

# **CALIFORNIA RIGHT TO LIFE EDUCATION FUND**

P.O. Box 4343, Walnut Creek, CA 94596-4343 (925) 944-5351

E-Mail: [callife@calright2life.org](mailto:callife@calright2life.org)

Web Site: [www.calright2life.org](http://www.calright2life.org)

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## **Research Into Cancer During Pregnancy: Treating Pregnant Women With Chemotherapy Has No Detrimental Effect On The Fetus**

Professor Frederic Amant of the Katholieke Universiteit Leuven (K.U.Leuven) directs research into the treatment of cancer in pregnant women and the consequences of such treatment on fetal development. In her PhD dissertation on chemotherapy during pregnancy, Kristel Van Calsteren presents new scientific discoveries.

Kristel Van Calsteren has concluded that there is no increased risk of congenital defects in children who are exposed to chemotherapy during pregnancy. Nor do these children suffer from any discernible negative effects in the long term.

The primary explanation for this reassuring discovery is that the placenta functions as a filter for most of the products researched and that it protects the fetus against the damaging effects of chemotherapy. A second important criterion is that chemotherapy is not administered during the first trimester, which is the most vulnerable period of a pregnancy. A team of pediatricians and psychologists intensively monitored 64 children. This is the very first time such research has been conducted.

A special research project was established in 2004 to acquire better insights into the complex issue of cancer during pregnancy.

-- The first part of this project examined the treatments that are currently administered to pregnant women with cancer. Furthermore, it researched the influence of these therapies on fetal development and the health of the child at birth.

In cases of specific types of cancer and specific cancer treatments, growth retardation in the womb was observed, but the children made up for this delay after birth. However, the researchers' most important discovery is that the number and types of congenital

defects are no different in cases where chemotherapy was administered to mothers. These reassuring findings will be published in the leading scientific periodical 'Journal of Clinical Oncology.'

-- The second part was of a pharmacological nature; it analyzed the "pharmacokinetics" of chemotherapy drugs in pregnant women (i.e. the absorption, progression and distribution of the medication in the body) and the "transplacental transfer" of the medication (transfer through the placenta) to the fetus.

Kristel Van Calsteren's dissertation demonstrates that physiological changes during pregnancy result in lower maximum concentrations of chemotherapy and in reduced exposure to chemotherapy. It appears that the medication is distributed over a greater volume and is also excreted more quickly by the body. Further research is necessary to determine whether this results in the medication having less impact on the tumour, and thus to evaluate whether chemotherapy is sufficiently efficacious.

Initially, the researchers had no notion of the quantity of chemotherapy that reaches unborn children. For this reason, they closely examined the transfer of chemotherapy through the placenta in animals. The results indicated that this transfer differs significantly depending on the type of medication. Some medications barely penetrate the placenta, while in cases of other drugs the same concentration is found in both the mother and fetus. The research indicates that the placenta acts as a filter for most tested chemotherapy drugs and thus reduces the fetus's exposure to chemotherapy. These discoveries are directive and reassuring.

-- The third part focused on the effects of prenatal exposure to chemotherapy on the general and neurological development of the child. The researchers established international co-operation with the universities of Nijmegen and Prague. The children were examined by pediatric neurologists and neuropsychologists in the same ways at the three centers. The results are based on the clinical examination of 64 children who were exposed to

chemotherapy during pregnancy. The majority of them are under 6 years old, while the oldest child is 15.

This research indicated that most of the children were in a normal condition at birth. As they grew older, the children's development was in accordance with the expectations for their age. Specific tests of their memory and attentional functions did indicate increased impulsivity in these children, however. This has previously been described in children born prematurely and children exposed to their mothers' increased psychological stress during pregnancy. These factors also play a role in women to whom chemotherapy is administered during pregnancy.

