



National Toxicology Program

U.S. Department of Health and Human Services

DRAFT NTP MONOGRAPH ON DEVELOPMENTAL EFFECTS AND PREGNANCY OUTCOMES ASSOCIATED WITH CANCER CHEMOTHERAPY USE DURING PREGNANCY

APPENDIX TABLES

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Office of Health Assessment and Translation
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Table of Contents

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy). 2

Appendix B Literature Search Strategy..... 17

Appendix C Cancer Chemotherapeutic Agent Tables 1-33 20

Appendix D Cancer Chemotherapeutic Agent Tables 1-21..... 337

Appendix E Registries and Clinical trials 359

Appendix F Occupational Exposure To Cancer Chemotherapy..... 361

References..... 362

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
ANTI-METABOLITES					
5-Fluorouracil (175)	4/15 (26.7%)	Skeletal malformations of the hands and feet+ skin syndactyly of 1 st and 2 nd fingers (1) (Leyder <i>et al.</i> 2010), bilateral radial aplasia+ absent thumbs+ absence of 1 or 2 fingers on each hand+ single umbilical artery+ hypoplastic aorta+ imperforate anus+ absence, underdevelopment or misdevelopment of multiple organs (1) (Stephens <i>et al.</i> 1980), hypertelorism+ microcephaly+ low set ears+ right palmar simian crease (1) (Bawle <i>et al.</i> 1998), multiple skeletal deformities of the hand and skull+ ventriculomegaly+ colopocephaly+ bicuspid aortic valve (1) (Paskulin <i>et al.</i> 2005). <i>Did not count: inguinal hernia (1) (Giannakopoulou et al. 2000)</i>	3/160 (1.9%) <i>Discounting Down syndrome (1): 2/160 (1.3%)</i>	Clubfoot (1) and Down syndrome (1) (Hahn <i>et al.</i> 2006), hemi-hypertrophy of the lower extremity (1) (Cardonick <i>et al.</i> 2010) <i>Did not count: double cartilage rings in both ears (1) and bilateral small protuberance on phalanx 5 (1) (Van Calsteren et al. 2010), bilateral ureteral reflux (1) (Hahn et al. 2006), hemangioma (1) (Ring et al. 2005).</i>	

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
6-Mercaptopurine (83)	2/38 (5.3%)	Polydactyly (1) (Mulvihill <i>et al.</i> 1987), Cleft palate + microphthalmia + hypoplasia of several organs (1) (Diamond <i>et al.</i> 1960) <i>Did not count: asymptomatic cardiac murmur (1) (Li and Jaffe 1974)</i>	0/42 (0%)	None	Timing of exposure was not specified for 4 conceptuses.
6-Thioguanine (49)	2/6 (33.3%)	Multiple cranial and limb defects+ a small ostium secundum-type atrial septal defect (1) (Artlich <i>et al.</i> 1994), distal limb defects in both feet and hands (1) (Schafer 1981)	2/43 (4.7%) <i>Discounting familial polydactyly (1), Down syndrome (1): 0/43 (0%)</i>	Familial polydactyly (1) (Volkenandt <i>et al.</i> 1987), Down syndrome (1) (Roy <i>et al.</i> 1989) <i>Did not count: adherence of iris to cornea (1) (Reynoso <i>et al.</i> 1987)</i>	
Cytarabine (151)	4/32 (12.5%)	Skeletal and cranial defects+ ostium secundum atrial septal defect (1) (Artlich <i>et al.</i> 1994), atrial septal defect and bilateral loss of the radius and 5 th digit (1) (Ebert <i>et al.</i> 1997), malformations of the digits of the hands and feet (1) (Schafer 1981), bilateral microtia + absence of the ear canals+ deformed right hand with only three fingers+ bilateral malformed femurs+ only one bone in the lower	4/118 (3.4%) <i>Discounting ventricular septal defect (1), Down syndrome (1), hypospadias (1), and familial</i>	Ventricular septal defect+ micrognathia+ sacral pit (1) (Niedermeier <i>et al.</i> 2005), familial polydactyly (1) (Volkenandt <i>et al.</i> 1987), hypospadias (1) (De Carolus <i>et al.</i> 2006), Down syndrome (1) (Roy <i>et al.</i> 1989)	Timing of exposure not specified for 1 conceptus.

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
		leg+ missing bones in each foot (1) (Wagner <i>et al.</i> 1980)	<i>polydactyly (1):</i> <i>0/118 (0%)</i>	<i>Did not count: adherence of iris to cornea (1) (Reynoso et al. 1987), chromosome abnormalities (1) (Schleuning and Clemm 1987), bilateral hydronephrosis with dilation of left proximal ureter (1) (Garcia et al. 1999)</i>	
Hydroxyurea (68)	1/44 (2.3%)	Hip dysplasia (1) (Thauvin-Robinet <i>et al.</i> 2001) <i>Did not count: pilonidal sinus (1), unilateral renal dilation (1) (Thauvin-Robinet et al. 2001).</i>	3/22 (13.6%) <i>Discounting meningocele (1) and hypospadias (1):</i> <i>1/22 (4.5%)</i>	Pyloric stenosis (1) (Heartin <i>et al.</i> 2004), meningocele (1) (Choudhary <i>et al.</i> 2006), hypospadias (1) (Thauvin-Robinet <i>et al.</i> 2001). Note: All 3 malformed conceptuses were exposed to imatinib during the 1 st trimester.	Timing of exposure not specified in 2 conceptuses.
Methotrexate (83)	1/30 (3.3%)	Microencephaly+ hypertelorism+ micrognathia (1) (Bawle <i>et al.</i> 1998) <i>Did not count: inguinal hernia (1) (Giannakopoulou et al. 2000).</i>	1/53 (1.9%) <i>Discounting syndactyly (1):</i> <i>0/53 (0%)</i>	Bilateral skin syndactyly of both hands + bilateral osseous syndactyly of feet + other digit abnormalities + micrognathia (1) (Leyder <i>et al.</i> 2010) <i>Did not count: hemangioma (2) (Ring et al. 2005, Van Calsteren et</i>	

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Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
				<i>al. 2010)</i>	
DNA AKYLATING AGENTS					
Busulfan (31)	3/20 (15%)	Myeloschisis (1) (Abramovici <i>et al.</i> 1978), cleft palate+ microphthalmia+ poorly differentiated genitalia (1) (Diamond <i>et al.</i> 1960), pyloric stenosis (1) (Earll and May 1965)	1/5 (20%) <i>Discounting absent kidney and ureter (1): 0/5 (0%)</i>	Absence of right kidney and ureter+ hydronephrosis+ dilation of left ureter (1) (Boros and Reynolds 1977)	Timing of exposure not specified for 6 conceptuses.
Cyclophosphamide (408)	7/46 (15.2%)	Groove extending to the uvula on each side of the midline of the hard palate+ flattened nasal ridge+ bilateral absence of one toe+ 1 st and 4 th toes that were larger than the middle toes+ hypoplastic middle phalanx of the fifth finger (1) (Greenberg and Tanaka 1964), imperforate anus and rectovaginal fistula (1) (Murray <i>et al.</i> 1984), microencephaly+ bilateral ventriculomegaly+ colpocephaly+ flat nasal bridge and high arched palate+ bilateral syndactyly of the 1 st and 2 nd fingers, and a cleft between the 2 nd and 3 rd (1) (Paskulin <i>et al.</i> 2005), Madelung's deformity of the right arm+ esophageal atresia+ anomalous inferior vena cava+ undescended	5/360 (1.4%) <i>Discounting artery fistula (1) and Down syndrome (1): 3/360 (0.8%)</i>	Pyloric stenosis (1) (Cardonick <i>et al.</i> 2010), clubfoot (2) (Hahn <i>et al.</i> 2006, Cardonick <i>et al.</i> 2010), pulmonary artery fistula (1) (Cardonick <i>et al.</i> 2010), Down syndrome (1) (Hahn <i>et al.</i> 2006) <i>Did not count: bilateral ureteral reflux (1) (Hahn <i>et al.</i> 2006), suspected holoprosencephaly (1) (Cardonick <i>et al.</i> 2010), hip subluxation (1), bilateral protuberance on phalanx 5 (1), and double cartilage rings in ears (1) (Van Calsteren <i>et al.</i> 2010)</i>	

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
		<p>testes+ extra pair of collecting systems for the kidneys (1) (Reynoso <i>et al.</i> 1987), bilateral syndactyly of the 1st and 2nd fingers+ clinodactyly of the 5th finger+ bilateral syndactyly of the 4th and 5th metatarsal bones (1) (Leyder <i>et al.</i> 2010), missing phalanges in both feet+ a single left coronary artery (1) (Toledo <i>et al.</i> 1971), polydactyly (1) (Mulvihill <i>et al.</i> 1987)</p> <p><i>Did not count: inguinal hernia (1) (Giannakopoulou et al. 2000)</i></p>			
Dacarbazine (57)	1/8 (12.5%)	<p>Agenesis of metacarpals+ hypoplasia of two phalanges (1) (Dilek <i>et al.</i> 2006)</p> <p><i>Did not count: microphthalmia (Li et al. 2007)</i></p>	<p>1/48 (2.1%)</p> <p><i>Discounting syndactyly (1):</i> <i>0/48 (0%)</i></p>	<p>Syndactyly of 4th and 5th fingers (1) (Cardonick <i>et al.</i> 2010)</p> <p><i>Did not count: plagiocephaly (1) (Cardonick et al. 2010)</i></p>	
Ifosfamide (11)	0/1 (0%)	None	0/10 (0%)	None	
Nitrogen mustard (30)	2/17 (11.8%)	Four digits per foot+ webbing between the 3 rd and 4 th digits+ abnormal pinna+ bowed tibia on the	1/13 (7.7%)	Bilateral syndactyly (1) (Van Calsteren <i>et al.</i> 2010)	

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
		right leg (1) (Garrett 1974), hydrocephalus (1) (Zemlickis <i>et al.</i> 1992)	<i>Discounting syndactyly (1):</i> <i>0/13 (0%)</i>	<i>Did not count: pectus excavatum (1) (Van Calsteren et al. 2010)</i>	
Procarbazine (31)	4/19 (21.1%)	Four digits per foot+ webbing between the 3 rd and 4 th digits+ abnormal pinna+ bowed tibia in the right leg (1) (Garrett 1974), cleft lip and palate (1) (Mulvihill <i>et al.</i> 1987), small secundum atrial septal defect (1) (Thomas and Peckham 1976), hydrocephalus (1) (Zemlickis <i>et al.</i> 1992)	1/12 (8.3%) <i>Discounting syndactyly (1):</i> <i>0/12 (0%)</i>	Bilateral syndactyly (1) (Van Calsteren <i>et al.</i> 2010) <i>Did not count: pectus excavatum (1) (Van Calsteren et al. 2010), hemangioma (1) (Wells et al. 1968)</i>	
DNA INTERCALATING/CROSS-LINKING AGENTS					
Actinomycin D (13)	0/0	NA	0/13 (0%)	None	
Carboplatin (17)	0/0	NA	1/17 (5.9%) <i>Discounting gastroschisis (1):</i>	Gastroschisis (1) (Cardonick <i>et al.</i> 2010)	Timing of exposure was not specified for 1 conceptus.

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
			0/17 (0%)		
Cisplatin (101)	0/4 (0%)	None	3/101 (3.4%) <i>Discounting neurofibromatosis mutation and ventriculomegaly prior to chemo (1): 1/101 (1.1%)</i>	Cerebral atrophy+ ventriculomegaly (1) (Elit <i>et al.</i> 1999), neurofibromatosis mutation (1) (Cardonick <i>et al.</i> 2010), ventriculomegaly diagnosed prior to chemotherapy (1) (Rouzi <i>et al.</i> 2009) <i>Did not count: mild glandular hypospadias (1) (Ghaemmaghami et al. 2009)</i>	Timing of exposure not specified in 1 conceptus.
Daunorubicin (106)	1/18 (5.6%)	Hypoplastic thumbs+atrial defect (1) (Artlich <i>et al.</i> 1994)	3/84 (3.6%) <i>Discounting hypospadias (1), familial polydactyly (1), Down syndrome (1): 0/84 (0%)</i>	Hypospadias (1) (De Carolis <i>et al.</i> 2006), familial polydactyly (1) (Volkenandt <i>et al.</i> 1987), Down syndrome (1) (Roy <i>et al.</i> 1989) <i>Did not count: adherence of lens to cornea (1) (Reynoso <i>et al.</i> 1987), hemangioma (1) (Van Calsteren <i>et al.</i> 2010), bilateral pilondial dimples (1) (Blatt <i>et al.</i> 1980), bilateral hydronephrosis with dilation of left proximal ureter (1) (Garcia <i>et al.</i></i>	Timing of exposure not specified in 4 conceptuses.

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
				1999)	
Doxorubicin (420)	4/42 (9.5%)	Partial agenesis of a metacarpal bone+ hypoplasia of two phalanges (1) (Dilek <i>et al.</i> 2006), bilateral loss of radius and 5 th digit+ atrial septum defect (1) (Ebert <i>et al.</i> 1997), multiple skeletal deformities of the hand cranium+ ventriculomegaly, colopocephaly, and a bicuspid aortic valve (1) (Paskulin <i>et al.</i> 2005), imperforate anus+ rectovaginal fistula (1) (Murray <i>et al.</i> 1984)	5/378 (1.3%) <i>Discounting syndactyly (2), Down syndrome (1): 2/378 (0.5%)</i>	Syndactyly (2) (Cardonick <i>et al.</i> 2010, Van Calsteren <i>et al.</i> 2010), pyloric stenosis (1) (Cardonick <i>et al.</i> 2010), clubfoot (1), Down syndrome (1) (Hahn <i>et al.</i> 2006) <i>Did not count: plagiocephaly (1) (Cardonick <i>et al.</i> 2010); bilateral ureteral reflux (1) (Hahn <i>et al.</i> 2006); pectus excavatum (1), double cartilage rings of the ears (1), hip subluxation (1) (Van Calsteren <i>et al.</i> 2010), suspected holoprosencephaly (resolved; 1) (Cardonick <i>et al.</i> 2010), mild hydrocephalus (resolved; 1) (Potluri <i>et al.</i> 2006), minor ventricular septal defects; resolved; 1) (Peretz and Peretz 2003), hemangioma (1) (Ring <i>et al.</i> 2005)</i>	
Epirubicin (69)	1/7 (14.3%)	Micrognathia+ skin syndactyly of 1 st and 2 nd fingers of both hands+ shortened 2 nd and 3 rd fingers on both hands+ osseous syndactyly of 4 th and 5 th metatarsal bones on both feet (1)	4/61 (6.6%) <i>Discounting rectal</i>	Rectal atresia (2) (Halaska <i>et al.</i> 2009) (Van Calsteren <i>et al.</i> 2010), polycystic kidney (1) (Azim <i>et al.</i> 2008), clubfoot (1) (Cardonick <i>et al.</i> 2010)	Timing of exposure not specified in 5 conceptuses.

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed Total (%)	Types of major malformations (Number of cases)	# Malformed Total (%)	Types of major malformations (Number of cases)	
		(Leyder <i>et al.</i> 2010)	<i>atresia (2): 2/61 (3.3%)</i>	<i>Did not count: small protuberance on phalanx 5 (1) (Van Calsteren et al. 2010), hemangioma (1) (Ring et al. 2005)</i>	
Idarubicin (22)	0/1	None	1/16 (6.3%) <i>Discounting septal defect (1): 0/16 (0%)</i>	Ventricular septal defect+micrognathia+sacral pit (1) (Niedermeier <i>et al.</i> 2005) <i>Did not count: small secundum atrial septal defects, patent ductus arteriosus, moderate dilation of right atrium and ventricle (1) (Siu et al. 2002); patent ductus arteriosus (1) (Carradice et al. 2002)</i>	Timing of exposure not specified in 5 conceptuses.
Mitoxantrone (17)	0/1	None	0/13	None <i>Did not count: bilateral hydronephrosis with dilation of left proximal ureter (Garcia et al. 1999)</i>	Timing of exposure not specified in 3 conceptuses.
MICROTUBULE FORMATION INHIBITORS					

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
Docetaxel (20)	0/1	None	2/19 (10.5%) <i>Discounting ventriculomegaly diagnosed before treatment (1): 1/19 (5.3%)</i>	Pyloric stenosis (1) (Cardonick <i>et al.</i> 2010), ventriculomegaly diagnosed before treatment (1) (Rouzi <i>et al.</i> 2009) <i>Did not count: suspected holoprosencephaly (1) (Cardonick <i>et al.</i> 2010), hydrocephalus (1) (Potluri <i>et al.</i> 2006); both appeared to resolve.</i>	Timing of exposure not specified in 1 conceptus.
Paclitaxel (31)	0/0	NA	1/31 (3.2%)	Pyloric stenosis (1) (Cardonick <i>et al.</i> 2010)	
Vinblastine (73)	5/16 (31.3%)	Floating thumb involving the partial agenesis of a metacarpal bone and hypoplasia of two phalanges (1) (Dilek <i>et al.</i> 2006), bilateral absence of one toe per foot + webbing between the 3 rd and 4 th + abnormal right pinna + bowed tibia (1) (Garrett 1974), cleft lip and palate (1) and hydrocephalus (Mulvihill <i>et al.</i> 1987), secundum atrial defect (1) (Thomas and Peckham 1976).	2/56 (3.6%) <i>Discounting syndactyly (2): 0/52 (0%)</i>	Syndactyly of the 4 th and 5 th fingers (1) (Cardonick <i>et al.</i> 2010), bilateral syndactyly of the 2 nd and 3 rd digits (1) (Van Calsteren <i>et al.</i> 2010) <i>Did not count: plagiocephaly (1) (Cardonick <i>et al.</i> 2010), pectus excavatum (1) (Van Calsteren <i>et al.</i> 2010).</i>	Timing of exposure was not specified for 2 cases.

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
Vincristine (223)	4/56 (7.1%)	Hydrocephaly (1) (Zemlickis <i>et al.</i> 1992), cleft palate and lip (1) (Mulvihill <i>et al.</i> 1987), atrial septal defect+ bilateral loss of radius and 5 th digit (1) (Ebert <i>et al.</i> 1997), atrial septal defect (1) (Thomas and Peckham 1976)	1/167 (0.6%) <i>Discounting syndactyly (1):</i> <i>0/162 (0%)</i>	Bilateral syndactyly (1) (Cardonick <i>et al.</i> 2010) <i>Did not count pectus excavatum (1) (Cardonick et al. 2010)</i>	
Vinorelbine (15)	1/1 (100%)	Cleft palate+ tracheoesophageal fistula+ esophageal atresia (1) (Abellar <i>et al.</i> 2009)	0/14	None	
OXYGEN FREE RADICAL GENERATOR					
Bleomycin (95)	1/15 (6.7%)	Agenesis of metacarpal + hypoplasia of phalanges (1) (Dilek <i>et al.</i> 2006)	4/78 (5.1%) <i>Discounting syndactyls (2) and neuro-fibromatosis (1):</i> <i>1/78 (1.3%)</i>	Syndactyly of the 4 th and 5 th fingers (1) and neurofibromatosis mutation (1)(Cardonick <i>et al.</i> 2010), bilateral syndactyly of digits II and III (1) (Van Calsteren <i>et al.</i> 2010), cerebral atrophy+ ventriculomegaly (1) (Elit <i>et al.</i> 1999) <i>Did not count: pectus excavatum (1) (Van Calsteren et al. 2010), plagiocephaly (1) (Cardonick et al.</i>	Timing of exposure was not specified for 2 conceptuses.

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).					
Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
				2010), or mild glandular hypospadias (1) (Ghaemmaghami et al. 2009)	
TARGETED AGENTS					
All-trans retinoic acid (ATRA; 29)	0/5 (0%)	None	2/24 (8.3%) <i>Discounting Potter syndrome diagnosed prior to chemotherapy (1), atrial septal defects (1):</i> 0/24 (0%)	Potter syndrome diagnosed prior to chemotherapy (1) (Sham 1996), atrial septal defects (1) (Siu et al. 2002)	
Imatinib (157)	13/152 (8.5%) <i>Discounting warfarin embryopathy</i> 12/152 (7.9%)	Cleft palate + polydactyly (1) (Pye et al. 2008), meningocele (2) (Choudhary et al. 2006) (Pye et al. 2008), hydrocephalus + cerebellar hypoplasia+heart defects (1), hypospadias (2) (Pye et al. 2008), pyloric stenosis (2) (Heartin et al. 2004, Pye et al. 2008), premature closure of the skull sutures (1) (Pye et al. 2008), scoliosis+ exomphalos (1) (Pye et al. 2008), hemivertebrae+	0/5 (0%)	None	

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	# Malformed	Types of major malformations	# Malformed	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	
		<p>exomphalos+ right renal agenesis (1) (Pye <i>et al.</i> 2008), hemivertebrae+ right shoulder anomaly+ right kidney agenesis+ left duplex kidney (1) (Pye <i>et al.</i> 2008), warfarin embryopathy (1) (Pye <i>et al.</i> 2008).</p> <p><i>Did not count: "abnormal fetus" with elevated alpha fetoprotein (1), non-patent mid-line perineal pit (1) (Russell et al. 2007)</i></p>			
Interferon alpha (41)	0/21	None	0/20	None	Timing of exposure not specified in 1 conceptus who had exomphalos, right renal agenesis, and hemivertebrae; co-exposed to imatinib (Pye <i>et al.</i> 2008).
Rituximab (24)	1/6 (16.7%)	Ventricular septal defect+ patent foramen ovale + patent ductus arteriosus (1) (Chakravarty <i>et al.</i> 2011)	0/18	None	
Tamoxifen (14)	3/11 (27.2%)	Microtia+ preauricular skin tags+ hemifacial microsomia (Goldenhar syndrome?) (1) (Cullins <i>et al.</i> 1994), cleft palate+ glossoptosis (Pierre Robin syndrome?) (1) (Berger and Clericuzio	0/3	None	

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Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	# Malformed Total (%)	Types of major malformations (Number of cases)	# Malformed Total (%)	Types of major malformations (Number of cases)	
		2008), phallic-like clitoris+ single perineal opening+ fused labioscrotal folds (1) (Tewari <i>et al.</i> 1997) Did not include: preauricular skin tags (1) (Isaacs <i>et al.</i> 2001), microphthalmia (1) (Li <i>et al.</i> 2007)			
Trastuzumab (20)	0/14	None	0/4	None	Treatment during 2 nd and/or 3 rd trimester is associated with deficient or absent amniotic fluid.
TOPOISOMERASE ENZYME INHIBITOR					
Etoposide (42)	0/3	None	2/39 (5.1%) <i>Discounting neurofibromatosis mutation (1):</i> <i>1/39 (2.6%)</i>	Cerebral atrophy+ ventriculomegaly (1) (Elit <i>et al.</i> 1999), neurofibromatosis mutation (1) (Cardonick <i>et al.</i> 2010) <i>Did not count: mild glandular hypospadias (1) (Ghaemmaghami et al. 2009)</i>	

Appendix A Table 1. Summary of reported major congenital malformations in conceptuses (i.e., fetal losses and live born infants) following gestational exposure to individual chemotherapy agents (singly or in combination therapy).

Chemotherapy Agent (total conceptuses)	1 st Trimester Exposure ^a		2 nd / 3 rd Trimester Exposure only ^b		Comments
	<u># Malformed</u>	Types of major malformations	<u># Malformed</u>	Types of major malformations	
	Total (%)	(Number of cases)	Total (%)	(Number of cases)	

^aSome of the conceptuses exposed during the 1st trimester were also exposed during the 2nd and 3rd trimester.

^cData on exposure to individual agents in the 2nd and/or 3rd trimester only are adjusted to remove the major malformations that were not likely caused by exposure during this period (see Methods).

