

# Reproductive Issues In Young Females With Cancer

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# BOTSOGO

BOTSWANA ONCOLOGY  
GLOBAL OUTREACH

# Continuing Medical Education Announcement

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## Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2017-2018 Academic Year

### Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

### Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.



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The following planners, speakers, and content reviewers, on behalf of themselves and their spouse or partner, have reported financial relationships with an entity producing, marketing, re-selling, or distributing health care goods or services (relevant to the content of the activity) consumed by, or used on, patients:

Name	Role	Type of Financial Relationship

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# Statements

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## **Accreditation Statement**

The Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians

## **Credit Designation Statement**

The Harvard Medical School designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.0 credits of Risk Management Study

## **Disclosure Statement**

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# Claim your CME credits!

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- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey after the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to [www.botsogo.org](http://www.botsogo.org)
  - Click “What We Do”
  - Click “Tumor Board”
  - Click the link under the section “Continuing Education Credits,” and complete and submit the survey
- Or follow the link that was emailed to our MGH BOTSOGO email list: [www.tinyurl.com/tumourboard](http://www.tinyurl.com/tumourboard)



# Case 1: 30 year-old female with shortness of breath

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## A case of Mrs K.

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- ❖ 30 year old who presented in Fall 2016 with a 1-month history of shortness of breath
- ❖ Progressively getting worse with B-Symptoms, fatigue and joint pains
- ❖ G2P2; recently got married.



## CT BODY

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- ❖ Extensive mediastinal lymph nodes extending into the neck and cuffing the neck vessels and ascending aorta
- ❖ Retromanubrial and retrosternal nodes
- ❖ Multiple abdominal lymph nodes of variable sizes





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- ❖ Biopsy of the cervical lymph nodes revealed a NODULAR SCLEROSING HODGKINS LYMPHOMA
  - ❖ At presentation the patient suspected she might be pregnant
  - ❖ Pregnancy test confirmed pregnancy and an obstetric U/S confirmed a 5 weeks viable pregnancy
  - ❖ At this stage patient was very symptomatic and needed urgent treatment
  - ❖ Extensive counselling was offered and referral to gynaecology for termination was done
  - ❖ Treatment commenced and symptoms improved dramatically



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- ❖ Although she has 2 children, the pregnancy (terminated for medical reasons) was the couple's first child together in wedlock
  - ❖ After 5 cycles of ABVD chemotherapy, a PET/CT confirmed complete response, NO PET Avid lesions seen; however, multiple QUIESCENT lymph nodes and soft tissue mass in the mediastinum, no significant retroperitoneal or pelvic lymph nodes
  - ❖ Patient had IFRT to the mediastinum



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❖ 6 months after IFRT, a follow up CT scan showed extensive retroperitoneal disease suspicious of recurrent disease. More extensive abdominal disease on CT scan than initial staging CT Scan

❖ Explored options for re-biopsy and PET/CT



- ❖ Looking at the retroperitoneal location of disease, surgeon thought it would be difficult to biopsy
- ❖ Started the process to have a PET/CT
- ❖ Patient suspected she might be pregnant; pregnancy test positive and obstetric U/S confirmed a 10 weeks, 3 day old viable pregnancy
- ❖ Counselling offered to patient and husband



## During the conversation.....

❖ Was evident the couple really wanted a child together in wedlock

❖ Were not willing to terminate another pregnancy



# Dilemma....

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- ❖ Strong suspicion of recurrent disease in pregnancy
- ❖ Parents not considering termination
- ❖ Potentially risky surgical biopsy
- ❖ Role of PET-CT in pregnancy
- ❖ Any role for empiric chemotherapy treatment in this case??

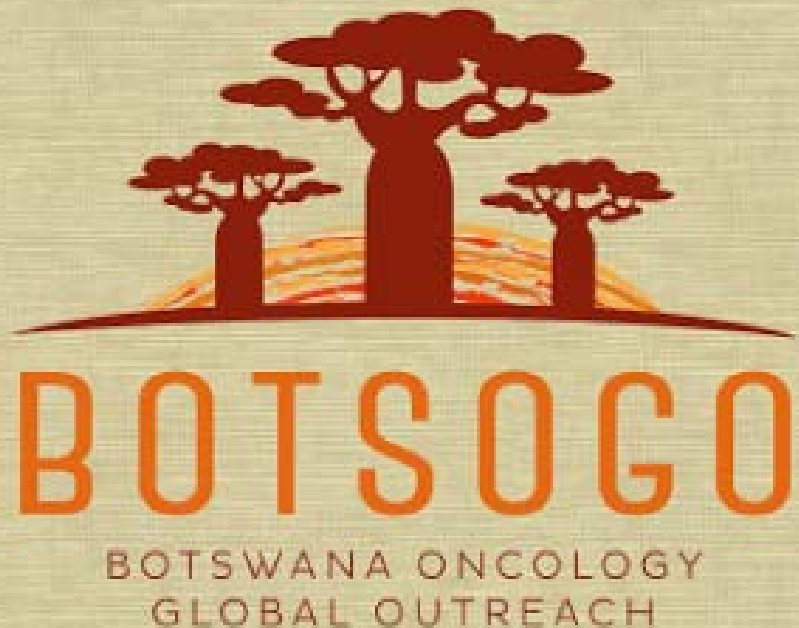




Case 2:  
16 year old patient with vaginal mass

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19 June 2018



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# Patient history

16 y/o, F

HIV negative (2018)

Form 5 student

