Oncological vs. Obstetric Priorities: The case underscores the complex decision-making required when balancing cancer treatment with fetal viability.
- Multidisciplinary Collaboration: Involvement of obstetricians, oncologists, hepatobiliary surgeons, and neonatologists was critical in determining the best course of action.
- Patient-Centred Care: Patient autonomy played a crucial role in decision-making, ultimately leading to a more conservative approach to delivery timing.
- Evolving Trends: The rising incidence of CRC in younger patients highlights the need for increased awareness and perhaps earlier screening in high-risk populations.

Conclusion

This case demonstrates the intricate balance required in managing advanced malignancy during pregnancy. A patient centred, multidisciplinary approach allowed for an individualized care plan that prioritized both fetal outcomes and maternal quality of life while acknowledging the limitations of oncological treatment in the setting of metastatic disease.

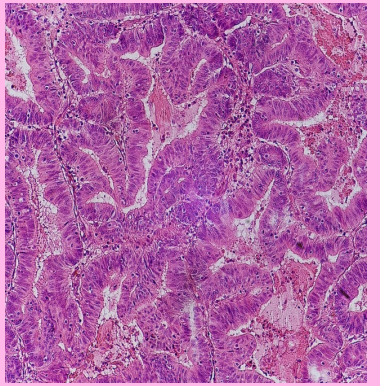

Image 1: Histology of colorectal adenocarcinoma[2]

References:
1. **Bowel Cancer Australia.** Early-onset bowel cancer. [Internet]. Sydney: Bowel Cancer Australia; [updated date unknown; cited 2025 Mar 19]. Available from: https://www.bowelcanceraustralia.org/bowel-cancer/early-onset/
2. **Patholines.** Colorectal carcinoma. [Internet]. [Updated date unknown; cited 2025 Mar 19]. Available from: https://patholines.org/Colorectal_carcinoma