Appendix B Literature Search Strategy

Initial literature searches

Initial literature searches were conducted on April 9, 2010 and June 7, 2010. The initial search of all databases was conducted with a focus on four key concepts: chemotherapy, pregnancy, pregnancy outcomes, and human studies. For PubMed, the initial search was conducted in a series of steps. First, only MeSH terms were combined across the four key concepts to capture the more relevant studies. Then, textwords were searched within the 'in process' and 'supplied by publisher' content to retrieve items not yet indexed with MeSH. A final search was done combining the textwords to capture all possible records on the subject. When available, MeSH terms were used for searching in PubMed in addition to textwords. For the four key concepts of the search, the following terms were used: (MeSh [mh]; subheading [sb] under MeSH; title and abstract search [tiab]; and subset [sb] – searches for new records to PubMed that are in the 'in process' or 'publisher' subsets)

1. Chemotherapy

- a. MeSH – a variety of possible MeSH terms and combinations of terms were used: Antineoplastic agents (both as Mesh and pharmacological action), antineoplastic protocols, "chemotherapy, adjuvant," neoplasms/drug therapy; (neoplasms[mh] AND pregnancy[mh] AND "combined modality therapy"[mh])
- b. Textwords - chemotherap* OR antineoplastic OR "anti tumor" OR "anti tumour" OR "4 aminofolic acid" OR "4 epidoxorubicin" OR "5 fluorouracil" OR "6 mercaptopurine" OR "6 thioguanine" OR Abraxane OR adrucil OR "all-trans retinoic acid" OR ATRA OR altretamine OR adriamycin OR "actinomycin D" OR aminopterin OR Anastrozole OR "ARA-C" OR arimidex OR aromasin OR "behenoyl cytosine arabinoside" OR bevacizumab OR BHAC OR bleomycin OR bortezomib OR busulfan OR busulfex OR carboplatin OR capecitabine OR carmustine OR Cerubidine OR chlorambucil OR cisplatin OR cis-platinum OR cyclophosphamide OR cytarabine OR cytosar OR "cytosine arabinoside" OR Cytoxan OR dacarbazine OR dasatinib OR daunorubicin OR daunoxome OR deltasone OR docetaxel OR doxorubicin OR efudex OR eldisine OR Ellence OR Eloxatin OR emcyt OR enocitabine OR epirubicin OR erlotinib OR etopophos OR etoposide OR estramustine OR exemestane OR fareston OR femara OR fludara OR fludarabine OR folex OR fulvestrant OR Faslodex OR gefitinib OR gemcitabine OR gemtuzumab OR gemzar OR gleevec OR glivec OR herceptin OR hexamethylmelamine OR hydroxycarbamide OR hydroxyurea OR idarubicin OR IFEX OR ifosfamide OR imatinib OR "interferon alpha" OR iressa OR irinotecan OR ixabepilone OR ixempra OR lapatinib OR letrozole OR lomustine OR matulane OR mechlorethamine OR melphalan OR methotrexate OR "mitomycin c" OR mitoxantrone OR mustargen OR "mustine Hcl" OR mutamycin OR myleran OR mylotarg OR navelbine OR nilotinib OR "nitrogen mustard HCl" OR nolvadex OR novantrone OR oncovin OR oxaliplatin OR ozogamicin OR paclitaxel OR paraplatin OR pemetrexed OR pentostatin OR platinol OR prednisone OR

procarbazine OR rituxan OR rituximab OR sorafenib OR sprycel OR streptozocin OR sunitinib OR sunrabin OR sutent OR tamoxifen OR tarceva OR tasigna OR taxol OR taxotere OR temodar OR temozolomide OR teniposide OR thioplex OR thiotepa OR toposar OR topotecan OR toremifene OR trastuzumab OR tretinoin OR tykerb OR velban OR velcade OR vepesid OR vesanoid OR vinblastine OR vincasar OR vincrex OR vincristine OR vindesine OR vinorelbine OR VM26 OR VP16 OR Vumon OR Xeloda OR zanosar

2. Pregnancy

- a. MeSH – pregnancy, maternal-fetal exchange, maternal-fetal relations
- b. Textwords - Pregnant* OR gestation* OR “in utero” OR intrauterine OR fetal OR foetal OR fetus OR foetus OR embryo* OR neonat* OR prenatal OR perinatal OR postnatal

3. Pregnancy outcome

- a. MeSH - pregnancy complications, pregnancy outcome; prenatal exposure delayed effects, congenital abnormalities, embryonic and fetal development
- b. Textwords – outcome* OR stillborn OR "still birth" OR “full term” OR “term birth” OR “live birth” OR “congenital abnormalities” OR “congenital anomalies” OR teratogen* OR malform* OR retard* OR embryotoxic* OR survival OR complication* OR premature OR death OR “birth weight” OR preterm OR growth

4. Human studies

- a. MeSH – humans; epidemiology[sh], epidemiologic studies
- b. Textwords – woman, women, patient*

Weekly literature search strategy

A weekly literature search strategy was conducted from August 2010 through December 5, 2011. Weekly literature searches were conducted to evaluate recently published literature on this topic. The weekly search string was also used to identify any references that were published between the dates of the initial search on April 9, 2011 and the beginning of the weekly searches in August 2010. The keywords used in PubMed weekly literature searches:

(chemotherap*[tiab] OR antineoplastic*[tiab] OR "5 fluorouracil"[tiab] OR altretamine[tiab] OR hexamethylmelamine[tiab] OR "6 mercaptopurine"[tiab] OR adriamycin[tiab] OR “actinomycin D”[tiab] OR bevacizumab[tiab] OR bleomycin[tiab] OR bortezomib[tiab] OR velcade[tiab] OR busulfan[tiab] OR carboplatin[tiab] OR capecitabine[tiab] OR Xeloda[tiab] OR carmustine[tiab] OR chlorambucil[tiab] OR cisplatin[tiab] OR cyclophosphamide[tiab] OR cytarabine[tiab] OR dacarbazine[tiab] OR daunorubicin[tiab] OR docetaxel[tiab] OR taxotere[tiab] OR doxorubicin[tiab] OR epirubicin[tiab] OR erlotinib[tiab] OR tarceva[tiab] OR etoposide[tiab] OR estramustine[tiab] OR emcyt[tiab] OR fludarabine[tiab] OR fulvestrant[tiab] OR Faslodex[tiab] OR gefitinib[tiab] OR iressa[tiab] OR gemcitabine[tiab] OR gemzar[tiab] OR hydroxyurea[tiab] OR idarubicin[tiab] OR ifosfamide[tiab] OR imatinib[tiab] OR gleevec[tiab] OR irinotecan[tiab] OR ixabepilone[tiab] OR ixempra[tiab] OR lapatinib[tiab] OR lomustine[tiab] OR mechlorethamine[tiab] OR melphalan[tiab] OR

methotrexate[tiab] OR "mitomycin c"[tiab] OR mitoxantrone[tiab] OR oxaliplatin[tiab] OR paclitaxel[tiab] OR taxol[tiab] OR pemetrexed[tiab] OR pentostatin[tiab] OR procarbazine[tiab] OR sorafenib[tiab] OR streptozocin[tiab] OR sunitinib[tiab] OR sutent[tiab] OR tamoxifen[tiab] OR temozolomide[tiab] OR temodar[tiab] OR teniposide[tiab] OR thiotepa[tiab] OR topotecan[tiab] OR toremifene[tiab] OR fareston[tiab] OR trastuzumab[tiab] OR vinblastine[tiab] OR velban[tiab] OR vincristine[tiab] OR oncovin[tiab] OR vindesine[tiab] OR vinorelbine[tiab] OR navelbine[tiab] OR Abraxane[tiab] OR Paclitaxel[tiab] OR Taxol[tiab] OR Adriamycin[tiab] OR doxorubicin[tiab] OR Anastrozole[tiab] OR arimidex[tiab] OR Cisplatin[tiab] OR cis-platinum[tiab] OR platinol[tiab] OR Carboplatin[tiab] OR paraplatin[tiab] OR Oxaliplatin[tiab] OR Eloxatin[tiab] OR Cytosan[tiab] OR cyclophosphamide[tiab] OR Ifosfamide[tiab] OR IFEX[tiab] OR Daunorubicin[tiab] OR Cerubidine[tiab] OR daunoxome[tiab] OR Epirubicin[tiab] OR Ellence[tiab] OR 4-epidoxorubicin[tiab] OR Etoposide[tiab] OR VP-16[tiab] OR VePesid[tiab] OR Toposar[tiab] OR Etopophos[tiab] OR Teniposide[tiab] OR VM-26[tiab] OR Vumon[tiab] OR Irinotecan[tiab] OR Exemestane[tiab] OR aromasin[tiab] OR 5-fluorouracil[tiab] OR Adrucil[tiab] OR Efudex[tiab] OR Gemzar[tiab] OR gemcitabine[tiab] OR Herceptin[tiab] OR Trastuzumab[tiab] OR Rituximab[tiab] OR Rituxan[tiab] OR Gemtuzumab[tiab] OR ozogamicin[tiab] OR Mylotarg[tiab] OR Hydroxyurea[tiab] OR hydroxycarbamide[tiab] OR Hydrea[tiab] OR Droxia[tiab] OR Gleevec[tiab] OR Imatinib[tiab] OR Glivec[tiab] OR Ixempra[tiab] OR ixabepilone[tiab] OR Lapatinib[tiab] OR Tykerb[tiab] OR Nilotinib[tiab] OR Tassigna[tiab] OR Dasatinib[tiab] OR Sprycel[tiab] OR Fludarabine[tiab] OR Fludara[tiab] OR Letrozole[tiab] OR Femara[tiab] OR Methotrexate[tiab] OR Amethopterin[tiab] OR L- mexate[tiab] OR folex[tiab] OR Mitomycin[tiab] OR mutamycin[tiab] OR Mitoxantrone[tiab] OR novantrone[tiab] OR Navelbine[tiab] OR vinorelbine[tiab] OR Prednisone[tiab] OR Deltasone[tiab] OR Tamoxifen[tiab] OR Nolvadex[tiab] OR Taxotere[tiab] OR docetaxel[tiab] OR Thiotepa thioplex[tiab] OR Vincristine[tiab] OR Oncovin[tiab] OR vincrex[tiab] OR Vincasar[tiab] OR PES[tiab] OR Xeloda[tiab] OR capecitabine[tiab] OR Bleomycin[tiab] OR Cytosine arabinoside[tiab] OR ARA-C[tiab] OR cytosar[tiab] OR cytarabine[tiab] OR Behenoyl[tiab] OR cytosine arabinoside[tiab] OR Enocitabine[tiab] OR BHAC[tiab] OR Sunrabin[tiab] OR Dacarbazine[tiab] OR 6-Mercaptopurine[tiab] OR Streptozotocin[tiab] OR Zanosar[tiab] OR Procarbazine[tiab] OR matulane[tiab] OR Busulfan Busulfex[tiab] OR Myleran[tiab] OR Carmustine[tiab] OR BiCNU[tiab] OR Interferon alpha[tiab] OR Intron A[tiab] OR 6-thioguanine[tiab] OR All-trans retinoic acid[tiab] OR ATRA[tiab] OR Vesanoid[tiab] OR Tretinoin[tiab] OR Vinblastine[tiab] OR Vindesine[tiab] OR Eldisine[tiab] OR Mustargen[tiab] OR Mechlorethamine) AND (Pregnancy[tiab] OR pregnant[tiab] OR gestation*[tiab] OR "in utero"[tiab] OR fetal[tiab] OR fetus[tiab] OR foetus[tiab] OR embryo[tiab] OR embryonic[tiab] OR neonat*[tiab] OR prenatal[tiab] OR perinatal[tiab] OR postnatal[tiab]) AND (women[tiab] OR woman[tiab] OR mother[tiab] OR patient[tiab]) AND ("in process"[sb] OR publisher[sb])

Appendix C Cancer Chemotherapeutic Agent Tables 1-33

Appendix C contains data tables for cancer chemotherapeutic agents for which more than 10 patients were treated with cancer chemotherapy during pregnancy.

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
5-Fluorouracil (Dose/schedule NS)	Case series	1 of 13 (Pt 6)	Cervix	3 rd	Cisplatin	NS	34	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)
5-Fluorouracil (600 mg/m ² every 3 weeks, 5 cycles)	Case report	1	Breast	PC, 1 st , 2 nd	Epirubicin, Cyclophosphamide, Tamoxifen	C-section	35	Signs of premature delivery [spontaneous preterm labor]. Female infant: 2070 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was healthy with normal hematological and biochemistry parameters.	At 12 months she showed no disorder, congenital abnormality, or disease.	(Andreadis <i>et al.</i> 2004)
5-Fluorouracil (900 mg on days 1 and 8, 6 cycles)	Case report	1	Breast	2 nd First@wk 17	Cyclophosphamide, Doxorubicin	Vaginal	NS	Male infant: weight NS, Apgar scores 8 and 9. Newborn was phenotypically normal with a full head of hair.	At 1.5 years, he was well developed.	(Barnicle 1992)
5-Fluorouracil (1200 mg weekly)	Case series	1 of 3 (Pt2)	Breast	1 st , 2 nd , 3 rd First@wk7.5 Last@wk28.5	Methotrexate, Radiation therapy (2 nd)	NS	29	Male infant: 820g, Apgar scores NS. Newborn was small for gestational age.	At 8.5 years, hypertelorism, frontal hair whorl, an upsweep of the frontal hairline, microcephaly, low-set ears, micrognathia, and right palmar simean crease. He stutters, has verbal expressive difficulties, and has an intelligence quotient of 70.	(Bawle <i>et al.</i> 1998)
5-Fluorouracil (1000 mg/m ² every 3 to 4 weeks, 1 to 6 cycles)	Case series	24 of 24	Breast	2 nd and/or 3 rd	Doxorubicin, Cyclophosphamide	NS	38 (mean), 33-40 (group range)	Three patients delivered pre-term due to severe preeclampsia (1 pt) or idiopathic preterm labor (2 pt). Individual pregnancy outcomes were not provided. Apgar scores were ≥ 9 in all cases. Newborns had no malformations. One newborn had a low birth weight for gestational age (<10 th percentile), one newborn was	At 6 months to 8 years (group range), all were alive.	(Berry <i>et al.</i> 1999)

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								diagnosed with hyaline membrane disease, and two newborns had tachypnea (resolved by 48 hours). One newborn was born 2 days after chemotherapy and experienced transient leucopenia. Two newborns had substantial hair loss.		
5-Fluorouracil (Dose/schedule NS)	Case series	3 of 5 (Pt 1, 2, 3)	Breast	2 nd , 3 rd	Epirubicin, Cyclophosphamide	C-section	36	Infant, sex NS: 2920 g, Apgar scores 7 or greater at 1 and 5 minutes. Newborn was healthy with no congenital malformations or intrauterine growth retardation.	No	(Bodner-Adler <i>et al.</i> 2007)
				2 nd , 3 rd	Epirubicin, Cyclophosphamide	Vaginal	38	Infant, sex NS: 2940 g, Apgar scores 7 or greater at 1 and 5 minutes. Newborn was healthy with no congenital malformations or intrauterine growth retardation.		
				2 nd , 3 rd	Epirubicin, Cyclophosphamide	C-section	36	Infant, sex NS: 2530 g, Apgar scores 7 or greater at 1 and 5 minutes. Newborn was healthy with no congenital malformations or intrauterine growth retardation.		
5-Fluorouracil (Dose/schedule NS)	Survey, registry	18 of 104 infants from Table 2	Breast	2 nd , 3 rd	Doxorubicin, Cyclophosphamide, Paclitaxel, Epirubicin	NS	35.9 (group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS. None of the infants had malformations. Other effects (number of infants): transient tachypnea (1), jaundice (1), intrauterine growth retardation and hyperbilirubinemia (1).	At 0.3 to 11.3 years, all children were normal phenotype. At 42 months (group mean, n=17), no long-term complications; group mean weight was 48 th percentile.	(Cardonick <i>et al.</i> 2010)
		4 of 12 from Table 6	Colorectal	2 nd , 3 rd	None	NS	NS	Infant sex NS: Birth weight and Apgar scores NS. One infant had hemi-hypertrophy	At age 48 months (group mean, n=3 infants), child with hemihypertrophy	

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								of the lower extremity. Three infants were normal without malformations.	receiving occupation and physical therapy for motor delays. [Remaining children were normal.]	
5-Fluorouracil (600 mg/m ² on days 1 and 4, 3 cycles)	Case report	1	Breast	3 rd First@wk 28	Doxorubicin, Cyclophosphamide	Vaginal, induced	36	Mild fetal growth restriction and progressive reduction in amniotic fluid. Female infant: 2350 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was in good condition with normal blood count.	At 24 months, healthy with weight and height in the 50 th percentile and normal psychoneurological development.	(Cordoba <i>et al.</i> 2010)
5-Fluorouracil (Pt1 -500 mg/m ² for 5 days, 2 cycles; Pt2- 500 mg/m ² for 5 days, 2 cycles, 750 mg/m ² for 5 days, 1 cycle; Pt3- 750 mg/m ² for 5 days, 3 cycles)	Case series	3 of 3	Breast	2 nd First@wk 24	Vinorelbine, Epi-doxorubicin, Cyclophosphamide	C-section	34	Female infant: 2320 g, Apgar scores 8, 3, and 10 at 1, 3, and 5 minutes. Newborn was normal with no dysmorphic features. Anemia at day 21, resolved.	At 35 months, growth and development were normal.	(Cuvier <i>et al.</i> 1997)
				3 rd First@wk 29	Vinorelbine	Vaginal	37	Male infant: 3230 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with no dysmorphic features.	At 34 months, growth and development were normal.	
				3 rd First@wk 28	Vinorelbine	Vaginal	41	Male infant: 3300 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal with no dysmorphic features.	At 23 months, growth and development were normal.	
5-Fluorouracil (300-500 mg/m ² per day for 7 days, 5 cycles)	Case report	1	Breast	2 nd , 3 rd	Doxorubicin, Cyclophosphamide	C-section	38	Male infant: 5 lb 14 oz [2662 g] , Apgar scores NS. Newborn developed jaundice, but was otherwise healthy with normal blood count and chemistry.	At 4 months, 50 th percentile for weight with normal blood count and chemistry. At 15 and 24 months, excellent health and normal development.	(Dreicer and Love 1991)
5-Fluorouracil (Dose/schedule NS)	Case series, retrospective	7 of 15 [see note in pregnancy outcome column]	Breast	2 nd and/or 3 rd	Cyclophosphamide Doxorubicin	NS	35 (Group average) (Range 32-40)	Individual pregnancy outcomes were not provided. 7 live births with no congenital malformations. No stillbirths, miscarriages or perinatal deaths in any pregnancies treated during the 2 nd and 3 rd trimesters. [15 pts received]	No	(Garcia-Manero <i>et al.</i> 2009)

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								chemotherapy during pregnancy; 4 pts were not included due to lack of data on chemotherapy treatment]		
5-Fluorouracil (400 mg/m ² bolus, 2400 mg/m ² 46 hour infusion)	Case report	1	Rectal	2 nd , 3 rd First@wk 20	Oxaliplatin	Vaginal	33.6	Female infant: 5 lb 6 oz [2458 g], Apgar scores 8 and 8 at 1 and 5 minutes. Newborn was normal.	At 3.5 years, she had no deficits, was in the 60 th percentile for height and the 45 th percentile for weight.	(Gensheimer <i>et al.</i> 2009)
5-Fluorouracil (mean, 535 mg/m ²)	Survey, retrospective	16 of 20 (Pt 1, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20)	Breast	1 st First@wk4 amenorrhea	Epirubicin, Cyclophosphamide	NS	NS	Spontaneous abortion. [No fetal data provided.]	NA	(Giacalone <i>et al.</i> 1999)
				2 nd First@wk24 amenorrhea	Vinorelbine	C-section	34 weeks amenorrhea	Infant sex and weight NS: Apgar scores 8 and 10. Newborn was anemic but had no malformations.	At 80 months, alive and well.	
				2 nd First@wk24 amenorrhea	Vinorelbine	Vaginal	40 weeks amenorrhea	Infant sex and weight NS: Apgar scores 9 and 10. Newborn was normal with no malformations.	At 40 months, alive and well.	
				2 nd , 3 rd First@wk 24 amenorrhea	Doxorubicin, Cyclophosphamide	Vaginal	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 60 months, alive and well.	
				2 nd First@wk 25 amenorrhea	Mitoxantrone, Cyclophosphamide	C-section	33 weeks amenorrhea	Infant sex and weight NS, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn experienced respiratory distress.	At 12 months, alive and well.	
				2 nd , 3 rd First@wk 27 amenorrhea	Doxorubicin	C-section	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 120 months, alive and well.	
				2 nd , 3 rd First@wk 27 amenorrhea	Mitoxantrone, Cyclophosphamide	C-section	33 weeks amenorrhea	Infant sex and weight NS, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn had intrauterine growth retardation.	At 32 months, alive and well.	
				2 nd , 3 rd First@wk 28	Epirubicin, Cyclophosphamide	C-section	31 weeks amenorrhea	Infant sex and weight NS, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn died on	NA	

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				amenorrhea				day 8, no etiology was diagnosed. No malformations observed.		
				2 nd , 3 rd First@wk 29 amenorrhea	Epirubicin, Cyclophosphamide	C-section	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 6 and 10 at 1 and 5 minutes. Newborn had leukopenia.	At 18 months, alive and well.	
				3 rd First@wk 30 amenorrhea	Vinorelbine	Vaginal	38 weeks amenorrhea	Infant sex and weight NS: Apgar scores 10 and 10. Newborn was normal with no malformations.	At 75 months, alive and well.	
				3 rd First@wk 31 amenorrhea	Epirubicin, Cyclophosphamide	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 10 months, alive and well.	
				3 rd First@wk 31 amenorrhea	Doxorubicin, Cyclophosphamide	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 120 months, alive and well.	
				3 rd First@wk 31 amenorrhea	Epirubicin, Cyclophosphamide	C-section	33 weeks amenorrhea	Infant sex and weight NS, Apgar scores 6 and 10 at 1 and 5 minutes. Newborn experienced respiratory distress.	At 6 months, alive and well.	
				3 rd First@wk 31 amenorrhea	Epirubicin, Cyclophosphamide	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal.	At 16 months, alive and well.	
				3 rd First@wk 32 amenorrhea	Vinorelbine	C-section	35 weeks amenorrhea	Infant sex and weight NS: Apgar scores 10 and 10. Newborn was normal with no malformations.	At 12 months, alive and well.	
				3 rd First@wk 35 amenorrhea	Epirubicin, Cyclophosphamide	Vaginal	37 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 50 months, alive and well.	
5-Fluorouracil (Dose/schedule NS, 5 cycles)	Case report	1	Breast	1 st , 2 nd First@wk 6 Last@wk 24	Cyclophosphamide, Methotrexate	Vaginal	30	Spontaneous preterm labor. Male infant: 1000 g, Apgar scores NS. Newborn appeared	At 22 months, development was normal according to the Denver Developmental Screening Test.	(Giannakopoulos <i>et al.</i> 2000)

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								normal, apart from respiratory distress and an inguinal hernia.		
5-Fluorouracil (600 mg/m ² , 4 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 23	Epirubicin, Cyclophosphamide	C-section	35	Premature rupture of membranes. Female infant: 3420 g, Apgar score 8. No congenital malformations were noted in the newborn.	No	(Ginopoulos <i>et al.</i> 2004)
5-Fluorouracil (2 doses of 500 mg/m ² on days 1 and 4, 1 to 6 cycles (group mean = 4 cycles), 3 to 4 weeks apart)	Case series	40 of 57 [Data on pregnancy outcomes available for only 40 pregnancies]	Breast	NS First@wk 11-34 (range) 23 (median)	Doxorubicin, Cyclophosphamide	60% vaginal, 40% C-section	37 (29-42 range; n=52)	Individual pregnancy outcomes not provided. Infant sex and Apgar scores NS: group mean birth weight = 2890 g (range = 1289 to 3977g; n=47). No stillbirths, miscarriages, or perinatal deaths (n=55). Pregnancy outcomes provided for 40 infants (number of infants): normal (44), Down Syndrome (1), club foot (1), bilateral ureteral reflux (1). Other health effects (number of infants): breathing difficulties (11), and neutropenia, thrombocytopenia and subarachnoid hemorrhage (1).	Follow up on children (ages 2 to 157 months; n=39). All children except the one with Down Syndrome were thought to have normal development by their parents. One other school-age child had attention deficit-hyperactivity disorder.	(Hahn <i>et al.</i> 2006)
5-Fluorouracil (Dose/schedule NS)	Cohort, retrospective	7 of 72	Breast	2 nd or 3 rd	Doxorubicin, Cyclophosphamide, Paclitaxel, Cisplatin	NS	NS	Individual pregnancy outcomes were not provided. No congenital malformations were diagnosed in the newborns.	No	(Ibrahim <i>et al.</i> 2000)†
5-Fluorouracil (Dose/schedule NS; Pt 10, 3 cycles)	Survey, retrospective	1 of 49 from Table 4 (Pt 10)	Breast	2 nd and/or 3 rd	Cyclophosphamide, Methotrexate	NS	36	Infant sex, weight and Apgar scores NS. Newborn born alive and without malformation.	No	(Ives <i>et al.</i> 2005)
5-Fluorouracil (Dose/schedule NS, 2-6 cycles)	Case series	6 of 18	Breast	NS First@wk 12-33 22 (mean)	Doxorubicin, Cyclophosphamide	NS	NS	Infant sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	(Jameel and Jamil 2007)
5-Fluorouracil	Case report	1	Colon	1 st , 2 nd , 3 rd	Oxaliplatin	C-section	33	Premature rupture of	At 2 years, both were	(Jeppesen