Source: K.U.Leuven Article:

<http://www.medicalnewstoday.com/articles/168575.php>

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**Regulating Reproductive Technologies**

By Cecelia Cody – Administrative Director  
California Right to Life Educational Fund

Recently I had the opportunity to participate in a symposium sponsored by the UC Hastings Women's Law Journal (HWLJ) relating to Artificial Reproductive Technologies (ART). The morning portion of the symposium was mainly dedicated to explaining the process involved in various ART methods, and some of the risks involved. In the afternoon the speakers addressed the need for some legal restrictions and offered suggestions.

The Artificial Reproductive Technologies (ART) discussed were relating to the fertilization of a human egg by a human sperm outside the women's body in a laboratory including In Vitro Fertilization (IVF). ART has enabled many married couples that "suffer from" various forms of infertility to experience the joys of parenthood, usually with biologically related children, although donor eggs and sperm are also sometimes part of the process.

However the process is not without risks and legal issues, perhaps those of most concern relating to the health of both the women involved and the resulting offspring.

- The health of the mother/egg donor can be detrimentally affected. The process of obtaining the eggs, including the hormone therapy and egg retrieval for IVF treatment is not without risk. Sterility of the women is one of these risks. One woman had a massive stroke and is now paralyzed, and "ovarian hyper stimulation syndrome" can occur from the procedure. Cancer is not unknown as an after-effect of IVF egg harvesting. (See <http://www.cbc-network.org> for more on risks.) The risks are not solely related to the woman donating the eggs; the offspring have been affected also.
- Pre-implantation Genetic Diagnosis is often performed between the 3<sup>rd</sup> and the 5<sup>th</sup> day after fertilization, when the blastocyst (baby) has reached the 8-cell stage. One cell is removed and genetic testing is performed, and sadly, babies that don't "pass the test" are often not implanted in the womb, and thus suffer an untimely death less than a week after conception/fertilization.
- IVF results in a proliferation of cryopreserved human embryos. Some estimates place the count at between 400,000-500,000 frozen embryos. This brings up the issues of what to do with "excess" embryos, either "fresh" or "frozen," that the couple no longer wants: donate to another infertile couple? Donate to science? Destroy?
- IVF cycles have only a 30-40% success rate. In an effort to increase the "success rate" (defined as a live birth), multiple embryos are often implanted in the womb, often resulting in multiple births. Multiple births, even twinning, are associated with a higher risk of premature birth, low birth weight, and complications such as cerebral palsy.
- ART allows for surrogate motherhood, which introduces the legal issue of what happens if the surrogate mother decides to keep the child? Or what if amniocentesis shows the baby in the womb is genetically imperfect and there is disagreement between the surrogate and the couple as to continuation of the pregnancy?

In the United States currently there is little if any regulation of the ART industry. The primary reason mentioned for regulating IVF and other forms of ART is preventing health risks to mothers and children from multiple pregnancies that are often the result of IVF and the transfer/implantation of multiple embryos. The

only current nationwide regulation is a voluntary reporting of “success rates.” Louisiana, Oklahoma and Georgia have made some legislative attempts to regulate. Internationally, Great Britain, Germany, Sweden, Switzerland and several other European countries limit the number of embryos that can be transferred in any reproductive cycle.

The most common recommendation for legal oversight is the regulation of the number of embryos that can be implanted in the womb per IVF cycle. Research is available showing the “success rate” based on the woman’s age and the number of embryos implanted. (The number that needs to be implanted to obtain a “success” rises as the age of the gestating mother increases, thus more embryos transfers would be allowed for a 40-year old woman than a woman in her early 20s.)

Another regulation being discussed is an informed consent form for women, giving greater disclosure and thus raising awareness of the risks involved in the procedure of harvesting eggs.

Among the current regulations being discussed internationally, the British *Human Fertilization and Embryology Authority* (HFEA) has asked clinics to reduce the number of multiple pregnancies by only implanting a single embryo in the uterus during IVF. Multiple-pregnancy babies are prone to premature birth, low birth weights and long-term health problems. For the mother, there is a higher risk of miscarriage and a likelihood of health problems such as diabetes and heart disease. In a 2008 report, SART (the Society for Assisted Reproductive Technology) noted that the single-embryo transfer rate in women under 35 had risen from 4.5% in 2007 to 5.2% in 2008. In 2008, the HFEA said it wanted multiple pregnancy rates to drop from 24 to 10% over the next three years.

