CANCER CARE AND REPRODUCTIVE HEALTH

On June 24, 2022, the U.S. Supreme Court announced its decision in *Dobbs v. Jackson Women's Health Organization*[1], eliminating the constitutional right to abortion and overruling the precedents of *Roe* and *Casey*. State actions on access to abortion services could have significant impact on cancer patients.

Access to Treatment for Pregnant Individuals With Cancer

Each year, one in 1,000 pregnant people will be diagnosed with cancer.[2] There are also patients who become pregnant after having been diagnosed with cancer. The most common cancers diagnosed during pregnancy are breast, lymphoma, and cervical cancer.[3] Cancer diagnoses during pregnancy can be delayed, since symptoms—fatigue, anemia, and nausea—can be similar for both conditions.[4]

Some cancer treatments and diagnostic services can harm a fetus or cause serious birth defects. For that reason, experts recommend avoiding radiation therapy during the entire pregnancy and most chemotherapies during the first trimester. Some cancer therapies should not be used during any stage of pregnancy. Pregnant individuals diagnosed with cancer (or who become pregnant during cancer treatment) face difficult choices: whether to initiate, delay, or continue life-saving cancer treatment, or whether to terminate their pregnancy. These medical decisions are complex, in part because timely cancer treatment improves a person's likelihood of survival.

Every patient with cancer should receive evidence-based information about all treatment options, including known side effects of those options. Every patient should be able to maximize their chance for survival by receiving recommended care promptly.

Our organizations oppose legislation that would hinder patients' ability to have timely access to the cancer treatments they need, including those that necessitate the termination of pregnancy.

Medication Access for Non-Pregnant Patients With Cancer

State laws preventing access to drugs identified as "abortion inducing" have implications for cancer patients, even those who are not pregnant. For example, methotrexate and imatinib are important chemotherapies, but methotrexate can terminate early pregnancy,[5] and use of imatinib during pregnancy may cause unintentional abortion or birth defects.[6] We are concerned the Supreme Court ruling may result in access barriers to these life-saving medications for patients with cancer.

Patients with cancer should have access to all medications necessary for treatment of their disease. As such, we oppose efforts to curtail access to drugs needed by patients with cancer.

Fertility Preservation

More than 80,000 young adults between the ages of 20-30 are diagnosed with cancer each year.[7] Some cancer treatments can cause infertility, and as a result, individuals with cancer may choose to preserve their fertility prior to treatment.[8] Failure to preserve fertility is a common regret that may affect survivors' quality-of-life.[9]

Medical experts recommend embryo preservation services as the most effective method for preserving fertility.[10] State laws that would define personhood as beginning at fertilization could hinder the ability for medical personnel to create and store embryos as part of the in vitro fertilization process, impeding a cancer patient's ability to receive fertility preservation services. Also, states may hesitate to enact laws providing health insurance coverage for fertility preservation because of concerns that embryos may be destroyed.

Our organizations oppose legislation that threatens a person's ability to preserve fertility prior to initiating cancer treatment. We continue to support legislation that would provide cancer patients with health insurance coverage for fertility preservation consistent with recommended medical guidelines.

References

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