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(400 mg/m ² bolus followed by 2400 mg/m ² 46 hour infusion, biweekly. 10 cycles)				First @ wk 13				membranes. Twins, male and female infants: 2200 g each, Apgar scores 10 at 1 minute for both. Both were healthy with no malformations.	developing normally.	and Osterlind 2011)
5-Fluorouracil 400 mg/m ² bolus followed by 2400 mg/m ² infusion over 46 hours every 2 weeks. 4 cycles	Case report	1	Colorectal	2 nd , 3 rd	Oxaliplatin	C-section	31.5	Female infant: 1175 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn spent 33 days in the neonatal unit, one day on a ventilator. She was hypothyroid.	At 11.75 months of age (adjusted for prematurity), there were no abnormal physical findings apart from a flaky red spot on the top of her head. She was beginning to walk, had normal blood parameters, a normal Denver Developmental Screening Test, and was being treated for gastro-esophageal reflux and hypothyroidism.	(Kanate <i>et al.</i> 2009)
5-Fluorouracil (500 mg/m ² on days 1 and 4 every 21 to 28 days)	Case series	4 of 4	Breast	3 rd First@wk 33	Cyclophosphamide, Doxorubicin	NS	36	Infant sex, weight and Apgar scores NS.	At 65 months, healthy with normal development.	(Kuerer <i>et al.</i> 2002)
				2 nd , 3 rd First@wk 26	Cyclophosphamide, Doxorubicin	NS	40	Infant sex, weight and Apgar scores NS.	At 44 months, healthy with normal development.	
				2 nd , 3 rd First@wk 26	Cyclophosphamide, Doxorubicin	NS	35	Preeclampsia. Infant sex, weight and Apgar scores NS.	At 33 months, healthy with normal development.	
				3 rd First@wk 31	Cyclophosphamide, Doxorubicin	NS	36	Infant sex, weight and Apgar scores NS.	At 33 months, healthy with normal development.	
5-Fluorouracil (Dose/schedule NS, 5 cycles)	Case report	1	Breast	1 st , 2 nd First@wk 2 Last@wk 19	Cyclophosphamide, Epirubicin (1 st), Methotrexate (2nd), Radiation therapy (1 st)	NA	19	Induced abortion. Male fetus: 280 g (50 th percentile for gestational age). Fetal examination revealed micrognathia, skin syndactyly of the 1 st and the 2 nd fingers of both hands, shortened 2 nd and 3 rd fingers and clinodactyly of	NA	(Leyder <i>et al.</i> 2010)

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								the 5 th finger; both feet had a broad forefoot with a short 1 st toe and osseous syndactyly of the 4 th and the 5 th metatarsal bones.		
5-Fluorouracil (Dose/schedule NS)	Case report	1	Breast	3 rd First@wk 32 Last@wk 35	Doxorubicin, Cyclophosphamide	C-section	37.5	Female infant: weight and Apgar scores NS. The newborn was healthy.	No	(Logue 2009)
5-Fluorouracil (Pt1-500 mg/m ² , 1 cycle; Pt2-600 mg/m ² , 4 cycles; Pt3-750 mg/m ² , 3 cycles; Pt4-750 mg/m ² , 3 cycles)	Case series	4 of 4	Breast	3 rd First@wk 27	Doxorubicin	C-section	34	Female infant: 2600g, Apgar score 10 at 1 minute. Newborn had no congenital abnormality or intrauterine growth restriction.	At 17 years, no evidence of impaired intelligence quotient, physical and sexual development were normal.	(Mathelin <i>et al.</i> 2005)
				2 nd , 3 rd First@wk 21 Last@wk 31	Doxorubicin	Vaginal	34	Female infant: 2820 g, Apgar score 10 at 1 minute. Newborn had no congenital abnormality or intrauterine growth restriction.	At 11 years, no evidence of impaired intelligence quotient, physical and sexual development were normal.	
				2 nd , 3 rd First@wk 21 Last@wk 27	Epirubicin	C-section	34	Female infant: 2790 g, Apgar score 10 at 1 minute. Newborn had no congenital abnormality or intrauterine growth restriction.	At 3.5 years, no evidence of impaired intelligence quotient and physical development was normal.	
				2 nd , 3 rd First@wk 25 Last@wk 32	Epirubicin	Vaginal	35	Female infant: 3690 g, Apgar scores 10 at 1 minute. Newborn had no congenital abnormality or intrauterine growth restriction.	No follow-up at age less than 1 year.	
5-Fluorouracil (600 mg/m ² 2 cycles)	Case report	1	Breast	3 rd	Cyclophosphamide, Epirubicin	C-section	35	Eclamptic seizures at week 35. Infant sex NS: 1650 g, Apgar scores NS. Newborn had no malformations.	No	(Muller <i>et al.</i> 1996)
5-Fluorouracil (500 mg/m ² on day 1 of 21 day cycles, 4 cycles)	Case report	1	Breast	2 nd	Doxorubicin, Cyclophosphamide, Docetaxel (2 nd , 3 rd)	Vaginal	39	Male infant: 6.8 lbs [3087 g], Apgar scores normal. Newborn was healthy.	No	(Nieto <i>et al.</i> 2006)
5-Fluorouracil (Dose/schedule NS)	Case report	1	Breast	PC, 1 st , 2 nd First@PC	Doxorubicin, Cyclophosphamide	Vaginal	38	Male infant: 2400 g, Apgar scores 5 and 8 at 1 and 5	At 15 months, he could sit without help and walk	(Paskulin <i>et</i>

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				Last@wk 16				minutes. Newborn showed flat nasal bridge, bulbous nasal tip, high-arched palate, syndactyly and radial deviation of the first and second fingers, single transverse palmar creases, cleft between second and third fingers, hypoplasia of the fifth fingers, and a dystrophic nail of the fourth left finger. The brain showed bilateral ventriculomegaly and colpocephaly. There was a bicuspid aortic valve.	unaided. At 3 years, visual evoked potential was normal; growth and neuromotor development were delayed.	<i>al.</i> 2005)
5-Fluorouracil (Dose/schedule NS)	Cohort, retrospective	2 of 14 from Tables 3 and 4 (Pt 7, 12)	Breast	1 st , 2 nd First@wk 2 Last@wk 26	Doxorubicin, Cyclophosphamide	NS	34	Infant sex NS: 2170 g, Apgar scores NS. No complications in newborn. None of the infants in the study had a major malformation.	No	(Peres <i>et al.</i> 2001)
				1 st First@wk 5 Last@wk 8	Cyclophosphamide, Methotrexate	NS	25	Fetal death, no malformations.	NA	
5-Fluorouracil (600 mg/m ² on days 1 and 8, every 4 weeks)	Survey, retrospective	1 of 28	Breast	PC, 1 st	Methotrexate, Cyclophosphamide	NA	NS	Spontaneous abortion. [No fetal data reported.]	NA	(Ring <i>et al.</i> 2005)
		11 of 28		2 nd and/or 3 rd First@wk 15 – 33 (group range)	Methotrexate, Cyclophosphamide	NS	37 (median); 30-40 (group range)	Intrauterine growth restriction due to placental insufficiency (n=1 pregnancy). Individual pregnancy outcomes were not provided. There were no congenital malformations, and none of the infants had a birth weight lower than the 10 th percentile for gestational age. Another child had a hemangioma on his abdomen deemed not causally related to chemotherapy. Two infants had respiratory distress.	No	
5-Fluorouracil (800 mg 3 weeks)	Case report	1	Breast	3 rd First@wk 31	Epirubicin, Cyclophosphamide,	Vaginal	36	Spontaneous preterm labor.	At 6 weeks, she was doing well.	(Sharma <i>et</i>

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
apart, 2 cycles)					Radiation therapy			Female infant: 1889 g, Apgar score 9 at 5 minutes. Newborn had no congenital anomalies.		<i>al.</i> 2009)
5-Fluorouracil (500 mg approx every 3 days, 15 cycles)	Case report	1	Breast	2 nd , 3 rd	None	C-section	NS	Infant sex and Apgar scores NS: 6 lbs 11 oz [3032 g]. Newborn had no abnormalities until 1.5 hours when it became cyanotic with jerking extremities. After 24 hours of oxygen treatment (34%) there was apparent total recovery.	“The infant has remained well up to the present time” [age NS].	(Stadler and Knowles 1971)
5-Fluorouracil (600 mg 5 days a week for a month)	Case report	1	Bowel	1 st , 2 nd First@wk 11-12	Radiation diagnostic (1 st)	NA	16	Diminished overall volume of amniotic fluid. Induced abortion: Fetus showed bilateral radial aplasia and absent thumbs, two fingers on the left hand and 1 finger on the right hand was absent, a single umbilical artery, hypoplastic aorta, pulmonary hypoplasia, hypoplastic thymus, esophageal aplasia, aplasia of the duodenum, biliary hypoplasia, absent appendix, imperforate anus, common bladder and rectum, renal dysplasia, and aplastic ureters. Authors could not clearly attribute these abnormalities to 5-fluorouracil.	NA	(Stephens <i>et al.</i> 1980)
5-Fluorouracil (Dose NS. Every 2 weeks for 5 months , 10 cycles)	Case report	1	Colon	2 nd , 3 rd First@wk 18 Last@wk 36	Irinotecan, Folinic acid	Vaginal	37+5 days	Female infant: 5 lb 14 oz [2662 g], Apgar scores 9 and 9 at 1 and 5 minutes. Newborn was born without complications.	At 4 months development was normal with no teratogenic effects.	(Taylor <i>et al.</i> 2009)
5-Fluorouracil (Dose/schedule NS)	Case series	1 of 2 (Pt 2)	Breast	1 st , 2 nd , 3 rd First@wk 12	Doxorubicin, Cyclophosphamide, Methotrexate (3 rd)	C-section	35	Elevation of blood pressure to 150/100. Female infant: 2260 g, Apgar	At 24 months, growth and development were normal.	(Turchi and Villasis 1988)

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								scores 6 and 8 at 1 and 5 minutes. Newborn showed had normal T-cell activity and no evidence of an abnormality.		
5-Fluorouracil (Dose/schedule NS)	Survey, retrospective	3 of 27 (Pt 1, 2, 26)	Breast	3 rd First@wk 32	Doxorubicin, Cyclophosphamide	C-section	36	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
			Breast	3 rd First@wk 32	Epirubicin, Cyclophosphamide	C-section	40	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		
			Pancreas	3 rd First@wk 31	Cisplatin	Vaginal	33	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		
5-Fluorouracil (Pt 1 - 500 mg/m ² , 6 cycles; Pt2 -500 mg/m ² , 3 cycles)	Survey, retrospective	2 of 62 [62 pts received chemotherapy while pregnant; the number of pts who received 5-fluorouracil while pregnant was not provided.]	NS	2 nd , 3 rd First@wk 20 Last@wk 35	Epirubicin, Cyclophosphamide	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had bilateral small protuberance on phalanx 5.	No	(Van Calsteren <i>et al.</i> 2010)
			NS	2 nd , 3 rd First@wk 22 Last@wk 28	Doxorubicin, Cyclophosphamide			Infant sex, weight, and Apgar scores NS. Newborn had doubled cartilage ring in both ears.		
5-Fluorouracil (Dose/schedule NS)	Cohort, retrospective	4 of 21 (Pt 1, 3, 18, 19)	Breast	1 st	Cyclophosphamide, Methotrexate	NS	NA	Spontaneous abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
				1 st	Cyclophosphamide, Methotrexate, Vincristine, Tamoxifen		NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well.	No	
				3 rd	Doxorubicin, Cyclophosphamide, Tamoxifen		NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well.	No	
				3 rd	Cyclophosphamide, Methotrexate		NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well but with intrauterine	No	

Appendix C Table 1. 5-Fluorouracil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								growth restriction.		
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the 5-Fluorouracil timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified. Pt = patient. IUGR=Intrauterine growth retardation.</p> <p>†This paper was not included in the tally of pregnancy outcomes. Ibrahim et al. (Ibrahim <i>et al.</i> 2000) was not included because it was not possible to determine the individual treatment regimens of the 7 patients receiving chemotherapy during pregnancy.</p>										

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
6-Mercaptopurine (Dose/schedule NS)	Case series, retrospective	5 of 7 from Table 1 (Pt 1, 3, 5, 6, 7)	Leukemia (ALL)	1 st [see note in reference column]	Vincristine, Doxorubicin, Methotrexate, Cyclophosphamide	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 19 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
			(AML)	1 st	Doxorubicin, Cytarabine, Methotrexate	Vaginal	36	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(ALL)	2 nd	Doxorubicin, Vincristine, Cyclophosphamide, Methotrexate	Vaginal	38	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(ALL)	1 st	Doxorubicin, Cyclophosphamide, Methotrexate	Vaginal	37	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(AML)	2 nd	Doxorubicin, Cytarabine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		3 of 4 from Table IV (Pts 2,3,4)	Leukemia (CGL)	1 st	Busulfan	Vaginal	39	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 12 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			(CGL)	1 st	Busulfan	Vaginal	37	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(CGL)	2 nd	None	C-section	34	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
6-Mercaptopurine (Dose/schedule NS, total dose 4300 mg)	Case series	1 of 16 (Pt 7)	Non-Hodgkinlymphoma	1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Methotrexate	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn showed no apparent congenital abnormalities.	Authors state that at ages ranging from 3 to 11, all 16 children showed normal growth and development	(Aviles <i>et al.</i> 1990)†
6-Mercaptopurine (Dose/schedule NS)	Case series, retrospective	12 of 20 pregnancies [11 of 18 pts] (Table 1: Cases 1, 2, 3, 6, 7, 8, 10, 12, 13, 15, 16, 20; Cases 10 and 16 are 2 pregnancies of the same pt.)	Leukemia (ALL)	2 nd , 3 rd	None	NS	[38]	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 22 years, normal growth and development. Hematology, immune function, and cytogenetics were normal..	(Aviles and Niz 1988) [Six of these pregnancies (1, 2, 3, 6, 7, and 8) were first reported in (Pizzuto <i>et al.</i> 1980). We counted them only once using the Aviles <i>et al.</i> (Aviles and Niz 1988).]
			Leukemia (ALL)	1 st , 3 rd	Cyclophosphamide, Methotrexate	NS	[38]	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 13 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Methotrexate, Cyclophosphamide, Cytarabine	NS	[40]	Female infant: 2300 g, Apgar scores NS. Newborn had no congenital malformations.	At 12 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Cytarabine, Methotrexate, Vincristine, Cyclophosphamide	NS	[34]	Male infant: 1000 g, Apgar scores NS. Newborn had pancytopenia and no congenital malformations. Died of septicemia at 21 days; blood counts were normal at death.	NA	
			Leukemia (ALL)	2 nd , 3 rd	Cytarabine, Vincristine, Methotrexate	NS	[38]	Female infant: 2400 g, Apgar scores NS. Newborn had no congenital malformations. Died of gastroenteritis at 90 days.	NA	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate	NS	[33]	Female infant: 1800 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Doxorubicin, Vincristine, Methotrexate	NS	NS	Female infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations. [Case 10, pregnancy 1]	At 7 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	1 st , 2 nd , 3 rd	Cytarabine, Doxorubicin, Vincristine	NS	NS	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	2 nd , 3 rd	Doxorubicin, Vincristine, Methotrexate, Cyclophosphamide	NS	NS	Female infant: 2700 g, Apgar scores NS. Newborn had pancytopenia and no congenital malformations. At 4 weeks, blood counts and bone marrow samples were normal.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate	NS	NS	Male infant: 2600 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Leukemia (ALL)	1 st , 2 nd	Vincristine, Doxorubicin, Methotrexate	NS	NS	Male infant: 2850 g, Apgar scores NS. Newborn had no congenital malformations. [Case 10, pregnancy 2]	At 5 years normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate, Etoposide	NS	NS	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
6-Mercaptopurine (75 mg daily)	Case series	1 of 5 (Pt 1)	Leukemia (Acute)	2 nd , 3 rd	Doxorubicin, Vincristine, Asparaginase, Methotrexate, Cyclophosphamide	Vaginal	[~39]	Female infant: 3200 g, Apgar scores NS. Newborn was normal.	At 40 months, had normal development and growth.	(Awidi <i>et al.</i> 1983)
6-Mercaptopurine (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd or 2 nd , 3 rd	Behenoyl-ara-C, Daunorubicin, Cytarabine, Mitoxantrone	C-section	34	Female infant: 2,960 g, Apgar scores NS. Newborn was healthy.	At 16 months, no abnormalities.	(Azuno <i>et al.</i> 1995)
6-Mercaptopurine (Dose NS, weekly)	Case series	2 of 2	Leukemia (ALL)	PC, 1 st First@wk3 Last@wk4	Methotrexate, Vincristine	Vaginal	NS [~6 weeks]	Spontaneous abortion. [No fetal autopsy data reported.]	NA	(Bergstrom and Altman 1998)
			Leukemia (ALL)	PC, 1 st , 2 nd	Methotrexate, Vincristine	Vaginal, induced	32	Preeclampsia at 32 weeks. Female infant: 4 lb 15 oz [2240 g] , Apgar scores NS. Newborn was premature; she had no abnormalities.	Subsequent exams [age NS] showed no abnormalities.	
6-Mercaptopurine	Case series, retrospective	1 of 18 (Pt 5)	Leukemia (ALL)	3 rd	Vincristine, Methotrexate	NS	NS (no births were premature)	Female infant: weight normal, Apgar scores NS.	At 8 years, normal.	(Blatt <i>et al.</i> 1980)
6-Mercaptopurine (Dose/schedule NS)	Case series, retrospective	1 of 5 (out of 322 total; see note in pregnancy outcomes)	Leukemia (AML)	NS [1 st , 2 nd]	None	Vaginal	NS [~19]	Spontaneous abortion. Mother died 3 days later. [Note: Of the 5 pregnant patients in this study, this pregnancy was the only one in which chemotherapy was administered during the pregnancy. The remaining 317 patients were all ages and	NA	(Boggs <i>et al.</i> 1962)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								both sexes.]		
6-Mercaptopurine (Dose/schedule NS)	Survey, registry	1 of 3 from Table 5	Leukemia (ALL)	2 nd , 3 rd	Cytarabine, Cyclophosphamide, Daunorubicin, Methotrexate, Vincristine, Asparaginase	NS	35.5 (Group mean)	Infant sex NS: 2341 g (group mean), Apgar scores NS. Newborn was normal.	At 9 years, normal phenotype. At 41 to 109 months (group range, n=2), no long-term complications; group mean weight was 65 th percentile.	(Cardonick <i>et al.</i> 2010)
6-Mercaptopurine (75 mg daily, then 100 mg daily)	Case report	1	Leukemia (AML)	2 nd , 3 rd [First@wk16]	Methotrexate (2 nd), Vincristine (2 nd)	C-section	37	Preeclampsia [at gestation week 36]. Male infant: 6 lbs [2724 g], Apgar score 7. Newborn was normal.	At 2 years, there were no deleterious effects of the chemotherapy.	(Coopland <i>et al.</i> 1969)
6-Mercaptopurine (100 mg daily)	Case report	1	Leukemia (ALL)	PC, 1 st	Doxorubicin, Vincristine, Methotrexate, Cytarabine (2 nd , 3 rd)	C-section	36	Male infant: 2400 g, Apgar scores NS. Newborn was polycythemic and jaundiced but otherwise normal.	At 6 months, growth and development were normal.	(Dara <i>et al.</i> 1981)
6-Mercaptopurine (100 to 150 mg daily)	Case report	1 (one pt with 2 pregnancies)	Leukemia (CGL)	1 st , 2 nd , 3 rd	Radiation therapy (1 st)	Vaginal	36	Spontaneous preterm labor. Infant sex, weight, and Apgar scores NS. Newborn was premature but otherwise unremarkable.	At approximately 2 years, alive and well.	(Diamond <i>et al.</i> 1960)
				1 st , 3 rd	Busulfan (1 st , 2 nd , 3 rd); Radiation therapy (1 st)	C-section	NS [at term]	Female infant: 1077 g, Apgar scores NS. Newborn had bilateral microphthalmia, bilateral corneal opacities, and cleft palate. External genitalia were poorly developed except for a prominent clitoris.	At 2 months, infant had grating respiration and cough. At 10 weeks, the infant was found dead. Necropsy revealed disseminated cytomegaly and hypoplasia of thyroid and ovaries among other abnormalities.	
6-Mercaptopurine (100 mg daily)	Case series	1 of 3 (Pt 1)	Leukemia (AML)	3 rd	Vincristine, Methotrexate	Vaginal	34	Premature rupture of membranes. Female infant: 2350 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had a cushingoid appearance.	At 8 weeks, weight and height were normal for gestational age.	(Doney <i>et al.</i> 1979)
6-Mercaptopurine (Dose/schedule NS)	Case series	2 of 5 (Pt 2, 3)	Leukemia (AML)	PC, 1 st First@PC	Methotrexate, Doxorubicin (1 st),	Vaginal	38	Female infant: 2800 g, Apgar scores 8 and 10 at 1 and 5	At 7 years, development was normal.	(Feliu <i>et al.</i> 1988)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				[Last@~wk6]	Vincristine (1 st , 3 rd), Daunorubicin (3 rd), Cytarabine (3 rd)			minutes.		
			Leukemia (AMML)	PC, 1 st First@PC [Last@~month 2]	Methotrexate, Cytarabine (2 nd)	Vaginal	38	Male infant: 2750 g, Apgar scores 6 and 8 at 1 and 5 minutes.	At 7 years, development was normal.	
6-Mercaptopurine (Pt 1-50 mg daily Pt 4- 150 mg reduced to 75 mg daily Pt 6- 325 mg reduced to 50 mg daily Pt 7- 250 mg reduced to 100 mg daily)	Case series	4 of 8 (Pt 1, 4, 6, 7)	Leukemia (acute stem cell)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	At term	Female infant: 6 lb 8 oz [2948 g], Apgar scores NS. Newborn was normal and healthy.	To date she was completely healthy [age NS].	(Frenkel and Meyers 1960)
			Leukemia (AGL)	2 nd , 3 rd	None	Vaginal	NS [9 months]	Female infant: weight and Apgar scores NS. Newborn was well.	At 2 years, she remained well.	
			Leukemia (AGL)	2 nd , 3 rd	Methotrexate (3 rd)	Vaginal	NS [near term]	Female infant: 5 lb 4 oz [2382 g], Apgar scores NS. Newborn was normal, clinically and hematologically.	At 17 months, normal and doing well.	
			Leukemia (AML)	3 rd	None	Vaginal	NS [~7 months]	Spontaneous preterm labor. Female infant: 3 lbs 8 oz [1586 g], Apgar scores NS. Newborn was premature but hematologically and otherwise normal.	At 6 months, she was well.	
6-Mercaptopurine (70 mg/m ² for 10 days)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Mitoxantrone, Behenoyl-ara-C	C-section	35+4 days	Preterm labor at beginning of 3 rd trimester was treated and resolved. Premature rupture of membranes at 35 weeks +4 days gestation. Male infant: 1882 g, Apgar scores NS. Newborn had low birth weight and was thrombocytopenic and leukocytopenic but had no anomalies or chromosomal	No	(Gondo <i>et al.</i> 1990)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								abnormalities.		
6-Mercaptopurine (Dose/schedule NS)	Case series	4 of 17 (Pt 12, 15, 16, 17)	Leukemia (AML)	2 nd First@wk 19	Daunorubicin, Cytarabine	NS	36	Female infant: weight and Apgar scores NS. Newborn had no malformations.	No	(Greenlund <i>et al.</i> 2001)
				2 nd First@wk 20	Vincristine		36	Male infant: 2130 g, Apgar scores NS. Newborn had no malformations.		
				2 nd First@wk 20	None		NS	Fetal death. [No fetal autopsy data were reported.]		
				3 rd First@wk 29	Methyl-GAG		36	Female infant: 2530 g, Apgar score 6. Newborn had no malformations.		
6-Mercaptopurine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	3 rd First@wk 30 Last@wk 34	Cyclophosphamide (2 nd , 3 rd), Daunorubicin (2 nd), Vincristine (2 nd , 3 rd), Asparaginase (2 nd , 3 rd), Cytarabine, Methotrexate (intrathecal)	Vaginal	36	Transient oligohydramnios. [Spontaneous preterm labor.] Male infant: 2150 g, Apgar scores 2 and 8 at 1 and 5 minutes. Newborn was normal, with normal hematology and neurology. There was mild meconium aspiration syndrome and jaundice, which were successfully treated.	No	(Hansen <i>et al.</i> 2001)
6-Mercaptopurine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	1 st [First@ ~month 2]	Nitrogen mustard (PC, 1 st)	Vaginal	NS [~3 months]	Spontaneous abortion [within 1 month after 6-mercaptopurine treatment was initiated] . Fetus was grossly normal, no histological evaluation performed.	NA	(Hoover and Schumacher 1966)
6-Mercaptopurine (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-ara-C, Daunorubicin, Vincristine, Aclarubicin, Cytarabine, Cycloctidine, ATRA, Mitoxantrone, Idarubicin,	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Asparaginase					
6-Mercaptopurine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Doxorubicin (2 nd), Vincristine, Asparaginase(2 nd) Methotrexate, Cyclophosphamide	C-section	NS [at term]	Female infant: 3800 g, Apgar scores NS. Newborn was clinically normal, with slight leucopenia (resolved after 2 weeks).	At follow up [age NS], child was progressing well with normal blood counts and no neurological disturbance or congenital abnormality.	(Khurshid and Saleem 1978)
6-Mercaptopurine (50 mg daily)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Vincristine, Cyclophosphamide (3 rd), Cytarabine (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	38	Male infant: 6 lb 8.5 oz [2962 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was normal.	At 7 months, he continued to thrive and had a normal karyotype.	(Krueger et al. 1976)
6-Mercaptopurine (Dose/schedule NS)	Case series	3 of 12 (Pt 1, 5, 8)	Leukemia (CML)	NS	Radiation therapy	Vaginal	35	Spontaneous preterm labor. Infant sex and Apgar scores NS: 4 lbs 9 oz [2068 g]. Newborn was premature.	Authors state that at ages ranging from 3 months to 10 years, no congenital abnormalities or blood dyscrasia.	(Lee et al. 1962)
			(CML)	NS	Radiation therapy, Busulfan	Vaginal	34	Spontaneous preterm labor. Infant sex and Apgar scores NS: 4.5 lbs [2043 g]. Newborn was premature.		
			(ALL)	NS	None	Vaginal	38	Infant sex, weight, and Apgar scores NS. Newborn was normal.		
6-Mercaptopurine (50 mg every other day)	Case series, retrospective	1 of 29 [only 1 pt treated with cancer during pregnancy; remainder of pts were exposed to chemotherapy in childhood]	Leukemia (NS)	1 st , 2 nd , 3 rd	NS	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had an asymptomatic cardiac murmur of unknown type.	No	(Li and Jaffe 1974)
6-Mercaptopurine	Case series	2 of 2	Leukemia	2 nd , 3 rd	None	Vaginal	NS	Spontaneous preterm labor.	At 2 years, normal in every	(Loyd 1961)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(Pt 1- 2.5 mg/kg bw daily. Pt 2- 3.5 mg/kg bw daily)			(AML)	First@wk 14			[~28]	Female infant: 1340 g, Apgar scores NS. Newborn was premature but normal.	respect.	
			Leukemia (AML)	3 rd	None	Vaginal	NS	Infant sex and Apgar scores NS: 6 lb 10 oz [3004 g]. Newborn was normal.	No	
6-Mercaptopurine (50 mg twice daily)	Case report	1	Leukemia (AML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	32	[Spontaneous preterm labor.] Male infant: 1810 g, Apgar scores NS. Newborn was premature and anemic but had no physical malformations.	At 9 months, he weighed 7240 g, had mild normochromic normocytic anemia, and the spleen was just palpable.	(McConnell and Bhoola 1973)
6-Mercaptopurine (2.5 mg/kg bw/day)	Case report	1	Leukemia (ALL)	PC, 1 st	None	Vaginal	NS [~ 7 months]	Spontaneous preterm labor. Infant sex and Apgar scores NS: 3 lb 3 oz [1446 g]. Newborn seemed healthy, but died at 48 hours. Autopsy revealed no congenital deformity or hematological abnormality; well-defined hyaline membrane and poor aeration of alveoli.	NA	(Merskey and Rigal 1956)
6-Mercaptopurine (70 mg daily)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 25 Last@wk 30	Behenoyl-ara-C, Daunorubicin	C-section	33+6 days	Intrauterine growth restriction. Premature separation of placenta. Female infant: 1410 g, Apgar scores 1 and 8 at 1 and 5 minutes. Newborn was severely premature with no visible congenital anomaly.	At 5 months, she was well with no neurologic or hematologic abnormalities.	(Morishita et al. 1994)
6-Mercaptopurine (Dose/schedule NS)	Survey, retrospective	1 of 4 from Table 3 (Pt 15)	Leukemia (ALL)	1 st , 2 nd , 3 rd First@wk 3	Cyclophosphamide	NS	NS	Stillborn: abruptio placentae, polydactyly.	NA	(Mulvihill et al. 1987)
6-Mercaptopurine (Dose/schedule NS)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd , 3 rd	None	Vaginal	1 month before term	[Spontaneous preterm labor.] Male infant: weight and Apgar scores NS. Newborn was	At 1.5 years, he remained normal.	(Neu 1962)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								normal in all respects.		
6-Mercaptopurine (Pt 1- 200 mg daily, Pt 3- 100 mg daily, Pt 4- 150 mg daily)	Case series	3 of 5 (Pt 1, 3 and 4)	Leukemia (AML)	2 nd First@wk 22	None	NA	NA	Mother died suddenly in gestation week 23. Fetus was normal by external examination.	NA	(Nicholson 1968)
			Leukemia (ALL)	1 st , 2 nd First@wk11	None	NA	NA	Mother died at gestation week 19. [No fetal data provided.]	NA	
			Leukemia (ALL)	3 rd First@wk 32	None	Vaginal	33	Spontaneous preterm labor. Female infant: 2185 g, Apgar scores NS. Newborn survived.	No	
6-Mercaptopurine (60 mg/m ² daily)	Case report	1	Leukemia (ALL)	2 nd First@wk 23.5 Last@wk 27.5	Vincristine (1 st , 2 nd), Methotrexate (intrathecal, 1 st) Cyclophosphamide, Asparaginase, Daunomycin, Radiation therapy	Vaginal	31	Premature rupture of membranes. Female infant: 2380 g, Apgar score 8 at 5 minutes. Newborn was well developed but was hydropic with marked abdominal distention, slight cardiomegaly, and severe bone marrow suppression. She was treated with blood transfusions and with digitalis and diuretics for congestive heart failure.	At 1 year, development was normal.	(Okun <i>et al.</i> 1979)
6-Mercaptopurine (150 mg daily)	Case report	1	Leukemia (AML)	2 nd [First@ ~wk21]	None	Vaginal	NS [~22]	Spontaneous preterm labor 3 days following treatment. Male infant: 1 lb 5 oz [594 g] , Apgar scores NS. Newborn died after 3 hours.	NA	(O'Leary and Bepko 1963)
6-Mercaptopurine (50 mg daily)	Case report	1	Leukemia (Acute)	NS	None	Vaginal	NS	Stillborn. Examination of the blood did not reveal leukemia. [No other fetal autopsy data.]	NA	(Parekh <i>et al.</i> 1959)
6-Mercaptopurine (Schedule NS. Total doses: Pt 1=5950 mg Pt 2=15,800 mg Pt 3=18,300 mg Pt 6=250 mg)	Case series	6 of 9 (Pts 1,2,3,6,7,8 from Table 2)	Leukemia (ALL)	2 nd , 3 rd	None	Vaginal	38	Female infant: 2800 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 15 years, alive and healthy.	(Pizzuto <i>et al.</i> 1980)† [These 9 cases are included in Aviles 1988]