Perhaps a somewhat humorous comment made at the end of one of the presentations says it all, “It’s not nice to fool Mother Nature.” Thirty-two years after the birth of the first IVF “Test Tube baby,” Louise Brown, born in Great Britain in July, 1978, ART has moved from the laboratory to the clinic, currently with little regulation in the United States, and some rather shocking risk factors; perhaps the most serious from a pro-life perspective being PGD (pre-implantation genetic diagnosis) that so often leads to the destruction of human life in its earliest stage.

California Right to Life Educational Fund continues to share the pro-life perspective on critical issues to the future of the Culture of Life. While it was unnerving to see almost everyone at the symposium so accepting of ART, it was heartwarming to hear the attendees also willing to discuss the downsides of this technology, especially as it relates to the health of the mother and her children. We will continue to be present wherever controversial life issues are being discussed, and to proclaim the protection of ALL human life from the single cell stage to the end of life as we fight the battle against “Physician Assisted Suicide.” California Right to Life Education Fund will be there, participating in symposiums, talking to the media, and sharing the message of life wherever the public gathers. Wherever we have a voice and can be heard, we will be there!

## **The passing of Fr. Paul Marx OSB, Founder of Human Life International**

By Cecelia Cody

Fr. Paul Marx, the famed pro-life missionary priest and founder of Human Life International (1981) and the Population Research Institute (1989) died Saturday March 20 at the St. John's Benedictine Abbey in Collegeville, Minnesota. He was 3 months short of 90 years of age. Fr. Marx spoke at my local parish several times in the 1970's and was my first introduction to the horrors of abortion, and my calling to evangelization for life. I would like to share some thoughts of people much closer to Fr. Marx. He will be missed; in tribute to this great Apostle of Life, let us renew our efforts to protect all life, from the single-cell stage to natural death.

"Because of Fr. Paul Marx, the world has a pro-life movement. He traveled 3 million miles to over 90 countries and was like the Johnney Applesseed of the pro-life movement, planting pro-life groups everywhere he went. Pope John Paul II called him the apostle of life with good reason. We miss him terribly but we pray that he has entered into the fullness of life for which he worked so hard in this world."

*Fr. Thomas Euteneuer, current head of HLI*

"May we all, in honor of this great Apostle of Life, redouble our efforts on behalf of God's little ones."  
*Stephen Mosher of the Population Research Institute*  
"Fr. Marx was, first and foremost, a priest who was not afraid to be a prophet. He knew that his mission in bearing witness to the Gospel and in fostering love of

God and neighbor compelled him to speak up for our smallest neighbors, those in the first moments and weeks of life. He undertook countless initiatives, made seemingly endless trips, gave innumerable talks, wrote a warehouse of articles and books, and inspired countless people in the effort to build a Culture of Life. I first came to know Fr. Marx through his founding and leadership of Human Life International and the remarkable conferences he held for pro-life advocates around the world. He was always a clear reminder to his brother priests that we should never be afraid to speak about abortion, contraception, and the beauty of human sexuality as taught by the Church. All of us at Priests for Life are grateful for the strong encouragement he gave to our ministry. We will pray not only for the repose of his soul, but for the continued fruit of his labors in the minds and hearts of so many people and in the policies of so many nations."

- Fr. Frank Pavone of Priests for Life

## WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of **California Right to Life Education Fund**, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life **Committee, Inc.** is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. **CRLC, Inc. is not permitted**, under IRS regulations, to offer a tax deduction for donations. \$24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 1920 Monument Blvd #309, Concord, CA 94520.

Both are affiliates of American Life League, headed by Judie Brown, and share the same "no-exceptions, no excuses" beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.