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Pt 7=4000 mg Pt 8=1000 mg										(Aviles and Niz 1988), thus we did include this study in our analysis of the table.]
				1 st , 3 rd	Methotrexate, Cyclophosphamide	Vaginal	38	Male infant: 3000 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 7 years, alive and healthy.	
				1 st , 2 nd , 3 rd	Vincristine, Methotrexate, Cyclophosphamide, Cytarabine	Vaginal	40	Female infant: 2300 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 6 years, alive and healthy.	
				1 st , 2 nd , 3 rd	Cytarabine, Methotrexate, Vincristine, Cyclophosphamide	C-section	34	Male infant: 1000 g, Apgar scores NS. Newborn had no apparent congenital malformations but was pancytopenic.	At 21 days, died from septicemia.	
				2 nd , 3 rd	Cytarabine, Vincristine, Methotrexate	Vaginal	38	Female infant: 2400 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 90 days, died from gastroenteritis.	
				1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate	C-section	33	Female infant: 1900 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 16 months, alive and healthy.	
6-Mercaptopurine (150 mg daily in 1 st cycle, 100 g daily decreased to 25 g in 2 nd cycle)	Case report	1	Leukemia (Acute monocytic [AMML])	1 st , 3 rd	None	Vaginal	34	Spontaneous premature rupture of membranes. Male infant: 2100 g, Apgar scores NS. Newborn was in good condition without apparent anomalies.	At 3 months, growth was normal.	(Ravenna and Stein 1963)
6-Mercaptopurine (Dose NS, daily)	Survey, retrospective	1 of 7 (Pt 1)	Leukemia (ALL)	2 nd , 3 rd	Vincristine	C-section	37	Male infant: 2960 g, Apgar score 9 at 5 minutes. Newborn was healthy.	At 4 years, he was healthy and in the 98 percentile for height and weight.	(Reynoso <i>et al.</i> 1987)
6-Mercaptopurine (150-200 mg daily)	Case report	1	Leukemia (AML)	3 rd	None	Vaginal	38	Female infant: 2778 g, Apgar scores NS. Newborn was in good condition.	No	(Rigby <i>et al.</i> 1964)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
6-Mercaptopurine (Pt 1- 150 mg daily, decreased to 100 mg daily, Pt 3- 175 mg daily for 3 days, Pt 4- 25-150 mg daily)	Case series	3 of 4 (Pt 2, 3, 4)	Leukemia (AGL)	PC, 1 st , 2 nd	Aminopterin, Demecolcin (2 nd)	Vaginal	NS [~ 6 months]	Spontaneous preterm labor. Male infant: 730 g, Apgar scores NS. Newborn was premature, had no malformations, and died at 12 hours of respiratory difficulty.	NA	(Rothberg <i>et al.</i> 1959)
				2 nd	None	C-section, postmortem	NS [~ 5 months]	Mother died. Male infant: 995 g, Apgar scores NS. Newborn was premature, had respiratory difficulties, and died at 2 hours.	NA	
				1 st , 2 nd , 3 rd	None	Vaginal	At term	Male infant: 6 lbs 9.5 oz [2990 g], Apgar scores NS. Newborn had no abnormalities.	At 6 weeks, he was healthy and blood counts were normal.	
6-Mercaptopurine (Pt 1- dose/schedule NS-total 2100 mg, Pt 3- 50 mg daily, total 7000 mg)	Case series	2 of 6 (Pt 1 and 3)	Leukemia (AML)	3 rd	Daunorubicin, Cytarabine (2 nd , 3 rd)	Vaginal, induced	32	Female infant: 2041 g, Apgar score 9 at 1 minute. Newborn was normal.	At 5 years, no congenital or developmental abnormalities.	(Roy <i>et al.</i> 1989)
				2 nd , 3 rd	None	Vaginal	Near term	Male infant: weight and Apgar scores NS. Newborn was normal.	No	
6-Mercaptopurine (60 mg/m ² daily)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Daunorubicin (2 nd), Vincristine (2 nd), Asparaginase (2 nd) Cyclophosphamide, Cytarabine, Methotrexate, X-rays	Vaginal	40	Female infant: weight and Apgar scores NS. Newborn was healthy, had a full head of hair, and no abnormalities. Cytogenetic analysis of lymphocytes showed a normal karyotype but some chromosome breakage and a ring chromosome.	No	(Schleuning and Clemm 1987)
6-Mercaptopurine (100 mg daily)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 26 Last@wk 33	None	Vaginal	39	Female infant: 7 lb 14 oz [3570 g], Apgar scores NS. Newborn was alive, blood count and differential were normal.	No	(Schumacher 1957)
6-Mercaptopurine (150 mg daily)	Case report	1	Leukemia (lymphocytic, probable)	1 st , 2 nd , 3 rd	None	Vaginal	Full term [37]	Male infant: 7 lb 6.5 oz [3360 g], Apgar scores NS. Newborn was normal.	At 6 months, remained in good health.	(Sinykin and Kaplan 1962)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			subacute)							
6-Mercaptopurine (50-200 mg daily)	Case series	1 of 4 (Pt 19)	Leukemia (AGL)	PC, 1 st , 2 nd	Aminopterin, Demecolcine	Vaginal	NS [~4 months]	Spontaneous abortion: Fetus, sex NS, weighted 1 lb 9 oz [706 g], had no malformations, and died at 19 hours.	NA	(Smith <i>et al.</i> 1958)
6-Mercaptopurine (200 mg daily)	Case report	1	Leukemia (ALL)	3 rd First@wk 36	None	Vaginal	At term	Infant sex and Apgar scores NS, 7 lb 4 oz [3288 g]. Newborn was normal.	No	(Stewart 1964)
6-Mercaptopurine (350 mg for 5 days every 2 weeks)	Case series	1 of 2 (Pt 1)	Leukemia (ALL)	2 nd , 3 rd	Vincristine, Daunorubicin (2 nd), Asparaginase (2 nd), Methotrexate	C-section	37	Male and female twin infants: Male was 2500 g, female 2400 g, Apgar scores NS. Newborns were both normal.	At 4.5 years, both were normal with no evidence of immunologic suppression.	(Turchi and Villasis 1988)
6-Mercaptopurine (100 mg 5 days per week and 50 mg 2 days per week)	Case report	1	Leukemia (APL)	1 st , 2 nd	ATRA (1 st)	Vaginal, induced	34	Male infant: 2490 g, Apgar scores 6 and 10 at 1 and 5 minutes. Newborn was healthy and without anomalies, but there was [respiratory] distress and mild jaundice associated with prematurity.	At 9 months, growth and development were normal.	(Valappil <i>et al.</i> 2007)
6-Mercaptopurine (50 mg/m ² daily for 40 days)	Survey, retrospective	1 of 62 [62 pts received Chemotherapy while pregnant; the number of pts who received 6-mercaptopurine while pregnant was not provided.]	NS	2 nd , 3 rd First@wk 24 Last@wk 32	Vincristine, Daunomycin, Cyclophosphamide, Asparaginase, Methotrexate	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had a hemangioma.	No	(Van Calsteren <i>et al.</i> 2010)
6-Mercaptopurine (Dose/schedule NS)	Case report	1	Leukemia (Acute)	1 st , 2 nd , 3 rd	None	Vaginal	NS	Female infant: 2760 g, Apgar scores NS. Newborn was healthy.	She continued normally and in good health [age NS, at least 8 years].	(Wegelius 1975)
6-Mercaptopurine (Dose/schedule NS)	Cohort, retrospective	1 of 21 (Pt 11)	Non-Hodgkinlymphoma	1 st	None	NS	NS	Spontaneous abortion. [No fetal autopsy data.]	NA	(Zemlickis <i>et al.</i> 1992)

Appendix C Table 2. 6-Mercaptopurine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
6-Mercaptopurine (1100 mg total/schedule NS)	Survey, retrospective	1 of 48 (Table 2: Pt 3)	Leukemia (CML)	1 st First@wk6 Last@wk10	Busulfan	NS	16	Induced abortion. [No fetal autopsy data.]	NA	(Zuazu <i>et al.</i> 1991)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the 6-Mercaptopurine timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA= Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoblastic leukemia. AML = acute myeloblastic leukemia. AMML = acute myelomonocytic leukemia. APL = acute promyelocytic leukemia. CML = chronic myeloid leukemia. CGL = chronic granulocytic leukemia.
 †Papers not included in text analysis. In order to avoid counting the same cases more than once, we did not include the following studies: (Pizzuto *et al.* 1980, Aviles *et al.* 1990). The cases in Aviles *et al.* (Aviles *et al.* 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles *et al.* 1991). The case series reported in Pizzuto *et al.* (Pizzuto *et al.* 1980) was not included because these patients were included in Aviles *et al.* (Aviles and Niz 1988). Kawamura *et al.* (Kawamura *et al.* 1994) was not included in the text analysis due to lack of individual data on timing of exposure, co-treatments and pregnancy outcomes.

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestation al age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
6-Thioguanine (5 X 80 mg, schedule NS)	Case report	1	Leukemia (AML)	1 st First@wk 5	Cytarabine (PC, 1 st), Doxorubicin (PC), Daunorubicin (PC)	C-section	“At the expected date” [NS]	Polyhydramnios. Female infant: 2800 g, Apgar scores 2, 7, and 6 at 1, 5, and 10 minutes. Newborn was treated for severe respiratory distress associated with choanal stenosis and pneumothorax. She had mild hypotelorism; severe brachycephaly; hypoplasia of the anterior cranial base, supra-orbital structures, and naso- and oropharynx; premature closure of both coronal sutures and the metopic suture; bilateral four finger hands with hypoplastic thumbs; bilateral absent radii; small ostium secundum-type atrial septal defect.	At 13 months, she was underweight, had mild generalized hypotonia, and slightly retarded motor milestones; fine motor development and social development were normal. Her head appeared mesocephalic.	(Artlich <i>et al.</i> 1994)
6-Thioguanine (70 mg/m ² daily, days 12 – 17, 2 cycles 4 weeks apart)	Case report	1	Leukemia (AML)	3 rd First@wk33 Last@wk 37	Cytarabine	Vaginal	38	Male infant: 2948 g, Apgar scores NS. Newborn was normal with normal chromosomal analysis. After 48 hours he developed jaundice (resolved by day 8).	At 5 months, developing normally.	(Au-Yong <i>et al.</i> 1972)
6-Thioguanine (80 mg every 12 hours for 5 days, 3 cycles)	Case series	1 of 5 (Pt 5)	Erythroleukemia [Leukemia (AML)]	3 rd First@~wk 28	Doxorubicin, Cytarabine	Vaginal	[~39]	Female infant: 2980 g, Apgar scores NS. Newborn was normal.	At 1 month, normal.	(Awidi <i>et al.</i> 1983)
6-Thioguanine (100 mg/m ² twice a day, days 1 – 9)	Case report	1	Leukemia (APL)	2 nd First@wk 21	Cytarabine, Doxorubicin, Vincristine	C-section	30	Preeclampsia at day 5 and 15 of chemotherapy was treated and resolved. Male infant: 1320 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was normal with normal blood work. At 20 minutes, he experienced tachypnea and progressive respiratory failure requiring	At 70 days, infant discharged from the hospital in excellent condition with normal hematological values and karyotype.	(Bartsch <i>et al.</i> 1988)

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								intermittent ventilation. By 3.5 hours, he had developed severe respiratory distress syndrome requiring intubation (resolved by 6 days after treated with surfactant).		
6-Thioguanine (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Cytarabine, Daunorubicin	Vaginal (induced)	34	Female infant: 2470 g, Apgar scores 6 and 7 at 1 and 5 minutes. Newborn was normal.	At 12 months, well.	(Catanzarite and Ferguson 1984)
6-Thioguanine (100 mg/m ² twice a day, days 1 – 7)	Case report	1	Leukemia (APL)	2 nd First@wk 22	Cytarabine (2 nd , 3 rd), Doxorubicin	C-section	28	Intrauterine growth restriction at 28 weeks gestation. Male infant: 1140 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal; placenta had multiple infarcts but no leukemia infiltration.	At 14 months, normal chromosomal analysis. At 20 months normal physical and psychological assessment. At 27 months, in good health.	(D'Emilio <i>et al.</i> 1989)
6-Thioguanine (160 mg twice a day for 5 days, 3 cycles 5 days apart)	Case report	1	Leukemia (AML)	3 rd	Cytarabine	C-section	39	Male infant: 3200g, Apgar scores 6 and 9 at 1 and 5 minutes. Newborn showed no signs of bone marrow depression and chromosome analysis was normal. There was no congenital abnormality and no evidence of leukemia in the infant or the placenta.	At 15 months, excellent health and normal development.	(de Souza <i>et al.</i> 1982)
6-Thioguanine (Pt 2- 90 mg/m ² twice a day for 7 days ; Pt 3- 2 cycles: 90 mg/m ² twice a day for 7 days (first cycle), 118 mg/m ² twice a day for 7 days (second cycle one week later))	Case series	2 of 3 (Pt 2 and 3)	Leukemia (AML)	2 nd	Hydroxyurea, Daunorubicin, Cytarabine, Vincristine	NA	NS	Induced abortion. Male fetus: 308 g. No external defects or gross abnormalities in organogenesis were recognized; the spleen was slightly enlarged.	NA	(Doney <i>et al.</i> 1979)
				3 rd	Hydroxyurea, Daunorubicin, Cytarabine, Vincristine	Vaginal	31	Spontaneous preterm labor at 4 weeks after admission. Male infant: 2130 g, Apgar scores 7 and 8 at 1 and 5 minutes. During the first 2 days the premature newborn was hyponatremic, hyperkalemic,	At 4 months, experiencing mild infections. At 4.5 and 13.5 months, Denver Developmental Screening tests were normal. At 13.5 months, complete blood count and general physical examination were	

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								hypocalcemic, and hypoglycemic – resolved within 7 months.	unremarkable, but growth parameters were depressed (< 3 rd percentile).	
6-Thioguanine (14x160 mg, 2 cycles)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd First@wk 18	Cytarabine, Daunorubicin, Methotrexate	Vaginal	39	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Ebert <i>et al.</i> 1997)
6-Thioguanine (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd	ATRA, Daunorubicin, Cytarabine (2 nd , 3 rd), Mitoxantrone (3 rd)	Vaginal (induced)	35	Female infant: 2490 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was healthy and had no physical abnormalities.	At 4 months, development has been without complications.	(Giagounidis <i>et al.</i> 2000)
6-Thioguanine (160 mg/day for 5 days, 2 cycles)	Case report	1	Leukemia (AML)	3 rd	Daunorubicin (2 nd , 3 rd), Cytarabine(2 nd , 3 rd)	Vaginal	37	Male infant: 2880 g, Apgar scores NS. Newborn was healthy and normal.	At 16 months, normal growth and development.	(Gokal <i>et al.</i> 1976)
6-Thioguanine (Dose/schedule NS)	Case series	2 of 17 from Table II (Pt 9 and 11)	Leukemia (AML)	2 nd , 3 rd First@wk 26	Daunorubicin, Cytarabine	NS	38	Male infant: 3240 g, Apgar score 8. Newborn had no malformations.	No	(Greenlund <i>et al.</i> 2001)
				2 nd , 3 rd First@wk 24	Doxorubicin, Cytarabine, Vincristine	NS	31.5	Female infant: 1135 g, Apgar scores NS. Newborn had no malformations.		
6-Thioguanine (Dose/schedule NS)	Case series, retrospective	1 of 14 from Table 1 (Pt 7)	Leukemia (AML, ALL)	3 rd First@wk 34	Vincristine, Cytarabine	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal, but had low hemoglobin.	At 26 months, constant cold, weight < 10 th percentile. Growth was 10 percentile. Immune function test and complete blood count (CBC) were normal.	(Gulati <i>et al.</i> 1986)
6-Thioguanine (Dose/schedule NS)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk25	Cytarabine, Daunorubicin (3 rd)	Vaginal	37	Female infant: 2990 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal, both physically and cytogenetically.	No	(Hamer <i>et al.</i> 1979)
6-Thioguanine (120 mg/day for 5 days, 2 cycles 5 days)	Case report	1	Leukemia (AML)	1 st First@wk 10	Cytarabine, Vincristine (2 nd), Rubidomycin [Daunorubicin](2 nd)	NA	~20	Induced abortion. Female fetus: macroscopically and microscopically normal with normal karyotype and no	NA	(Lilleyman <i>et al.</i> 1977)

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
apart)								evidence of blood dyscrasia.		
6-Thioguanine (100 mg/m ² daily for 5 days, 4 cycles 4 weeks apart)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 22 Last@wk 34	Daunorubicin (2 nd), Cytarabine	Vaginal	40	Male infant: 2860 g, Apgar scores NS. Newborn was physically normal, no visual or hearing defects were detected; blood, bone marrow, cytogenetic analysis and electrocardiography were all normal.	At 7 months, normal in every aspect.	(Lowenthal <i>et al.</i> 1978)
6-Thioguanine (100 mg twice a day for 1 week, 3 cycles)	Case report	1	Leukemia (AML)	3 rd First@wk 28 Last@wk 33	Cytarabine	Vaginal	Term	Female infant: 2835 g, Apgar scores NS. Newborn was normal and healthy; chromosome studies were normal.	At 30 months, normal physical and mental development.	(Manoharan and Leyden 1979)
6-Thioguanine (2.5 mg/kg daily)	Case report	1 (one pt with two pregnancies)	Leukemia (AML)	2 nd First@wk 20	Cytarabine	NA	24	Induced abortion. Male fetus: 2 lb 3 oz [980 g]. No congenital abnormalities were noted at autopsy. Tissue culture showed two normal male spreads, two spreads with trisomy C, and one cell with trisomy C and one very abnormal chromosome.	NA	(Maurer <i>et al.</i> 1971)
				[PC, 1 st]	Cytarabine	NA	NS	Induced abortion. Tissue culture showed no abnormal chromosomes.		
6-Thioguanine (100 mg twice a day for 7 days, 4 cycles 3 weeks apart)	Case series	2 of 2	Leukemia (AML)	3 rd First@wk 27	Daunorubicin, Cytarabine	Vaginal	40	Male infant: 5000 g, Apgar scores NS. Blood count and karyotype were normal.	At 6 months, remains well.	(O'Donnell <i>et al.</i> 1979)
			Leukemia (ALL)	2 nd First@wk 15	Daunorubicin, Cytarabine	Vaginal	30	Intrauterine death. No congenital abnormalities were noted.	NA	
6-Thioguanine (45 mg/m ² daily for 7 days followed by a 7 day rest period, 4 cycles,)	Case report	1	Leukemia (AGL)	2 nd , 3 rd First@wk 25	Cytarabine, Vincristine	NS	39	Infant sex NS: 2250 g, Apgar scores NS. No abnormalities were detected.	At 8 months, developing normally.	(Pawlinger <i>et al.</i> 1971)
6-Thioguanine	Case report	1	Leukemia	2 nd	Cytarabine	Vaginal	26	Intrauterine death. No congenital	NA	(Plows 1982)

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
1 st pregnancy: 160 mg twice a day for 8 days; 2 nd pregnancy: NS)		(one woman with two pregnancies)	(AML)	First@wk 22				abnormalities were noted.		
				2 nd	Cytarabine	C-section	39	Female infant: 3133 g, Apgar scores 6 and 8. Newborn was normal.	No	
6-Thioguanine (160 mg/day for 14 days, 3 weeks later she began treatment with 120 mg/day for 5 days each week)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 26	Cytarabine	Vaginal	39	Male infant: 3540 g, Apgar scores of 9 and 9 at 1 and 5 minutes. Newborn showed no abnormalities.	At 4 months, normal karyotype. At 12 months, developing normally and in excellent health.	(Raich and Curet 1975)
6-Thioguanine (100 mg/m ² twice a day, days 1, 2, 10 and 11 (induction) and days 1, 2, and 3 (maintenance); Case 2 received 3 induction cycles)	Case series	2 of 2	Leukemia (AML)	2 nd , 3 rd First@wk 25	Cytarabine, Daunomycin, Mitoxantrone, Etoposide	C-section	34	Male infant: 2220 g, Apgar scores 3, 6 and 8 at 1, 5 and 10 minutes. Newborn required intubation for 7 minutes. His phenotype was rigorously normal; bone X-ray, central nervous system, echography and blood tests were all normal.	Follow up was uneventful [age NS].	(Requena et al. 1995)
				2 nd , 3 rd First@wk 20	Cytarabine, Daunomycin, Mitoxantrone, Etoposide	C-section	34	Female infant: 2100 g, Apgar scores 6, 7 and 9 at 1, 5 and 10 minutes. Newborn showed no phenotypic abnormalities; radiologic controls, sonograms and blood tests were normal.	Follow up has been satisfactory [age NS].	
6-Thioguanine (Dose/schedule NS)	Survey, retrospective	3 of 7 (Pt 2, 3 and 7)	Leukemia (CGL)	3 rd	Cytarabine, Daunorubicin	Vaginal	34	[Spontaneous preterm labor.] Male infant: 2290 g, Apgar score 9 at 5 minutes. Newborn had mild thrombocytopenia, resolved within 11 days.	At 18 months, normal growth and development.	(Reynoso et al. 1987)
			(AML)	3 rd	Cytarabine, Daunorubicin	Vaginal	29	[Spontaneous preterm labor.] Male infant: 1000 g, Apgar score NS. Newborn condition NS. At 6 months, he had suffered frequent upper respiratory infections.	At 2 years, he was diagnosed with adherence of the iris to the cornea. At 3 years, normal growth and development.	

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
			(AML)	2 nd , 3 rd	Cytarabine, Daunorubicin, Cyclophosphamide, Vincristine	Vaginal	39	Male infant: 3420 g, Apgar score 10 at 5 minutes. Newborn was healthy.	At 12 years, healthy with normal growth and intellectual development.	
6-Thioguanine (120 mg twice a day, days 1 – 5; 2 or 3 cycles, 3 weeks apart)	Case series	2 of 6 (Pt 4 and 5)	Leukemia (AML)	2 nd , 3 rd First@wk 22	Daunorubicin, Cytarabine	C-section	33 (text) 34 (table)	Serial ultrasound showed poor fetal growth. Male infant: weight and Apgar scores NS. Newborn had Down syndrome.	No	(Roy <i>et al.</i> 1989)
				3 rd	Daunorubicin, Cytarabine	Vaginal (induced)	34	Female infant: 1039 g, Apgar scores NS. Newborn was normal.		
6-Thioguanine (60 mg twice a day for 5 days, monthly)	Case report	1 (one woman with two pregnancies)	Leukemia (acute)	PC, 1 st , 2 nd , 3 rd	Cytarabine	C-section	38	Male infant: 2212 g, Apgar scores 9 and 9 at 1 and 5 minutes. Physical findings were normal except for distal limb defects. The medial two digits of both feet were absent, with intact tarsals; the remaining lateral three toes and metatarsals appeared normal; the distal phalanges of both thumbs were absent, and the remnant of the right thumb was very hypoplastic.	At 2 months, normal karyotype. At 16 months, normal development and excellent health.	(Schafer 1981)
				PC, 1 st	Cytarabine	C-section	Term	Female infant: 2912 g, Apgar scores 9 and 9 at 1 and 5 minutes. Physical findings were entirely normal.		
6-Thioguanine (80 mg/m ² twice a day for 5 days, 5 cycles 15 days apart)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 27	Cytarabine	Vaginal	35	[Spontaneous preterm labor] Female infant: 1430 g, Apgar scores 8 and 9. Newborn had a mildly decreased platelet count and increased bilirubin on day 4 – resolved by 2 weeks; she had a normal karyotype.	At 1 year, normal weight and development; no evidence of any drug-related abnormality.	(Taylor and Blom 1980)
6-Thioguanine (160 mg twice a day for 7 days, 2 cycles 3	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd First@wk24	Doxorubicin, Daunorubicin, Cytarabine	Vaginal	32	Spontaneous preterm labor. Female infant: 2000 g, Apgar	At 13 months, feeding and weight gain are satisfactory, developmental milestones	(Tobias and Bloom 1980)

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
weeks apart)								scores NS. Newborn had no obvious clinical abnormalities.	have been normal.	
6-Thioguanine (60 mg/m ² daily for 21 days)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 27	Daunorubicin (2 nd), Vincristine (2 nd), Cyclophosphamide, Cytarabine, Methotrexate (intrathecal), Amsacrine (3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn's physical examination was unremarkable with normal cerebral ultrasound, hearing and echocardiography. He exhibited transient myelosuppression that was treated and resolved by day 20.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
6-Thioguanine (100 mg/m ² twice a day for 7 days)	Case report	1	Leukemia (AML)	2 nd	Doxorubicin, Cytarabine, Vincristine	C-section	29	Fetal suffering per ultrasonography and cardiotocography at week 29. Female infant: 1000 g, Apgar score 6 at 1 minute. Newborn was macroscopically normal, but had hyaline membrane disease and moderate meningeal hemorrhage.	At 3.5 years, doing well, normal weight and hematological parameters.	(Veneri <i>et al.</i> 1996)
6-Thioguanine (Dose/schedule NS)	Case series	3 of 4 (Pts 1, 2 and 4)	Leukemia (AML)	2 nd First@wk 17 Last@wk 22	Daunorubicin, Cytarabine	NS	30	Premature rupture of membranes, possibly the result of a medical evaluation of the placenta. Female infant: 1180 g. Apgar scores and condition of newborn NS. Placenta had myeloblastic infiltration.	At 5 years, normal development and excellent health.	(Volkenandt <i>et al.</i> 1987)
				3 rd	Daunorubicin, Cytarabine	C-section	42	Male infant: 3840 g, Apgar scores NS. Newborn was healthy, but had six toes on his right foot (there is a family history of polydactyly).	At 22 months, normal development and excellent health.	
				2 nd	Daunorubicin, Cytarabine	NS	20	Intrauterine fetal death at 5 weeks after initiation of chemotherapy. Fetus (sex NS):	NA	

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								40 g. Autopsy revealed no abnormalities and no leukemic infiltration.		
6-Thioguanine (Dose NS, 9 days)	Cohort, retrospective	2 of 21 (Table 1, Pt 12, 16)	Leukemia (CML)	1 st	Daunorubicin, Hydroxyurea, Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
			Leukemia (AML)	2 nd First@wk 24	Doxorubicin, Cytarabine	NS	26	Stillborn: Fetus had bruising and petechiae over multiple areas, otherwise normal.	NA	
6-Thioguanine (Dose/schedule data limited - Table 2: Pt 2 – 1 cycle, Pt 36 – 2 cycles, Pt 26 – 3 cycles, Pt 24 – 2 cycles, Pt 25 – 1 cycle)	Survey, retrospective	5 of 48 (5 of 56 total pregnancies; Table 2: Pt 2, 36, 26, 24, and 25)	Leukemia (AML)	1 st First@wk11 Last@wk11	Daunorubicin, Cytarabine, Vincristine	Vaginal	NS	Spontaneous abortion 20 days post-chemotherapy. [No fetal data provided.]	NA	(Zuazu <i>et al.</i> 1991)
			Leukemia (AML)	2 nd First@wk20 Second and last@wk27	Daunorubicin, Cytarabine, Vincristine	C-section	37	Infant: 2100 g, sex and Apgar scores NS. Newborn was premature.	At 3 years, normal.	
			Leukemia (AML)	2 nd	Daunorubicin, Cytarabine, Vincristine	Vaginal	NS	Infant: sex, weight and Apgar scores NS. Newborn had normal outcome.	At 3 years, normal.	
			Leukemia (AML)	3 rd First@wk28	Daunorubicin, Cytarabine, Vincristine	Vaginal	36	Infant: 2400 g, sex and Apgar scores NS. Newborn was normal with normal karyotype.	At 4 years, normal follow-up.	
			Leukemia (AML)	3 rd First@wk29	Daunorubicin, Cytarabine, Vincristine	C-section	NS	Fetal death during treatment. C-section postmortem: fetus without macroscopical anomalies.	NA	

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the 6-Thioguanine timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

Appendix C Table 3. 6-Thioguanine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
NA = Not Applicable. NS = Not Specified. Pt = patient. AGL = acute granulocytic leukemia. ALL = acute lymphocytic leukemia. AML = acute myeloid leukemia. APL = Acute promyelocytic leukemia. CGL = chronic granulocytic leukemia. CGL = chronic myelogenous leukemia. ATRA = all- <i>trans</i> retinoic acid.										

Appendix C Table 4. Actinomycin D– Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 4. Actinomycin D– Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Actinomycin D (Dose NS. Given on day 1 of an 8-day regimen. 4 cycles)	Case report	1	Uterus (choriocarcinoma)	NS First@ >20 wk	Etoposide, Methotrexate, Cyclophosphamide, Vincristine	Vaginal	32	Spontaneous preterm delivery [spontaneous preterm labor]. Female infant: 1383g, Apgar scores 8 and 9. Newborn was developmentally normal.	At 42 months, normal development	(Brudie <i>et al.</i> 2011)
Actinomycin D (Dose/schedule NS)	Survey, registry	1 of 12 from Table 6	Rhabdomyosarcoma	2 nd , 3 rd	Vincristine, Cyclophosphamide	C-section	33	Infant sex NS: 2948 g, Apgar scores NS. Newborn was normal.	At 5.3 years, normal phenotype.	(Cardonick <i>et al.</i> 2010)
Actinomycin D (Dose/schedule NS)	Case report	1	Kidney (Wilms' tumor)	2 nd	Vincristine	C-section	28	Female infant: 1130 g, Apgar scores NS. Newborn had no abnormalities but suffered respiratory stress syndrome and was in the neonatology unit for 2 months.	At 10 months, healthy.	(Corapcioglu <i>et al.</i> 2004)
Actinomycin D (Dose/schedule NS)	Case report	1	Rhabdomyosarcoma	2 nd First@wk23 amenorrhea	Vincristine, Ifosfamide	C-section	29 wks amenorrhea	Anhydramnios and fetal growth restriction at 4 weeks after chemotherapy administration. Female infant: 720 g, Apgar scores 3, 7, and 7 at 1, 5, and 10 minutes. Newborn exhibited anuria and didn't pass urine for 7 days, at which time she died. Postnatal cerebral ultrasound detected bilateral intraventricular hemorrhage and left occipital menigeal hematoma. Autopsy found extensive cerebral lesions associated with prematurity but revealed no renal lesions or chromosome abnormality. Placenta revealed large areas of ischemic necrosis without chorioamnionitis.	No	(Fernandez <i>et al.</i> 1989)
Actinomycin D (0.5 mg for 5 days, 1 cycle)	Case report	1	Choriocarcinoma, vagina	2 nd	Methotrexate, Chlorambucil	Vaginal	NS	Twin infants (sex NS): 1770 and 1880 g; Apgar scores NS. Both newborns and placenta appeared normal.	At approximately 2 years, no adverse effects of chemotherapy at follow up.	(Freedman <i>et al.</i> 1962)

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Actinomycin D (0.5 mg/d, 4 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 20 Last@wk 32	Vincristine, Cyclophosphamide	Vaginal	39+6 days	Male infant: 4310 g, Apgar scores 8 and 9 at 1 and 5 minutes.	No	(Frederiksen <i>et al.</i> 1991)
Actinomycin D (0.45 mg on days 1, 2 and 3 for 1 cycle, then 0.5 mg on days 1,2 and 3 for a second cycle)	Case report	1	Ewing sarcoma	3 rd First@wk 29 Last@wk 32	Doxorubicin, Cyclophosphamide Vincristine, Radiation therapy	Vaginal, induced	36	Female infant: 5 lb 3 oz [2324 g], Apgar scores 9 and 9. Newborn appeared normal.	At 3 months, growing adequately with no abnormalities.	(Gilliland and Weinstein 1983)
Actinomycin D (Dose/schedule NS)	Case report	1	Ewing sarcoma	2 nd , 3 rd [First@>wk 25]	Cyclophosphamide, Bleomycin, Vincristine, Doxorubicin	C-section	34	Female infant: 1750 g, Apgars scores 7 and 9. Infant required intravenous calcium and was treated for mild respiratory distress syndrome for 2 days. No major problems after 3 days.	Child progressing normally [age NS, >4 years later].	(Haerr and Pratt 1985)
Actinomycin D (0.5 mg 5 days of 4-week cycle, 6 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 16	Vincristine, Cyclophosphamide	Vaginal	37	Spontaneous preterm labor. Male infant: 2850 g, Apgar scores NS. Newborn was normal.	No	(Kim and Park 1989)
Actinomycin D (0.015 mg/m ² maximum dose 500 microg/day for 5 days, every 3 rd week, 3 cycles)	Case report	1	Rhabdomyosarcoma	2 nd , 3 rd	Vincristine, Cyclophosphamide	Vaginal	36.5	Spontaneous preterm labor. Female infant: 2443 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was healthy and normal on physical examination.	No	(Martin <i>et al.</i> 1997)
Actinomycin D (Dose NS, 3 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 23 Last@wk 36	Vincristine, Cyclophosphamide	Vaginal	37	Female infant: 3285 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was grossly normal.	No	(Montz <i>et al.</i> 1989)
Actinomycin D (Dose NS, 2 cycles)	Case report	1	Ovary	2 nd , 3 rd Last@wk 31	Vincristine, Cyclophosphamide	Vaginal, spontaneous	33	Female infant: 4 lb 4 oz [1904 g], Apgar score 9. Newborn was healthy.	At 8 months, normal development.	(Weed <i>et al.</i> 1979)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Vindesine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoid leukemia.</p>										

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
ATRA (45 mg/m ² daily)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Idarubicin, Cytarabine	C-section	34	Female infant: 1950 g, Apgar scores NS. Newborn was healthy with no abnormalities following physical examination and laboratory tests.	No	(Breccia <i>et al.</i> 2002)
ATRA (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Idarubicin	C-section	28	<p>Ultrasound measured fetal ascites, oligohydramnios and high umbilical artery resistance indicating placental insufficiency and intrauterine growth retardation. Premature rupture of membranes.</p> <p>Female infant: 1475 g, Apgar scores 2, 4, and 6 at 1, 5, and 10 minutes. Newborn was in poor condition with pulmonary hypoplasia, bilateral pneumothoraces and patent ductus arteriosus (which closed after indomethacin was given).</p>	At 6 months, the baby continued on nasal oxygen and diuretics with significant respiratory effort and poor overall growth.	(Carradice <i>et al.</i> 2002)
ATRA (Dose/schedule NS)	Survey, retrospective	3 of 37 from Table 1 (Pt 2, 4, 8; see note in reference column)	Leukemia (AML)	1 st (Diagnosis @wk 7)	Daunorubicin, Cytarabine	NS	NS	Spontaneous abortion. [No fetal data provided.]	NA	(Chelghoum <i>et al.</i> 2005)
				1 st (Diagnosis @wk 9)	Daunorubicin, Cytarabine	NS	NS	Fetal death. [No fetal data provided.]		
				1 st (Diagnosis @wk 5)	Daunorubicin, Cytarabine	NS	NS	Induced abortion. [No fetal data provided.]		

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
										chemotherapy during pregnancy.]
ATRA (45 mg/m ² daily)	Case series	1 of 3 (Pt 3) [only 1 pt treated with chemotherapy during pregnancy]	Leukemia (APL)	3 rd	None	Vaginal	34	Spontaneous preterm labor. Female infant: 1980 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 4 years, growth was normal and there were no complications.	(Consoli <i>et al.</i> 2004)
ATRA (Dose/schedule NS)	Case series	1 of 32 (Pt 15)	Leukemia (AML)	2 nd First@wk 21 Last@wk 25	Idarubicin	C-section	34	Infant, sex NS: 1950 g, Apgar scores 8 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
ATRA (Pt 1- 45 mg/m ² , Pt 2- 45 mg/m ² daily for 30 days, then dose was “tapered”)	Case series	2 of 2	Leukemia (APL)	2 nd , 3 rd First @wk 24	Cytarabine, Daunorubicin	Vaginal	32	Female infant: 2300 g, Apgar scores NS. Newborn was normal.	At 10 months, she was healthy.	(Delgado-Lamas and Garcés-Ruiz 2000)
				2 nd , 3 rd First@wk20	Cytarabine, Daunorubicin	Vaginal	36	Female infant: 2200 g, Apgar scores NS. Newborn had no apparent malformations but had respiratory distress that required support for 15 days.	At 5 months, growth and development were normal.	
ATRA (Dose/schedule NS)	Case series	1 of 18 (Pt 4)	Leukemia (AML)	2 nd , 3 rd	Daunorubicin, Cytarabine	Vaginal	~28	Spontaneous preterm labor. Male infant: 1050 g, Apgar scores NS. Newborn was premature with normal hematological values. He suffered respiratory distress and died after 1 day.	NA	(Dilek <i>et al.</i> 2006)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	2 nd , 3 rd	None	C-section	34	Female infant: 2610 g, Apgar scores NS. Newborn was healthy and had no physical abnormalities.	At 9 months, there were no complications with growth and development.	(Fadilah <i>et al.</i> 2001)
ATRA (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Idarubicin	C-section	31+2 days	Male infant: 1742 g, Apgar scores 5 and 7 at 1 and 5 minutes. Newborn had respiratory distress, and jaundice that required treatment.	At 2 months, his general health and neurologic condition were good.	(Ganzitti <i>et al.</i> 2010)
ATRA (45 mg/m ² daily)	Case report	1	Leukemia (APL)	2 nd	6-Thioiguanine, Cytarabine (2 nd , 3 rd), Daunorubicin, Mitoxantrone (2 nd , 3 rd)	Vaginal, induced	35	Female infant: 2490 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was healthy with no physical abnormalities.	At 4 months, there were no developmental complications.	(Giagounidis <i>et al.</i> 2000)
ATRA	Case report	1	Leukemia	2 nd , 3 rd	None	C-section	30	Female infant: weight and Apgar	No	(Harrison <i>et</i>

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(45 mg/m ² schedule NS)			(APL)	First@wk26 Last@wk30				scores NS. Newborn developed cardiac arrhythmia and had a cardiac arrest but was resuscitated and made satisfactory progress.		<i>al.</i> 1994)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	2 nd , 3 rd	None	Vaginal	33	Spontaneous preterm labor. Female infant: 2765 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn was normal. Newborn had mild hyperbilirubinemia and small bilateral subependymal hemorrhages.	No	(Incerpi <i>et al.</i> 1997)
ATRA (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-ara-c, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Cytarabine, Cyclocytidine, Vincristine, Mitoxantrone, Idarubicin, Asparaginase	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	3 rd	None	C-section	37	Fetal arrhythmia. Male infant: 2450 g, Apgar scores 6 at birth and 10 at 5 minutes.	At 4 years, normal development with no physical abnormalities detected.	(Leong <i>et al.</i> 2000)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	2 nd	None	C-section	40	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Lin <i>et al.</i> 1996)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	3 rd	None	Vaginal	38	Male infant: 4000 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 9 months, there were no complications in development.	(Lipovsky <i>et al.</i> 1996)
ATRA (45 mg/m ² , schedule NS)	Case report	1	Leukemia (APL)	1 st , 2 nd , 3 rd	None	Vaginal	32	Female infant: 1863 g, Apgar scores NS. Newborn was healthy and neurologically normal.	No	(Morton <i>et al.</i> 1995)† Abstract only
ATRA (70 mg/day)	Case report	1	Leukemia (APL)	3 rd First@wk30	None	C-section	32 (day 12 of treatment)	Fetal distress syndrome on day 9 of treatment.	At 7 months, normal development and no malformations.	(Nakamura <i>et al.</i> 1995)

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								Female infant: 2080 g, Apgar scores 1 and 9 at 1 and 5 minutes. Normal newborn.		
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	3 rd First@wk29	None	Vaginal	29	<p>Prior to chemotherapy, fetus was diagnosed with Potter syndrome (oligohydramnios and bilateral renal agenesis). Spontaneous preterm labor.</p> <p>Infant: age, weight and Apgar scores NS. Newborn died 30 minutes after birth. Authors concluded that treatment induced labor.</p>	NA	(Sham 1996)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	1 st , 2 nd , 3 rd First@~wk3	None	C-section	32	Male infant: 1820 g, Apgar scores NS. Newborn’s physical examination was unremarkable. Respiratory distress and jaundice were resolved at 11 and 7 days, respectively.	At 15 months, growth and development were normal.	(Simone <i>et al.</i> 1995)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Idarubicin	C-section	36.7	<p>Early signs of preeclampsia at 36.7 weeks gestation.</p> <p>Female infant: 2270 g, Apgar scores 6 and 9 at 1 and 5 minutes. Newborn was not malformed and in no distress. Bag-mask ventilation was required for a brief period for duskiness and failure to cry. Infant had moderate dilation of right atrium and right ventricle, 2 small secundum atrial septal defects and a small patent ductus arteriosus.</p>	At 1.5 months, there was adequate somatic growth and no clinical signs of congestive heart failure. The dilation of the right atrium resolved, the ductus arteriosus had closed, and the secundum atrial septal defects persisted although they were hemo-dynamically insignificant.	(Siu <i>et al.</i> 2002)
ATRA (45 mg/m ² /day, dosage later reduced by 50%)	Case report	1	Leukemia (APL)	2 nd , 3 rd First@wk23	None	Vaginal	32	<p>Spontaneous preterm labor.</p> <p>Twin infants, sex NS: 1975 g (Twin A) and 1850 g (Twin B), Apgar scores were “normal.” Newborns were normal. Twin B required continuous positive airway pressure for a few days.</p>	At 8 months, no signs of neurological or visual impairment and the children were thriving.	(Stentoft <i>et al.</i> 1994)

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
ATRA (45 mg/m ² /day)	Case series	3 of 3	Leukemia (APL)	3 rd	None	C-section	32	Male infant: 2318 g, Apgar scores NS. Newborn had respiratory distress syndrome.	At 12 months, normal growth and development.	(Takitani <i>et al.</i> 2005) [Pt 2 was first reported in Terada <i>et al.</i> (Terada <i>et al.</i> 1997), but is included in the text analysis using the Takitani <i>et al.</i> (Takitani <i>et al.</i> 2005) reference.]
				3 rd	None	C-section	33	[Fetal growth retardation, arrhythmia, abnormal systolic motion of mitral value.] Male infant: 1904 g, Apgar scores NS. Newborn had respiratory distress syndrome and premature atrial contraction.	At 3 months, normal growth and development.	
				3 rd	None	C-section	33	Male infant: 1,634 g, Apgar scores NS. Newborn had respiratory distress syndrome and a patent ductus arteriosus.	At 36 months, normal growth and development and no intellectual disability.	
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	3 rd First@wk 30	None	C-section	33+6 days	Fetal growth retarded at 33 weeks+4 days of gestation; arrhythmia, abnormal systolic anterior motion of the mitral valve. Male infant: 1904 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn showed blocked atrial premature contractions and arrhythmia, which disappeared by the following day.	No	(Terada <i>et al.</i> 1997) [†] [This case report was included as Pt 2 in Takitani <i>et al.</i> (Takitani <i>et al.</i> 2005), thus it was not counted separately in the text analysis.]
ATRA (40.5 mg/m ² /day)	Case report	1	Leukemia (APL)	1 st First@wk 11-12	6-Mercaptopurine	Vaginal, induced	34	Slight enlargement of cistern magna, but normal-looking brain structure at gestation week 23. Male infant: 2490 g, Apgar scores 6 and 10 at 1 and 5 minutes. Newborn was healthy and without anomalies apart from [respiratory] distress and mild jaundice.	At 9 months, growth and development were normal.	(Valappil <i>et al.</i> 2007)
ATRA (45 mg/m ² /day)	Case report	1	Leukemia (APL)	3 rd First@wk 28	None	C-section	32	Male infant: 2380 g, Apgar scores NS. Newborn had no abnormalities, and was treated for respiratory distress.	At 5 months, growth and development were normal.	(Watanabe <i>et al.</i> 1995)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified,

Appendix C Table 5. All-Trans Retinoic Acid (ATRA) – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
<p>the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the All-trans retinoic acid timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified. Pt = patient. APL = acute promyelocytic leukemia.</p> <p>† Papers not included in the text analysis. Kawamura et al. (Kawamura <i>et al.</i> 1994) was not included because it did not include individual treatment, timing of exposure and pregnancy outcomes. We did not include data from published abstracts in the text summary for the agent (Morton <i>et al.</i> 1995). The case report by Terada et al. (Terada <i>et al.</i> 1997) was not included in the text summary because this case also included in the case series reported by Takitani et al. (Takitani <i>et al.</i> 2005). However, we did include the pregnancy complications and some fetal details of this case from Terada et al. (Terada <i>et al.</i> 1997) because Takitani et al. (Takitani <i>et al.</i> 2005) did not include all of them.</p>										

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

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Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Bleomycin (10 mg/m ² on days 1 and 14, 2 to 4 cycles)	Case series	3 of 6 (Pt 1, 5, 6)	Hodgkin lymphoma	2 nd First@wk 21	Doxorubicin, Vinblastine, Dacarbazine	C-section	29	Female infant: 2400 g, Apgar scores NS. Newborn was healthy.	At 10 years, healthy.	(Anselmo <i>et al.</i> 1999)
				2 nd First@wk 16	Doxorubicin, Vinblastine	C-section	NS [~36]	Preeclampsia. Female infant: 2180 g, Apgar scores NS. Newborn was healthy.	At 7 months, healthy.	
				2 nd	Doxorubicin, Vinblastine	C-section	33	Female infant: 3130 g, Apgar scores NS. Newborn was healthy.	[No indication of follow-up.]	
Bleomycin (Dose NS; 1 to 6 cycles)	Case series, retrospective	10 of 14 in Table II (Pt 2, 3, 4, 6, 7, 8, 11, 12, 13, 14)	Hodgkin lymphoma	2 nd [see note in reference column]	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	38	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration]
				1 st	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	37	Male infant: 3800 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Doxorubicin, Vinblastine, Dacarbazine	C-section	34	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Doxorubicin, Vinblastine, Dacarbazine, Nitrogen Mustard,	Vaginal	38	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics	

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Vincristine, Procarbazine				were normal.	
				3 rd	Doxorubicin, Vinblastine, Dacarbazine, Nitrogen Mustard, Vincristine, Procarbazine	Vaginal	37	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	38	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	40	Male infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Doxorubicin, Vinblastine, Dacarbazine	C-section	40	Female infant: 3450 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Nitrogen Mustard, Vincristine, Procarbazine, Doxorubicin, Vinblastine, Dacarbazine	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		12 of 18 in Table III (Pt 2, 4, 5, 6, 7, 8, 10, 14, 15, 16, 17, 18)	Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin, Vincristine	C-section	39	Male infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Doxorubicin, Vincristine	C-section	40	Male infant: 3850 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Cyclophosphamide,	Vaginal	37	Female infant: 2800 g, Apgar	At 10 years, physical,	

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Doxorubicin, Vincristine			scores NS. Newborn had no congenital malformations.	neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Doxorubicin, Vincristine	Vaginal	37	Male infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Doxorubicin, Vincristine	Vaginal	38	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, EpiDoxorubicin, Vincristine, Cytarabine, Etoposide, Methotrexate	Vaginal	37	Male infant: 2850 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Doxorubicin, Vincristine	Vaginal	38	Female infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, EpiDoxorubicin, Vincristine, Cytarabine, Etoposide, Methotrexate,	Vaginal	40	Female infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Doxorubicin, Vincristine	C-section	38	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Cyclophosphamide, EpiDoxorubicin, Vincristine,	Vaginal	39	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				1 st	Cyclophosphamide, Epidoxorubicin, Vincristine, Cytarabine, Etoposide, Methotrexate,	Vaginal	40	Male infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Epidoxorubicin, Vincristine, Cytarabine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Bleomycin (Total dose: 120 mg – Pt 2, 5, 11, 14, 16; 180 mg – Pt 3; 210 mg – Pt 4; 110 mg – Pt 6; 260 mg – Pt 7; schedule NS)	Case series	9 of 16 (Pt 2, 3, 4, 5, 6, 7, 11, 14 and 16)	Non-Hodgkin lymphoma	1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin	NS	35 to 39 (group range)	Individual pregnancy outcomes are not provided. Birth weights were 2200 g to 3900 g (group range). All babies were born alive and none of the newborns showed apparent congenital malformations.	At ages ranging from 3 to 11 years, normal growth and development.	(Aviles <i>et al.</i> 1990) [†]
				2 nd , 3 rd	Methotrexate, Cyclophosphamide, Vincristine, Doxorubicin					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin					
				3 rd	Methotrexate, Cyclophosphamide, Vincristine, Doxorubicin, Etoposide					
				1 st , 2 nd	Cyclophosphamide, Vincristine, Doxorubicin					
				1 st , 2 nd , 3 rd	Methotrexate, Cyclophosphamide, Vincristine, Doxorubicin, 6Mercaptopurine					
				1 st , 2 nd	Cyclophosphamide,					

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Vincristine, Doxorubicin					
				1 st , 2 nd , 3 rd	Etoposide, Methotrexate, Cyclophosphamide, Vincristine, Cytarabine					
				1 st , 2 nd	Cyclophosphamide, Vincristine, Doxorubicin					
Bleomycin (Dose/schedule NS)	Case series, retrospective	16 of 26 from Table 2	Hodgkin lymphoma	NS	Doxorubicin, Dacarbazine, Vinblastine, Epirubicin	NS	NS	Birth weight, group range: 2800 – 4300 g. Individual pregnancy outcomes, birth weights and Apgar scores were not provided.	In this long term follow-up, ranging from 5 to 26 years, learning and educational performances were normal, and no congenital, cytogenic, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001)†
		29 of 29 from Table 3	Lymphoma	NS	Cyclophosphamide, Doxorubicin, Vincristine	NS	NS	Birth weight, group range: 2350 – 4050 g.		
Bleomycin (20 mg/m ² daily for 5 days, 4 cycles 3 weeks apart)	Case report	1	Ovary	2 nd	Etoposide, Cisplatin	C-section	36	Intrauterine growth restriction. At 36 weeks, severe preeclampsia. Male infant: 1560 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no gross malformations	At 21 months, normal growth and development and no evidence of minor or major malformations.	(Benjapibal <i>et al.</i> 2010)
Bleomycin (Dose/schedule NS)	Survey, registry	20 of 31 pts from Table 3 [21 of 32 infants]	Hodgkin lymphoma	2 nd or 2 nd , 3 rd	Doxorubicin, Vinblastine, Dacarbazine	NS	35.9 (group mean)	Infant sex NS: 2587 g (group mean), Apgar scores NS. Nineteen newborns were normal, including one set of twins. Malformations observed in two infants: 1 had plagiocephaly and 1 had syndactyly of the 4 th and 5 th fingers. 3 newborns were hypoglycemic.	At 0.5 to 10 years (n=20), all children were normal phenotype. At 4 to 112 months (group range, n=15), 1 child in the group had chronic broncolitis, 1 had recurrent otitis media, and 1 had asthma; group mean weight was 67 th percentile.	(Cardonick <i>et al.</i> 2010)
		3 of 9 from Table 4	Ovary	2 nd , 3 rd	Etoposide, Cisplatin	NS	38.1 (group)	Infant sex NS: 2639 g (group mean), Apgar scores NS. Two	At 63.3 months (group mean, n=7), one child had	

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
							mean)	newborns were normal and one newborn had a genetic hearing loss (both parents were carriers), intrauterine growth retardation, and a spontaneous mutation for neurofibromatosis.	motor/language delay; group mean weight was 35 th percentile.	
Bleomycin (15 units/m ² on days 2, 8, and 15, 1 cycle)	Case report	1	Ovary	2 nd First@wk 19	Cisplatin, Vinblastine	Vaginal	Term	Male infant: 3232 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn appeared healthy.	[At ~4.5 years,] developmentally within normal limits without evidence of abnormality, with a normal male karyotype without abnormalities.	(Christman <i>et al.</i> 1990)
Bleomycin (Dose/schedule NS)	Case series	4 of 32 (Pt 8, 9, 18, 19)	Hodgkin lymphoma	3 rd First@wk 30 Last@wk 36	Doxorubicin, Vinblastine	C-section	36	Infant sex NS: 2650 g; Apgar scores 8 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
				2 nd , 3 rd First@wk 15 Last@wk 35	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	36	Infant sex NS: 2169 g, Apgar scores 6 and 9. Newborn was healthy.		
				2 nd First@wk 24 Last@wk 27	Doxorubicin, Vinblastine, Dacarbazine	C-section	37	Infant sex NS: 2850 g, Apgar scores 8 and 8. Newborn was healthy.		
				2 nd , 3 rd First@wk 24 Last@wk 26	Doxorubicin, Vinblastine, Dacarbazine,	C-section	37	Infant sex NS: 2450 g, Apgar scores 9 and 9. Newborn was healthy.		
		2 of 32 (Pt 20 and 30)	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 24 Last@wk 37	Doxorubicin, Cyclophosphamide, Etoposide, Cytarabine, Vincristine	C-section	35	Infant sex NS: 1980 g; Apgar scores 8 and 9. Newborn was healthy.		
				3 rd First@wk 34 Last@wk 37	Epirubicin, Cyclophosphamide, Etoposide, Cytarabine, Vincristine	Vaginal	36	Infant sex NS: 3020 g; Apgar scores 9 and 9. Newborn was healthy.		
Bleomycin (Dose/schedule NS)	Case series	2 of 21 (Pt 7 and 10; Pt 7 had two pregnancies)	Hodgkin lymphoma	1 st	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	NS	Male infant: 2500 g, Apgar scores NS. Newborn was healthy with no hematological abnormalities. [Pt 7, 1 st pregnancy]	No	(Dilek <i>et al.</i> 2006)

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		s)								
				2 nd , 3 rd	Doxorubicin, Vinblastine, Dacarbazine	NS	8 th month	Fetal death. [No fetal autopsy data provided; Pt 7, 2 nd pregnancy]	NA	
				1 st	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	NS	Female infant: 2500 g, Apgar score NS. Newborn had growth retardation and a floating thumb malformation on the left hand (partial agenesis of a metacarpal bone and hypoplasia of two phalanges).	No	
Bleomycin (15 mg, 1 dose)	Case report	1	Hodgkin lymphoma	2 nd First@wk17	Doxorubicin, Vinblastine, Dacarbazine	NA	NA	Induced abortion after first dose of chemotherapy. [No fetal autopsy data provided.]	NA	(D'Incalci <i>et al.</i> 1983)
Bleomycin (30 U weekly)	Case report	1	Ovary	2 nd First@wk 25 + 5 days	Etoposide, Cisplatin	C-section	28 + 1 day	Mild to moderate bilateral ventriculomegaly at 26 weeks gestation + 5 days. Female infant: 1085 g, Apgar scores 7 and 8. Newborn had mild to moderate respiratory distress syndrome and apnea of prematurity. Newborn had profound ventriculomegaly and cerebral atrophy.	No	(Elit <i>et al.</i> 1999)
Bleomycin (Dose NS, day 1 and 2, 3 cycles)	Case report	1	Hodgkin lymphoma	2 nd First@wk 25	Doxorubicin, Vinblastine, Dacarbazine	C-section	38	Serial ultrasounds detected small for gestational age fetus. Male infant: 1650 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 10 months, remained well.	(Fadilah <i>et al.</i> 2006)
Bleomycin (10 mg/m ² , 8 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	1 st , 2 nd First@wk 13 Last@wk 34	Cyclophosphamide, Vincristine	Vaginal	Full term	Male infant: 2500 g, Apgar scores NS. Newborn showed no signs of abnormalities at birth.	At one year, developing normally. Chromosome banding studies detected no abnormalities.	(Falkson <i>et al.</i> 1980)
Bleomycin (20 IU/m ² , five days/week – 3 cycles)	Case report	1	Ovary	2 nd First@wk 21	Etoposide, Cisplatin	C-section	36	Oligohydramnios and estimated fetal weight <5 th percentile observed 2 weeks after last dose [age NS].	At 1 month, ultrasound of the brain and kidney were normal, as were hearing studies and eudiometry. At	(Ghaemmaghami <i>et al.</i> 2009)

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Male infant: 2500 g, Apgar score 9-10 at 15 minutes. Mild glandular hypospadias at birth.	8 months, normal physical and neurological development.	
Bleomycin (30 U once, 5 cycles, 3 weeks apart)	Case series	1 of 3 (Case 2)	Ovary	2 nd First@wk 18	Etoposide, Cisplatin	C-section	35	Premature rupture of membranes. Infant sex NS: 2400 g, Apgar scores 7 and 9 at 1 and 5 minutes.	At one year, developing normally.	(Ghaemmaghami and Hasanzadeh 2006)
Bleomycin (dose/schedule NS)	Case report	1	Sarcoma, Ewing	2 nd , 3 rd [First@>wk 25]	Actinomycin D, Cyclophosphamide, Vincristine, Doxorubicin	C-section	34	Female infant: 1750 g, Apgars scores 7 and 9. Infant required intravenous calcium and was treated for mild respiratory distress syndrome for 2 days. No major problems after 3 days.	Child progressing normally [age NS, >4 years later].	(Haerr and Pratt 1985)
Bleomycin (15 mg once weekly, 5 cycles (Pt 1) or 2 cycles (Pt 2), 4 weeks apart)	Case series	2 of 2	Ovary	2 nd First@wk 22	Etoposide, Cisplatin	Vaginal	40	Small for gestational age fetus. Male infant: 2610 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn showed no gross malformations.	At 6 years, normal physical and neurological development.	(Han <i>et al.</i> 2005)
				3 rd First@wk 30	Etoposide, Cisplatin	Vaginal, induced	38	Male infant: 2970 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn showed no gross malformations at birth.	At 7.5 months, he had an intussusception; at 26 months, normal physical and neurological development.	
Bleomycin (15 mg on days 1, 2 and 3, 3 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd First@wk 21 Last@wk 29	Etoposide, Cisplatin	Vaginal, induced	39	Mild preeclampsia. Female infant: 2769 g, Apgar scores 4 and 7 at 1 and 5 minutes. Newborn was anemic; no fetal anomalies were identified.	Normal development as assessed by the Child Development Assessment Team [age NS].	(Horbelt <i>et al.</i> 1994)
Bleomycin (Dose/schedule NS, 7-8 cycles)	Case series	2 of 18	Hodgkin lymphoma	NS	Doxorubicin, Vinblastine, Dacarbazine	NS	NS	Infants' sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	(Jameel and Jamil 2007)
Bleomycin	Case report	1	Ovary	3 rd	Etoposide,	C-section	39	Female infant: 3100 g, Apgar	At 1.5 years, normal	(Karimi

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(15 mg for 5 days, 2 cycles, 3 weeks apart)				First@wk 29	Cisplatin			scores 9 and 10 at 1 and 5 minutes. Newborn showed no gross malformations.	physical and neurological development.	Zarchi <i>et al.</i> 2008)
Bleomycin (Dose/schedule NS, 3 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 27	Doxorubicin, Vinblastine, Dacarbazine	C-section	39	Male infant: 2350 g, Apgar scores NS. Newborn was healthy.	At 9 months, clinically well.	(Klepfish <i>et al.</i> 2000)
Bleomycin (Dose/schedule NS, 4 cycles)	Case series	3 of 27 (only 3 pts received chemotherapy during pregnancy)	Ovary	2 nd and/or 3 rd First @ wk22.8 to 30.6	Etoposide, Cisplatin	NS	Full term	Individual pregnancy outcomes NS. Newborns were healthy with no congenital malformations.	No	(Kwon <i>et al.</i> 2010)
Bleomycin (10 mg/m ² on day 10, 3 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 22	Cyclophosphamide, Vincristine, Doxorubicin, Teniposide	C-section	31	Preeclampsia and fetal growth retardation. Male infant: 1380 g, Apgar scores 7, 9 and 10 at 1, 5 and 10 minutes. Newborn showed no congenital abnormalities, but had transient hyperbilirubinemia.	At 18 months, normal growth.	(Lambert <i>et al.</i> 1991)
Bleomycin (4 doses over 10 days at 30, 15, 5 and 5 mg)	Case report	1	Burkitt lymphoma [Non-Hodgkin]	3 rd First@wk 36 Last@wk 37	Cyclophosphamide (2 nd , 3 rd), Vincristine (2 nd , 3 rd), Doxorubicin (2 nd , 3 rd), Teniposide (2 nd , 3 rd), Methotrexate (intrathecal)	Vaginal	37	Female infant: 3750 g, Apgar score 9. Newborn showed no abnormalities.	No	(Lowenthal <i>et al.</i> 1982)
Bleomycin (Dose/schedule NS, 1 cycle)	Case series	1 of 2 (Pt 2)	Ovary	2 nd First@wk 20	Etoposide, Cisplatin	C-section	NS	Infant sex, weight and Apgar scores NS. Newborn required intensive care for hyaline membrane disease [respiratory distress syndrome].	No	(Malhotra and Sood 2000)
Bleomycin (10 mg on days 1 through 5, 2 cycles, 3 weeks apart)	Case report	1	Ovary	3 rd First@wk 27	Vinblastine, Cisplatin	C-section	32	Male infant: 1900 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn experienced a mild episode of transient tachypnea but was otherwise normal.	At follow-up, normal development [age NS].	(Malone <i>et al.</i> 1986)
Bleomycin	Case report	1	Cervix	2 nd	Cisplatin	C-section	38	Male infant: 2850 g, Apgar	At 3 years, normal physical	(Marana <i>et</i>

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(30 mg on Day 1, 2 cycles, 4 weeks apart)				First@wk 17 Last@wk 20				scores 8 and 10 at 1 and 5 minutes.	and neurological development.	<i>al.</i> 2001)
Bleomycin (8 mg, 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Vincristine, Etoposide, Doxorubicin, Methotrexate	Vaginal	35.5	Spontaneous preterm labor after last chemotherapy dose. Male infant: birth weight was 75 th percentile for gestational age, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no physical abnormalities.	At 11 months, alive and well.	(Moore and Taslimi 1991)
Bleomycin (15 mg on days 1, 8 and 15, 3 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd , 3 rd First@wk 20 Last@wk 28	Cisplatin, Vinblastine	C-section	31	Intrauterine growth restriction at 28 weeks gestation. Marked reduction in amniotic fluid at 31 weeks gestation. Maternal hypertension. Female infant: 1070 g, Apgar scores NS. Newborn was apparently normal.	At 65 months, no sign of metabolic or hematologic abnormality.	(Motegei <i>et al.</i> 2007)
Bleomycin (Dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk18	Methotrexate, Doxorubicin, Cyclophosphamide, Vincristine	C-section	28	Spontaneous preterm labor at 10 th week of chemotherapy. Male infants (twins): weights and Apgar scores NS. Newborns were without apparent malformation.	At 12 months, apparently healthy.	(Nantel <i>et al.</i> 1990)
Bleomycin (10 mg/m ² on day 7, 2 cycles)	Case report	1	Hodgkin lymphoma	2 nd	Nitrogen Mustard, Vincristine, Procarbazine, Doxorubicin, Vinblastine	NS	Term	Female infant: weight and Apgar scores NS. Newborn showed no evidence of intra-uterine growth retardation.	At 2 years, expected height and weight.	(Okechukwu and Ross 1998)
Bleomycin (4 mg/m ² on days 1 and 8, 5 cycles, 4 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@ ~6 – 7 mo	Cyclophosphamide, Vincristine	Vaginal	40	Mild uterine contractions with 3 rd cycle of chemotherapy, subsided. Female infant: 7 lb 4.5 oz [3262 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn showed no sign of abnormalities.	At 1 year, developing normally with no evidence of malformations.	(Ortega 1977)
Bleomycin	Cohort,	1 of 14	Hodgkin	1 st	Nitrogen Mustard,	NS	18	Induced abortion: No	NA	(Peres <i>et al.</i>

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(Dose/schedule NS)	retrospective	from tables 3 and 4 (Pt 14)	lymphoma	First@wk 3 Last@wk 7	Vincristine, Procarbazine, Doxorubicin, Vinblastine, Dacarbazine			malformations; toxic degenerative changes in liver and kidneys, placenta with villus degeneration and vascular toxic degeneration		2001)
Bleomycin (30 mg daily for 3 days, one cycle)	Case report	1	Adenocarcinoma (Primary not located)	2 nd First@wk 26	Etoposide, Cisplatin	Vaginal	27	Spontaneous preterm labor. Female infant: 1190 g, Apgar scores 3 and 8 at 1 and 5 min. Infant developed severe respiratory distress and pneumothorax, (on room air by day 10). Infant developed a profound leucopenia with neutropenia by day 3 (resolved by day 13). Blood transfusions for anemia associated with immaturity were required twice. Platelet count fell but the infant never became frankly thrombocytopenic. No demonstrable neurological abnormality and cerebral ultrasound remained normal throughout the neonatal period. At the age of 10 days, infant was noted to be losing her scalp hair and there was an associated rapid loss of lanugo.	At 1 year, neurodevelopmental progress was normal, but there was moderate sensorineural hearing loss.	(Raffles <i>et al.</i> 1989)
Bleomycin (9 mg/m ² every other week, 6 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Etoposide, Doxorubicin, Cyclophosphamide, Vincristine	NS	37	Male infant: 3200 g, Apgar scores NS. Newborn was healthy.	At 21 months, well with no evidence of iatrogenic complications.	(Rodriguez and Haggag 1995)
Bleomycin (Dose/schedule NS, 3 cycles (Pt 15) or 2 cycles (Pt 16))	Survey, retrospective	2 of 27 from Table 1 (Pts 15, 16)	Hodgkin lymphoma	2 nd , 3 rd First@wk 24	Doxorubicin, Vinblastine, Dacarbazine	C-section	36	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
				2 nd , 3 rd First@wk27	Doxorubicin, Vinblastine, Dacarbazine	Vaginal	35	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.		
Bleomycin (10 U/m ² , schedule	Survey, retrospective	2 of 62	NS	2 nd , 3 rd First @wk 25	Nitrogen Mustard, Vincristine,	NS	NS	Infant sex, birth weights, and Apgar scores NS. Newborn	No	(Van Calsteren <i>et</i>

Appendix C Table 6. Bleomycin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
NS, 2 or 3 cycles)		[62 pts received Chemotherapy while pregnant; the total number of pts who received Bleomycin while pregnant was not provided.]			Procarbazine, Doxorubicin, Vinblastine			had pectus excavatum.		al. 2010)
				2 nd , 3 rd First@wk26	Nitrogen Mustard, Vincristine, Procarbazine, Doxorubicin, Vinblastine, Radiation therapy (2 nd)	NS	NS	Infant sex, birth weights, and Apgar scores NS. Newborn had bilateral partial syndactyly of digits II and III.		

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Bleomycin timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA= Not Applicable. NS = Not Specified. Pt = patient.
 †Papers not included in text analysis. In order to avoid counting the same cases more than once, we did not include the following studies: (Aviles *et al.* 1990, Aviles and Neri 2001). The cases in Aviles *et al.* (Aviles *et al.* 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles *et al.* 1991). The cases from retrospective case series Aviles *et al.* (Aviles and Neri 2001) were not included because it included both new cases and long-term follow-up on previously reported case series (Aviles and Niz 1988, Aviles *et al.* 1991) without individual pregnancy outcomes.

Appendix C Table 7. Busulfan – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 7. Busulfan – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Busulfan (2 mg daily)	Case report	1	Leukemia (CML)	PC, 1 st	None	NA	6	Induced abortion. Histological examination of the embryo revealed myeloschisis (cleft spinal cord).	NA	(Abramovici <i>et al.</i> 1978)
Busulfan (Dose/schedule NS)	Case series, retrospective	3 of 4 (Table IV, Pt 1,2,3)	Leukemia (CGL)	1 st [see note in reference column]	None	Vaginal	39	Male infant: 2800 g, Apgar scores NS. Newborn had no congenital abnormalities.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This report gives the trimester that chemotherapy was initiated but not the duration of treatment.]
				1 st	6-Mercaptopurine	Vaginal	39	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital abnormalities.	At 12 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	6-Mercaptopurine	Vaginal	37	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital abnormalities.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Busulfan (8 mg daily, decreasing thru pregnancy)	Case report	1	Leukemia (AGL)	2 nd , 3 rd First@wk 20 Last@wk 37	None	Vaginal	39	Female infant: 2101 g, Apgar scores NS. Newborn measurements were 2 standard deviations below mean for gestational age but otherwise normal by physical examination. Pyelograms revealed a hydronephrotic left kidney, dilated left ureter, and no right ureter or kidney.	At 4 months, the left kidney had spontaneously decreased in size. At 19 months, height and weight remained 2 standard deviations below the mean for age. Infant tested normal in Denver Developmental Screening tests at 4 and 19 months.	(Boros and Reynolds 1977)
Busulfan (2 mg daily)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 8	None	Vaginal	NS	Female infant: 3900 g, Apgar scores NS. Newborn was normal in all respects.	At 3 months, thrived and developed normally.	(Dennis and Stein 1965)
Busulfan (4 to 6 mg daily)	Case report	1	Leukemia (CGL)	1 st , 2 nd , 3 rd	6-Mercaptopurine (1 st , 3 rd), Radiation therapy	C-section	NS [~ 8 months]	Female infant: 1077 g, Apgar scores NS. Newborn had bilateral microphthalmia, bilateral corneal	At 10 weeks, the infant was found dead. Necropsy revealed disseminated	(Diamond <i>et al.</i> 1960)

Appendix C Table 7. Busulfan – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					(1 st)			opacities, and cleft palate. External genitalia were poorly developed except for a prominent clitoris.	cytomegaly and hypoplasia of thyroid and ovaries among other abnormalities.	
Busulfan (2 or 4 mg daily)	Case report	1	Leukemia (CGL)	1 st , 2 nd , 3 rd	None	C-section	NS [8 or 9 months]	Male infant: 2183 g, Apgar scores NS. Newborn displayed no developmental abnormalities.	At 4 months, development was normal.	(Dugdale and Fort 1967)
Busulfan (2 or 4 mg daily)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd	None	Vaginal	37	Male infant: 2000 g, Apgar scores NS. Newborn was normal but required surgical treatment of pyloric stenosis at 2 months.	At 3 years, development was normal.	(Earll and May 1965)
Busulfan (2 mg twice daily, reduced to 1 mg twice daily, then 0.5 daily, then increased)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	NS [~38]	Female infant: 1985 g, Apgar scores NS. Newborn was small but otherwise normal-appearing.	At 5 weeks, was apparently developing in the usual manner.	(Izumi 1956)
Busulfan (Dose/schedule NS)	Case series	4 of 12 (Pt 2, 5, 9, 10; Pt 10 had 2 pregnancies)	Leukemia (CML)	NS	Radiation therapy	NS	1 month	Spontaneous abortion. [No fetal data provided.]	NA	(Lee <i>et al.</i> 1962)
					6-Mercaptopurine, Radiation therapy	Vaginal	34	Spontaneous preterm labor. Infant sex NS: 2040g, Apgar scores NS. Newborn was premature.	Authors state that at ages ranging from 3 months to 10 years, no congenital abnormalities or blood dyscrasia.	
					Radiation therapy	Vaginal	40	Infant sex, weight, and Apgar scores NS. Newborn was normal.		
					Radiation therapy	Vaginal	39	Infant sex, weight, and Apgar scores NS. Newborn was normal. [Pt 10, pregnancy 1].		
					Radiation therapy	Vaginal	38	Infant sex, weight, and Apgar scores NS. Newborn was normal. [Pt 10, pregnancy 2].		
Busulfan (1 mg twice weekly)	Case series	1 of 2 (Pt 2)	Leukemia (CML)	PC, 1 st , 2 nd	None	Vaginal	NS	Male infant: 7 lb 11 oz [3486 g], Apgar scores NS. Newborn was normal in all respects.	At 11 months, he remained normal.	(Neu 1962)
Busulfan (4 mg daily)	Case series	1 of 5 (Pt 5)	Leukemia (CML)	3 rd First@wk 30	None	Vaginal	33	Male infant: 1620 g, Apgar scores NS. Newborn condition NS.	At 37 months, he was alive and well.	(Nicholson 1968)

Appendix C Table 7. Busulfan – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Busulfan (6 mg daily, reduced to 4 mg daily)	Case report	1	Leukemia (CGL)	NS	None	Vaginal	NS	Female infant: 1956 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was grossly normal.	At 24 months, she was well.	(Nolan <i>et al.</i> 1971)
Busulfan (4 mg daily for 7 months. Total 688 mg)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd First@PC Last@wk 16	None	C-section	Full term	Male infant: 2020 g, Apgar scores 7. Newborn was normal.	No	(Norhaya <i>et al.</i> 1994)
Busulfan (Dose/schedule NS)	Case report	1	Leukemia (CML)	3 rd	None	Vaginal	36	Spontaneous preterm labor. Male infant: 1950 g, Apgar scores were 6/7; [assumed to be 6 at 5 minutes and 7 at 10 minutes]. Newborn was alive.	At postnatal visit, he was thriving [age NS].	(Ozumba and Obi 1992)
Busulfan (Dose/schedule NS)	Cohort, retrospective	1 of 14 from Tables 3 and 4 (Pt 3)	Leukemia (CML)	2 nd , 3 rd First@wk 26 Last@wk 36	None	NS	36	Infant sex and Apgar scores NS, 2600 g. Newborn had no complications.	At 11 years, development was normal.	(Peres <i>et al.</i> 2001)
Busulfan (2 to 6 mg daily)	Case report	1	Leukemia (CML)	PC, 1 st	None	Vaginal	NS [37]	Male infant: 2300 g, Apgar scores NS. Newborn was normal by physical examination.	At 30 days, he died of an acute staphylococcus infection.	(Ruiz Reyes and Tamayo Perez 1961)
Busulfan (4 to 6 mg daily)	Case report	1	Leukemia (CML)	1 st , 3 rd	None	Vaginal	40	Male infant: 2440 g, Apgar scores NS. Newborn's physical examination was negative.	At 1 year he was perfectly well.	(Sherman and Locke 1958)
Busulfan (2 mg every other day)	Case series	1 of 2 (Pt 2)	Leukemia (CGL)	1 st , 2 nd	None	Vaginal	Full term	Infant sex, weight, and Apgar scores NS. Newborn was normal.	No	(Smalley and Wall 1966)
Busulfan (2-8 mg daily)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd First@wk 1 Last@wk 30	None	Vaginal	NS [~39]	Male infant: 3370 g. Apgar scores NS. Newborn was apparently normal.	His present clinical state is normal [age NS].	(Uhl <i>et al.</i> 1969)
Busulfan (Average 4 mg daily)	Case report	1	Leukemia (CGL)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	NS [~9 months]	Male infant: 2400 g, Apgar scores NS. Newborn had premature appearance but showed no congenital defects. Blood values were within normal range.	At 3.5 years, no serious defects.	(White 1962)

Appendix C Table 7. Busulfan – Summary of pregnancy outcomes following cancer chemotherapy while pregnant															
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference					
Busulfan (Pt 1: up to 12 mg daily; Pt 2: 4 mg daily)	Case series	1 of 2	Leukemia (CML)	1 st , 3 rd	None	Vaginal	NS [~9 months]	Female infant: 3200 g, Apgar scores NS. Newborn was normal.	No	(Williams 1966)					
Busulfan (Dose/schedule NS)	Cohort, retrospective	1 of 21 (Pt 13)	Leukemia (CML)	1 st	None	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well.	No	(Zemlickis <i>et al.</i> 1992)					
Busulfan (Table 1: Pt 1 - 4mg/day; Table 2: Pt 3 – 98 mg total in 4 weeks, Pt 1 - 168 mg total in 4 months)	Survey, retrospective	3 of 48 Table 1: Pt12 Table 2: Pts 3, 1)	Leukemia (CML)	1 st	None	NS	36	Infant sex NS: 2200 g, Apgar scores NS. Newborn was normal.	At 5 years, normal.	(Zuazu <i>et al.</i> 1991)					
				1 st First@wk6 Last@wk10							6-Mercaptopurine	NS	16	Induced abortion. [No fetal autopsy data.]	NA
				2 nd , 3 rd First@4 th month Last@8 th month							None	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was normal.	At 5 years, normal growth.

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Busulfan timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA = Not Applicable. NS = Not Specified. Pt = patient. AML = acute myeloblastic leukemia. CGL = chronic granulocytic leukemia.

Appendix C Table 8. Carboplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 8. Carboplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Carboplatin (AUC=5, weekly, every 3 weeks, 5 cycles)	Case report	1	Lung	2 nd , 3 rd	Paclitaxel (2 nd and 3 rd)	C-section	30	Spontaneous preterm labor. Male infant: weight and Apgar scores NS. Newborn was healthy with no evidence of metastasis.	At 5 months, his development was normal.	(Azim <i>et al.</i> 2009b)
Carboplatin (Dose/schedule NS, 3 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 25 Last@wk 31	None	Vaginal	33	Infant sex and Apgar scores NS. 2280 g. Newborn was healthy.	No	(Barut <i>et al.</i> 2011)
Carboplatin (Dose/schedule NS)	Survey, registry	3 of 7 from Table 4	Ovary	2 nd , 3 rd	None	NS	38.1 (group mean)	Infant sex NS: 2639 g (group mean), Apgar scores NS. None of the infants had malformations. One newborn had intrauterine growth retardation.	At 0.5 to 3 years, all were normal phenotype. At 63.3 months (group mean, n=7), group mean weight was 35 th percentile. One child had motor/language delay at 1 year of age.	(Cardonick <i>et al.</i> 2010)
		1 of 12 from Table 6	CNS	2 nd	None	NS	19	Spontaneous abortion: fetus had gastroschisis.	NA	
Carboplatin (AUC = 5, 1 cycle)	Case series	1 of 3 (Pt 2)	Cervix	3 rd Only@wk 30	Paclitaxel	C-section	34	Male infant: 2190 g, Apgar scores NS. Newborn showed no signs of toxicity.	At 48 months, normal development.	(Chun <i>et al.</i> 2010)
Carboplatin (529 mg (AUC=3) biweekly, 5 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 24+5 days	Paclitaxel (2 nd , 3 rd)	C-section	36+2 days	Female infant: 2062 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn showed no serious effects of chemotherapy.	At 40 months, she remained healthy with no serious problems.	(Doi <i>et al.</i> 2009)
Carboplatin (AUC 6, every 3 weeks)	Case report	1	Breast	2 nd , 3 rd First@wk 14+6 Last@wk 30	Docetaxel, Trastuzumab	C-section	33+2 days	Anhydramnios and intrauterine growth restriction at 21 weeks. Male infant: wt less than 3 rd percentile, Apgar scores NS. Newborn showed inconspicuous development and normal renal function and urinalysis.	No	(Gottschalk <i>et al.</i> 2011)

Appendix C Table 8. Carboplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Carboplatin (AUC=5, day 1, 1 cycle)	Case report	1	Lung	2 nd First@wk 25	Gemcitabine (2 nd)	C-section	28+4 days	Female infant: 1040 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was anemic, required surfactant treatment and a conventional ventilator for 29 days, and developed sepsis on day 36 from which she recovered well.	At 8 months, she was weaned from oxygen therapy and was on high-calorie formula milk. Her neurodevelopment was age appropriate.	(Gurumurthy <i>et al.</i> 2009)
Carboplatin (300 mg/m ²)	Case report	1	Ovary	3 rd First@wk 30	Cisplatin (2 nd , 3 rd) Cyclophosphamide (2 nd , 3 rd)	C-section	36	Preeclampsia at 34 weeks gestation. Male infant: 3600 g, Apgar scores 9 and 9. Newborn was grossly normal in appearance.	At 12 months, normal growth, neurologic findings, and renal function.	(Henderson <i>et al.</i> 1993)
Carboplatin (AUC=5 every 3 weeks, 3 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 25 Last@wk 32	Paclitaxel (2 nd , 3 rd)	C-section	35	Male infant: 2450 g, Apgar scores 9, 10, and 10. Newborn was healthy. He showed minor respiratory distress and mild anemia but no neurologic, psychomotor, or developmental abnormalities.	At 20 months he showed no abnormalities.	(Hubalek <i>et al.</i> 2007)
Carboplatin (400 mg/m ² every 4 weeks, 3 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 22 Last@wk 28	None	C-section	37	Male infant: 3245 g, Apgar scores 9 and 9. Newborn appeared normal with no myelosuppression and normal renal function.	Infant continued to develop normally [time of follow-up NS].	(Koc <i>et al.</i> 1994)
Carboplatin (AUC=5, 6 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 16-17 Last@wk 32	Paclitaxel (2 nd , 3 rd)	C-section	35.5	Infant, sex NS: 2500 g, Apgar scores 9, 9, and 9 at 1, 5, and 10 minutes. Newborn had normal physical examination and laboratory tests.	At 15 months, there was no evidence of neurologic, renal, growth, or hematologic sequelae.	(Mendez <i>et al.</i> 2003)
Carboplatin (AUC=5, 4 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 22 Last@wk 35	Paclitaxel (2 nd , 3 rd)	C-section	35	Male infant: 2600 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn was healthy.	At 6 months he showed no evidence of neurologic, renal, growth, or hematologic sequelae.	(Modares Gilani <i>et al.</i> 2007)
Carboplatin (350 mg/m ² , 2 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 27 Last@wk 30	None	C-section	34	Female infant: 1900 g, Apgar scores 9 and 10. Newborn was healthy.	At 18 months, development was normal.	(Picone <i>et al.</i> 2004)
Carboplatin	Case report	1	Ovary	2 nd , 3 rd	None	C-section	33	Male infant: 2222 g, Apgar	At 12 months, he was	(Tabata <i>et al.</i>

Appendix C Table 8. Carboplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
AUC=6 , 4 cycles)				First@wk 21 Last@wk 33				scores 9 and 10 at 1 and 5 minutes.	normal.	2008)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Carboplatin timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified.</p>										

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cisplatin (Dose/schedule NS)	Case series	5 of 13 (Pts 5, 6,7,8,9)	Cervix	2 nd	None	NS	27	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)
			Cervix	3 rd	5-Fluorouracil		34	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
			Ovary	2 nd , 3 rd	None		39	Newborn sex, weight, and Apgar scores NS. Newborn had experienced intrauterine growth restriction.		
			Ovary	2 nd , 3 rd	None		39	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
			Adenoid cystic carcinoma	2 nd	Cyclophosphamide, Doxorubicin		25	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
Cisplatin (100 mg/m ² , 4 cycles, 4 weeks apart)	Case report	1	Neuroblastoma	2 nd , 3 rd	Etoposide	C-section	35	Intrauterine growth restriction observed at 35 weeks gestation. Male infant: 1835 g, Apgar scores 6 and 8 at 1 and 5 minutes. No anomalies were noted at birth.	At 20 days, normal.	(Arango <i>et al.</i> 1994)
Cisplatin (50 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Cervix	2 nd , 3 rd First@wk 23 Last@wk 32	Vincristine	C-section	32 + 6 days	Male infant: 1920 g, Apgar scores 9, 10 and 10 at 1, 5 and 10 minutes. Newborn developed respiratory distress syndrome at 32 hours and required mechanical ventilation until day 5.	At 4 weeks, in good condition; at [~77 months], developing normally.	(Bader <i>et al.</i> 2007a)
Cisplatin (100 mg/m ² , 2 cycles)	Case report	1	Ovary	3 rd	Cyclophosphamide	Vaginal	35	Polyhydramnios at 33 weeks gestation. Premature rupture of membranes at 35 weeks gestation. Male infant: 2600 g, Apgar scores 5 and 7 at 1 and 5 minutes. Polyhydramnios was observed. Newborn had respiratory difficulty for 12 hours, but was	At 18 months, progressing normally without neurodevelopmental abnormalities.	(Bayhan <i>et al.</i> 1999)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								otherwise normal.		
Cisplatin (50 mg/m ² , 2 cycles)	Case report	1	Cervix	2 nd First@wk 24	None	C-section	28	Preeclampsia at 28 weeks. Infant sex, weight and Apgar scores NS. Newborn was healthy.	No	(Benhaim <i>et al.</i> 2008)
Cisplatin (20 mg/m ² on days 1-5, 4 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd First@wk 15	Bleomycin, Etoposide	C-section	36	Ultrasound revealed small for gestational age, but normal, fetus. Male infant: 1560 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn did not have any evidence of malformations.	At 21 months, no evidence of major or minor malformations, normal growth and development.	(Benjapibal <i>et al.</i> 2010)
Cisplatin (100 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Cervix	2 nd First@wk 25 Last@wk 31	None	C-section	35 + 3 days	Male infant: 2380 g, Apgar scores 7, 9 and 10 at 1, 5 and 10 minutes. Newborn was treated for hypoglycemia and received oxygen for 48 hours.	At 15 months, well clinically.	(Boyd <i>et al.</i> 2009)
Cisplatin (20 mg/m ² on days 1-5, 3-4 weeks apart)	Case series	1 of 3 (Pt 3)	Ovary	2 nd , 3 rd First@wk 26	Etoposide	Vaginal, induced	38	Oligohydramnios and probable intrauterine growth retardation at 38 weeks gestation. Female infant: 2320 g, Apgar scores NS. Newborn was healthy. Placenta had foci of villous edema.	At 9 months, developing normally.	(Buller <i>et al.</i> 1992)
Cisplatin (75 mg/m ² for first 4 cycles, and 63 mg/m ² for last 2 cycles, cycles were 10 days apart)	Case report	1	Cervix	2 nd First@wk 17 Last@wk 27 [table] or 28 [text]	None	C-section	32	Male infant: 1715 g, Apgar scores NS. Newborn had no abnormalities.	At 6 months, thriving well with normal psychomotor development.	(Caluwaerts <i>et al.</i> 2006)
Cisplatin (Dose/schedule NS)	Survey, registry	1 of 31 from Table 3	Non-Hodgkin lymphoma	3 rd	Cytarabine, Etoposide	NS	34.0 (group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. Newborn was normal. At 2 months, normal phenotype.	At 34 to 82 months (group range, n=6), one child in the group had a speech delay; group mean weight was 46 th percentile.	(Cardonick <i>et al.</i> 2010)
		4 of 7 from Table 4	Ovary	2 nd , 3 rd	Bleomycin, Etoposide	NS	38.1 (group mean)	Infant sex NS: 2639 g (group mean), Apgar scores NS. Four newborns (including 1 set of	At age 11, one child (with a normal twin) had Asbergers syndrome, attention deficit	

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								twins) were normal, 1 had genetic hearing loss (both parents were carriers), intrauterine growth retardation, and a spontaneous mutation for neurofibromatosis.	disorder, and delays in school. At 63.3 months (group mean, n=7), one child had motor/language delay; group mean weight was 35 th percentile.	
		2 of 12 from Table 6	Cervix	2 nd , 3 rd	Vincristine	NS	32 (group mean)	Infant sex NS: 2173 g (group mean), Apgar scores NS. Both newborns were normal.	At 12 to 87 months (group range, n=4), no long-term complications; group mean weight was 59 th percentile.	
		1 of 12 from Table 6	Lung	2 nd , 3 rd	Vincristine, Vinorelbine, Radiation therapy	NS	36	Infant sex NS: 2495 g, Apgar scores NS. Newborn was normal; placenta had areas of infarction.	At 2 months, there were no complications.	
Cisplatin (100 mg/m ² on day 1, 1 cycle)	Case report	1	Ovary	2 nd First@wk 19	Vinblastine, Bleomycin	Vaginal	Term	Male infant: 3232 g, Apgar scores 8 and 9 ant 1 and 5 minutes. Newborn appeared healthy.	[At ~4.5 years,] normal development with a normal karyotype.	(Christman <i>et al.</i> 1990)
Cisplatin (Pt 1- 75 mg/m ² , 3 cycles. Pt 3- 75 mg/m ² , 2 cycles.)	Case series	2 of 3 (Pt 1 and 3)	Cervix	2 nd , 3 rd First@wk 26 Last@wk 32	Paclitaxel	C-section	35 + 5 days	Female infant: 2570 g, Apgar scores NS. Newborn showed no signs of toxicity.	At 3 months, well and healthy.	(Chun <i>et al.</i> 2010)
				3 rd First@wk 31 Last@wk 34	Paclitaxel	C-section	36 + 5 days	Male infant: 2600 g, Apgar scores NS. Newborn had no abnormalities.	At 5 years, normal development.	
Cisplatin (25 mg/m ² on days 1-3, 2 cycles, 4 weeks apart)	Case report	1	Melanoma	2 nd First@wk 23 Last@wk 27	Tamoxifen, Carmustine, Dacarbazine	C-section	30	Female infant: 1520 g, Apgar scores NS. Placental pathology revealed a malignant melanoma in the intervillous space and syncytial trophoblasts.	At 17 months (corrected to 15 months for early delivery), age-appropriate evaluations.	(DiPaola <i>et al.</i> 1997)
Cisplatin (20 mg/m ² for 5 days, 1 cycle)	Case report	1	Ovary	2 nd First@wk 25 + 5 days	Etoposide, Bleomycin	C-section	28 + 1 day	Mild to moderate bilateral ventriculomegaly at 26 weeks gestation + 5 days. Female infant: 1085 g, Apgar scores 7 and 8. Newborn had mild to moderate respiratory distress syndrome and apnea of prematurity. Newborn also had profound ventriculomegaly and	No	(Elit <i>et al.</i> 1999)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								cerebral atrophy.		
Cisplatin (75 mg/m ² , 6 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd , 3 rd First@wk 17 Last@wk 34	None	C-section	36	Male infant: 3000 g, Apgar scores 9 and 9 at 1 and 5 minutes.	At 42 months, no evidence of neurologic, renal, growth or hematologic sequelae.	(Ferrandina <i>et al.</i> 2005)
Cisplatin (Pt 1 - 50 mg/m ² , every 2 weeks; Pts 2 to 9 - 75 mg/m ² once every 3 weeks; 4 cycles (median) ranging from 2 to 6 cycles)	Case series	9 of 9	Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 1330 g, Apgar scores NS. Newborn had no congenital malformations.	No	(Fruscio <i>et al.</i> 2012)
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2890 g, Apgar scores NS. Newborn had no congenital malformations.	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2030 g, Apgar scores NS. Newborn had no congenital malformations and required mechanism ventilation in the immediately after birth (resolved).	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 1900 g, Apgar scores NS. Newborn had no congenital malformations, and had an intraventricular hemorrhage. Newborn was discharged as healthy after 40 days.	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2450 g, Apgar scores NS. Newborn had no congenital malformations.	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2990 g, Apgar scores NS. Newborn had no congenital malformations.	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2890 g, Apgar scores NS. Newborn had no congenital malformations.	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2800 g, Apgar scores NS. Newborn had no congenital malformations.	No	
			Cervix	2 nd and/or 3 rd First@after 16 weeks	Vincristine	C-section	35 (median; range 30-36)	Infant (sex NS): 2200 g, Apgar scores NS. Newborn had no congenital malformations.	No	
Cisplatin (Pt 5-450 mg/m ² ,	Case series	6 of 15 (Pt 5, 6,	Ovary	2 nd First@wk 18	None	C-section	35.6	Infant sex NS: 2690 g. Apgar scores 9 and 10 at 1 and 5	Well and healthy at follow-up. [Follow-up]	(Gambino <i>et al.</i> 2011)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
6 cycles; Pt 6-50 mg/m ² , 1 cycle; Pt 8-200 mg/m ² , 4 cycles; Pt 9-175 mg/m ² , 5 cycles; Pt 11-180 mg/m ² , 3 cycles; Pt 12-135 mg/m ² total over 3 cycles)		8, 9, 11, 12)						minutes. Newborn was well with no malformations, but had anemia.	examinations were conducted at ages ranging from 2 to 198 months. Individual ages NS]	
			Cervix	2 nd First@wk 21	None	Vaginal	22	Premature rupture of membranes. Spontaneous abortion. [No fetal data provided.]	NA	
			Cervix	2 nd First@wk 23	Vincristine	C-section	32.1	Infant sex NS: 1690 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn was well with no malformations, but had anemia.	Well and healthy at follow-up. [Follow-up examinations were conducted at ages ranging from 2 to 198 months.]	
			Ovary	2 nd First@wk 19	None	C-section	34	Infant sex NS: 1970 g, Apgar scores 7 and 10 at 1 and 5 minutes. Newborn was well with no malformations.	Well and healthy at follow-up. [Follow-up examinations were conducted at ages ranging from 2 to 198 months.]	
			Cervix	2 nd , 3 rd First@wk 27	None	C-section	36	Infant sex NS: 2590 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was well with no malformations.	Well and healthy at follow-up. [Follow-up examinations were conducted at ages ranging from 2 to 198 months.] Individual ages NS]	
			Urethral	3 rd First@wk 30	None	C-section	33.2	Infant sex NS: 2370 g, Apgar scores 8 and 8 at 1 and 5 minutes. Newborn was well with no malformations.	Well and healthy at follow-up. [Follow-up examinations were conducted at ages ranging from 2 to 198 months.]	
Cisplatin (75 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Lung	2 nd	Paclitaxel	C-section	30	Male infant: 1720 g, Apgar scores of 3 and 4 at 1 and 5 minutes. Newborn developed acute respiratory distress syndrome requiring mechanical ventilation for 24 hours. Newborn had no congenital abnormalities.	At 15 months, well with normal development and growth.	(Garcia-Gonzalez <i>et al.</i> 2008)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cisplatin (75 mg/m ² on day 1, 3 cycles, 3 weeks apart)	Case report	1	Lung	3 rd	Vinorelbine [Vinorelbine]	C-section	39	Infant sex NS: 2910 g, Apgar score 9. Newborn was healthy.	At 16 months, no adverse effects of chemotherapy.	(Garrido <i>et al.</i> 2008)
Cisplatin (40 mg/m ² , 4 cycles, 1 week apart)	Case series	1 of 21	Cervix	NS	Brachytherapy	NS	NS	Individual pregnancy outcomes NS. No abnormalities or malformations were reported for 11 newborns. One newborn died of fetal cardiac arrest.	No	(Germann <i>et al.</i> 2005)†
Cisplatin (20 mg/m ² daily for 5 days, 3 cycles, 1 week apart)	Case report	1	Ovary	3 rd	Etoposide, Bleomycin	C-section	36	Oligohydramnios and estimated fetal weight <5 th percentile observed 2 weeks after last dose [age NS]. Male infant: 2000g, Apgar score 9-10 at 15 minutes. Newborn had mild glandular hypospadias, but otherwise had a normal appearance.	At 1 month, ultrasound of the brain and kidney were normal, as were hearing studies and eudiometry. At 8 months, normal physical and neurological development.	(Ghaemmaghami <i>et al.</i> 2009)
Cisplatin (20 mg/m ² , for 5 days, 5 cycles, 3 weeks apart)	Case series	1 of 3 (Pt 2)	Ovary	2 nd , 3 rd First@wk 18	Etoposide, Bleomycin	C-section	35	Premature rupture of membranes. Infant sex NS: 2400 g, Apgar scores 7 and 9 at 1 and 5 minutes.	At 1 year, developing normally.	(Ghaemmaghami and Hasanzadeh 2006)
Cisplatin (75 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Cervix	2 nd , 3 rd First@wk 22 Last@wk 28	None	C-section	32	Male infant: 2120 g, Apgar scores NS. Newborn showed no sign of metabolic or hematologic abnormality.	At 12 months, normal development.	(Giacalone <i>et al.</i> 1996)
Cisplatin (25 mg/m ² on days 1-3, 2 cycles, 4 weeks apart)	Case report	1	Melanoma	2 nd	Interferon (PC, 1 st) Dacarbazine, Radiation therapy (2 nd , 3 rd ; [calendar dates and weeks of gestation are inconsistent])	C-section	28 + 3 days	Intrauterine growth retardation (fetal growth at 3 rd percentile) at 28 weeks gestation. Male infant: 735 g, Apgar scores 6, 8 and 8. Newborn was healthy.	Uneventful, age-appropriate development [age NS].	(Gottschalk <i>et al.</i> 2009)
Cisplatin (70 mg/m ² for 5 days, 5 cycles (Pt 1) or 2 cycles (Pt 2), cycles were 4 weeks apart)	Case series	2 of 2	Ovary	2 nd , 3 rd First@wk 22	Etoposide, Bleomycin	Vaginal	40	Small for gestational age fetus. Male infant: 2610 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn showed no gross malformations.	At 1 month, normal; at 6 years, normal physical and neurological development.	(Han <i>et al.</i> 2005)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				3 rd First@wk 30	Etoposide, Bleomycin	Vaginal, induced	38	Male infant: 2970 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn showed no gross malformations at birth.	At 7.5 months, intussusception; at 26 months, normal physical and neurological development.	
Cisplatin (100 mg/m ² , 2 cycles)	Case report	1	Ovary	2 nd First@wk 20	Cyclophosphamide (2 nd , 3 rd), Carboplatin (3 rd)	C-section	36	Preeclampsia at 34 weeks gestation. Male infant: 3600 g, Apgar scores 9 and 9. Newborn was grossly normal in appearance.	At 12 months, normal growth, neurologic findings, and renal function.	(Henderson <i>et al.</i> 1993)
Cisplatin (100 mg/m ² , 3 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd , 3 rd First@wk 21 Last@wk 29	Etoposide, Bleomycin	Vaginal, induced	39	Mild preeclampsia. Female infant: 2769 g, Apgar scores 4 and 7 at 1 and 5 minutes. Newborn was anemic; no fetal anomalies were identified.	Normal development as assessed by the Child Development Assessment Team [age NS].	(Horbelt <i>et al.</i> 1994)
Cisplatin (50 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd	Cyclophosphamide	C-section	30	Spontaneous preterm labor with premature rupture of membranes at 29 weeks gestation. Female infant: 1816 g, Apgar scores 6 and 8 at 1 and 5 minutes.	Normal growth and neurological and mental development [age NS].	(Huang <i>et al.</i> 2004)
Cisplatin (Dose/schedule NS)	Cohort, retrospective	7 of 72	Breast	2 nd or 3 rd	Doxorubicin, Cyclophosphamide, 5-Fluorouracil, Paclitaxel	NS	NS	Individual pregnancy outcomes were not provided. No congenital malformations were diagnosed in the newborns.	No	(Ibrahim <i>et al.</i> 2000) [†]
Cisplatin (50 mg/kg, 1 dose)	Case report	1	Cervix	1 st First@wk 10	None	Hysterectomy	~13	Male fetus, all fetal organs were examined histologically. The testis showed the presence of a giant cell (possible megakaryocyte), all other tissues appeared normal.	NA	(Jacobs <i>et al.</i> 1980)
Cisplatin (100 mg/m ² , 1 dose)	Case report	1	Lung	2 nd , 3 rd First@wk 26	Vinorelbine	C-section	27 + 4 days	Infant sex and weight NS, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was healthy. At 10 days, transient decrease in white blood cell and platelet counts (recovered by 3 weeks).	No	(Janne <i>et al.</i> 2001)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cisplatin (40 mg/m ² , 7 cycles, 1 week apart)	Case report	1	Cervix	2 nd , 3 rd First@wk 24 Last@wk 30	None	C-section	33	Spontaneous term labor at 31 weeks gestation, treated and subsided. Female infant: 2450 g, Apgar score NS. Newborn had a mild elevation of serum creatinine (resolved by day 8).	At 14 months, normal neuropsychomotor development.	(Karam <i>et al.</i> 2007)
Cisplatin (20 mg/m ² for 5 days, 2 cycles, 3 weeks apart)	Case report	1	Ovary	3 rd First@wk 29	Etoposide, Bleomycin	C-section	39	Female infant: 3100 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn showed no gross malformations.	At 1 month, normal; at 1.5 years, normal physical and neurological development.	(Karimi Zarchi <i>et al.</i> 2008)
Cisplatin (35 mg/m ² on days 1 and 8, 6 cycles, 3 weeks apart)	Case report	1	Lung	1 st , 2 nd First@wk 9 Last@wk 22	Gemcitabine (2 nd), Docetaxel	C-section	33	Female infant: 1490 g, Apgar scores 8, 9 and 10 at 1, 5 and 10 minutes. Newborn had no congenital malformations and had a normal karyotype.	[At 2 months,] developing normally.	(Kim <i>et al.</i> 2008)
Cisplatin (100 mg/m ² , 6 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd , 3 rd	Cyclophosphamide	Vaginal	36.5	Premature rupture of membranes and labor at 36.5 weeks gestation. Male infant: 3060 g, Apgar scores 7 and 8. Shortly after delivery, newborn developed tachycardia and respiratory distress requiring intubation (resolved within 24 hours).	At 28 months, normal physical and mental development.	(King <i>et al.</i> 1991)
Cisplatin (80 mg/m ² on day 1, 4 cycles, 3 weeks apart)	Case report	1	Lung	3 rd First@wk 27	Etoposide	C-section	34	Male infant: weight NS, Apgar scores 9 and 9. Newborn was normal.	No	(Kluetz and Edelman 2008)
Cisplatin (Dose/schedule NS, 4 cycles)	Case series	3 of 27 (only 3 pts received chemoth erapy during pregnan cy)	Ovary	2 nd and/or 3 rd First@wk22.8 to 30.6 (group range)	Etoposide, Bleomycin	NS	Full term	Individual pregnancy outcomes pregnancy outcomes NS. Newborns were healthy with no congenital malformations.	No	(Kwon <i>et al.</i> 2010)
Cisplatin (25 mg/m ² on	Case report	1	Melanoma	1 st , 2 nd	Carmustine, Dacarbazine,	C-section	34	Male infant: 2750 g, Apgar scores 10 and 10 at 1 and 5 minutes.	At 1 year, infant was diagnosed with	(Li <i>et al.</i> 2007)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
days 1-3, 4 cycles)					Tamoxifen			There was no dysmorphism detected in the newborn.	microphthalmia and severe hypermetropia.	
Cisplatin (50 mg/m ² , 2 cycles two weeks apart)	Case series	2 of 2	Cervix	3 rd First@wk 28 Last@wk 30	Paclitaxel	C-section	34	Preterm labor at 29 weeks gestation+3 days was treated, subsided. Male infant: 2200 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no malformations and no evidence of metabolic or hematologic abnormality.	At 21 months, normal development.	(Li <i>et al.</i> 2011)
				3 rd First@wk 30 Last@wk 32	Paclitaxel	C-section	34	Male infant: 2200 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn had no malformations.	At 13 months, in good general condition.	
Cisplatin (Dose/schedule NS, 5 cycles)	Case series	2 of 15 (Pt 9, 15)	Ovary	2 nd	Etoposide	NS	NS	Infant sex NS: 3190 g, Apgar scores NS. Newborn was healthy with no malformations.	No	(Machado <i>et al.</i> 2007)
				2 nd	Etoposide	NS	NS	Infant sex NS: 2200 g, Apgar scores NS. Newborn was healthy with no malformations.	No	
Cisplatin (50mg/m ² , 7 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd , 3 rd	Cyclophosphamide	Vaginal, induced	37-38	Male infant: 3275 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn had no abnormalities.	At 18 months, progressing normally without neurodevelopmental abnormalities.	(Malfetano and Goldkrand 1990)
Cisplatin (Dose/schedule NS)	Case series	1 of 2 (Pt 2)	Ovary	2 nd First@wk 20	Etoposide, Bleomycin	C-section	NS	Infant sex, weight and Apgar scores NS. Newborn required intensive care for hyaline membrane disease [respiratory distress].	No	(Malhotra and Sood 2000)
Cisplatin (75 mg/m ² on day 1, 2 cycles, 3 weeks apart)	Case report	1	Ovary	3 rd First@wk 27	Vinblastine, Bleomycin	C-section	32	Male infant: 1900 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn experienced a mild episode of transient tachypnea but was otherwise normal.	Normal at follow-up [age NS].	(Malone <i>et al.</i> 1986)
Cisplatin (50 mg/m ² on Days 2 and 3, 2 cycles, 4 weeks apart)	Case report	1	Cervix	2 nd First@wk 17 Last@wk 20	Bleomycin	C-section	38	Male infant: 2850 g, Apgar scores 8/10 at 1 and 5 minutes.	At 3 years, normal physical and neurological development.	(Marana <i>et al.</i> 2001)
Cisplatin	Case report	1	Cervix	2 nd , 3 rd	None	C-section	32	Male and female infants (twins):	No	(Marnitz <i>et</i>

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(20 mg/m ² , 3 cycles, 3 weeks apart)								2020 g (male) and 1790 g (female), Apgar scores for both twins was 9/10. Both newborns showed normal development. One neonate required respiratory support.		<i>al.</i> 2009)† [This case was not included in the text analysis because it was Pt1 in (Marnitz <i>et al.</i> 2010)].
Cisplatin (20 mg/m ² on days 1-3 every 3 weeks; Table 1: Pt3 – 2 cycles [text says Pt2], all other Pts - 3 cycles)	Case series	7 of 7	Cervix	2 nd , 3 rd	None	C-section	32+2 days	Birth weight: 1600-2960 (group range). Individual pregnancy outcomes NS. For 8 newborns (Pt1 had twins), all were healthy and without renal, hepatic, auditory, neurologic, or hematopoietic impairment.	At a mean follow-up of 7 months, all had normal development.	(Marnitz <i>et al.</i> 2010) [More details on pt1 in (Marnitz <i>et al.</i> 2009)]
				2 nd , 3 rd	None	C-section	32+1 day			
				2 nd , 3 rd	None	C-section	35+1 day			
				2 nd , 3 rd	None	C-section	32+6 days			
				2 nd , 3 rd	None	C-section	33+4 days			
				2 nd , 3 rd	None	C-section	32			
Cisplatin (75 mg/m ² on day 1, 3 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd , 3 rd	Bleomycin, Vinblastine	C-section	31	Intrauterine growth restriction and marked reduction in amniotic fluid at 28 and 31 weeks gestation, respectively. Maternal hypertension. Female infant: 1070 g, Apgar scores NS. Newborn was apparently normal.	At 65 months, pediatric follow-up did not detect any sign of metabolic or hematologic abnormality.	(Motegi <i>et al.</i> 2007)
				First@wk 20 Last@wk 28						
Cisplatin (100 mg, 4 cycles)	Case report	1	Ovary	2 nd First@wk 18	Cyclophosphamide, Doxorubicin	C-section	33	Male infant: 1896 g, Apgar scores 9/10. No anomalies or deformities were noted in the newborn.	Growth of the child has been normal [age NS].	(Ohara and Teramoto 2000)
Cisplatin (100 mg/m ² for 3 cycles, 75 mg/m ² for last cycle, cycles were 3 weeks apart)	Case report	1	Ovary	2 nd , 3 rd Last@wk 28	None	C-section	31	Male infant: 1740 g, Apgar scores 6 and 9 at 1 and 5 minutes. Newborn was in good condition.	At 10 months, alive and well with no evidence of hearing impairment or developmental delay.	(Otton <i>et al.</i> 2001)
Cisplatin	Case report	1	Cervix	2 nd , 3 rd	Paclitaxel	C-section	35	Female infant: 2400 g, Apgar	At 10 months, in good	(Palaia <i>et al.</i>

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(75 mg/m ² , 3 cycles, 3 weeks apart)					(2 nd ; 1 st cycle only)			scores 7 and 9 at 1 and 5 minutes. Newborn was in good condition with no sign of metabolic or hematologic abnormality.	general condition.	2007)
Cisplatin (Dose/schedule NS)	Cohort, retrospective	2 of 14 from Tables 3 and 4 (Pts 1, 11)	Hodgkin Lymphoma	2 nd First@wk 26	Etoposide, Cytarabine	NS	36	Infant sex NS: 2540 g, Apgar scores NS. Newborn had jaundice and non-hemolytic anemia.	No	(Peres <i>et al.</i> 2001)
			Non-Hodgkin Lymphoma	2 nd First@wk 22	Etoposide	NS	26	Fetal death, no malformations.	NA	
Cisplatin (Dose/schedule NS, 3 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 23 Last@wk 31 (weeks amenorrhea)	Etoposide	C-section	39 weeks amenorrhea	Male infant: 3130 g, Apgar scores 10, 10 and 10. Newborn had a normal aspect [no malformations] and clinical examinations were normal.	No	(Poujade <i>et al.</i> 2008)
Cisplatin (75 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Cervix	2 nd First@wk 18	None	C-section	32	Male infant: 1920 g, Apgar scores 8.8 at 1 and 5 minutes. Newborn developed respiratory distress syndrome after 15 minutes and required intubation; switched to mechanical ventilation on day 2 until day 6. Newborn also had anemia requiring transfusion on day 2, and parenteral feeding until day 3.	At 2 years, no evidence of abnormalities in neuropsychomotor development.	(Rabaiotti <i>et al.</i> 2010)
Cisplatin (55 mg daily for 3 days)	Case report	1	Adenocarcinoma (primary not identified)	2 nd First@wk 26	Bleomycin, Etoposide	Vaginal	27	Spontaneous preterm labor. Female infant: 1190 g, Apgar scores 3 and 8 at 1 and 5 min. Infant developed severe respiratory distress and pneumothorax (room air by day 10). Infant developed a profound leucopenia with neutropenia by day 3 (resolved by day 13). Blood transfusions for anemia associated with immaturity were required twice. The platelet count fell but the infant never became frankly thrombocytopenic. There was no	At 1 year, neurodevelopmental progress is normal, but there is a moderate sensorineural hearing loss.	(Raffles <i>et al.</i> 1989)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								demonstrable neurological abnormality and cerebral ultrasound remained normal throughout the neonatal period. At the age of 10 days the infant was noted to be losing her scalp hair and there was an associated rapid loss of lanugo.		
Cisplatin (70 mg/m ² , 5 cycles, 4 weeks apart)	Case report	1	Ovary	1 st , 2 nd First@wk 14 Last@wk 29	Paclitaxel	C-section	34	Persistent pregnancy-induced hypertension at 32 weeks gestation. Male infant: 1750 g, Apgar scores NS. Newborn did well.	At 18 months, normal growth and development.	(Raghuath and Shashi 2006)
Cisplatin (100 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd , 3 rd Last@wk 32	None	C-section	34+4 days	Female infant: 1980 g, Apgar scores 7, 8 and 9. Newborn required positive airway pressure for 3 days. Newborn also had anemia requiring transfusion.	At 1 and 2 years, normal physical and psychological evaluation.	(Robova <i>et al.</i> 2007)
Cisplatin (75 mg/m ² , 4 cycles)	Case report	1	Ovary	2 nd First@wk 21	Docetaxel	C-section	34	Anhydramnios and left-sided ventriculomegaly diagnosed prior to chemotherapy; ventriculomegaly increased during chemotherapy treatment. Female infant: 2245 g, Apgar scores 3 and 6 at 1 and 10 minutes. Newborn died after 5 days due to congenital malformations that had been diagnosed prior to chemotherapy.	NA	(Rouzi <i>et al.</i> 2009)
Cisplatin (30 mg/m ² for weeks 25, 27 and 29; 40 mg/m ² for weeks 26, 28 and 30)	Case report	1	Cervix	2 nd , 3 rd First@wk 25 Last@wk 30	Vincristine	C-section	31	Male infant: 1660 g, Apgar scores 7/8. Newborn had an uncomplicated neonatal course.	Child remains healthy [age NS].	(Seamon <i>et al.</i> 2009)
Cisplatin (75 mg/m ² , every 3 weeks for 2 cycles)	Case report	1	Ovary	3 rd	Paclitaxel	C-section	34	Female infant: 1900 g, Apgar scores 8 at 5 minutes. Newborn was healthy with normal laboratory tests.	At 73 months of age, normal growth and development.	(Serkes <i>et al.</i> 2011)

Appendix C Table 9. Cisplatin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cisplatin (75 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Ovary	3 rd	Paclitaxel	C-section	37	Female infant: 2800 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn's pediatric evaluation revealed no abnormality.	At 30 months, normal growth and development.	(Sood <i>et al.</i> 2001)
Cisplatin (50 mg/m ² , 6 cycles (Pt 1) or 4 cycles (Pt 2))	Case series	2 of 2	Cervix	2 nd , 3 rd First@wk 21 Last@wk 30	Vincristine (cycles 1 through 3)	C-section	34	Female infant: 2160 g, Apgar scores NS. Newborn had no evidence of growth restriction or bone marrow suppression, and an uneventful neonatal period.	No	(Tewari <i>et al.</i> 1998)
			Cervix	2 nd , 3 rd First@wk 21 Last@wk 29	Vincristine	C-section	32	Male infant: 1700 g, Apgar scores NS. Newborn had no evidence of growth restriction or bone marrow suppression.	At 2 years, very healthy.	
Cisplatin (750 mg/m ² , 3 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd , 3 rd First@wk 24 Last@wk 32	Cyclophosphamide	Vaginal, induced	34	Male infant: 2280 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no complications.	At 12 months, growing and developing normally.	(Tomlinson <i>et al.</i> 1997)
Cisplatin (Dose/schedule NS, 1 cycle)	Survey, retrospective	1 of 17 (Pt 26)	Pancreas	3 rd First@wk 31	5-Fluorouracil	Vaginal	33	Infant sex, weight and Apgar scores NS. Newborn had no malformations, but was premature with low birth weight.	No	(Ustaalioglu <i>et al.</i> 2010)
Cisplatin (Dose/schedule NS)	Cohort, retrospective	1 of 21 (Pt 21)	Ovary	3 rd	Cyclophosphamide, Doxorubicin	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was alive and well with no complications or malformations.	No	(Zemlickis <i>et al.</i> 1992)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Cisplatin timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA= Not Applicable. NS = Not Specified. Pt = patient. Wk = week. AML = acute myeloid leukemia.

† Paper not included in text analysis. Ibrahim *et al.* (Ibrahim *et al.* 2000) was not included because it was not possible to determine the individual treatment regimens of the 7 patients receiving chemotherapy during pregnancy. A retrospective case series reported by Germann *et al.* (Germann *et al.* 2005) was not included because the individual pregnancy outcomes of patients treated with chemotherapy was not specified. A case report by Marnitz *et al.* (Marnitz *et al.* 2009) was not included in the text summary analysis because this twin pregnancy was included in a subsequent case series (Marnitz *et al.* 2010).

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

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Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Cyclophosphamide (Dose/schedule NS)	Case series	5 of 13 (Pts 2, 3, 4, 9, 10)	Breast	2 nd	Doxorubicin	NS	36	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)
			Breast	2 nd	Doxorubicin		39	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
			Breast	2 nd	Doxorubicin		33	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
			Adenoid cystic carcinoma	2 nd	Doxorubicin, Cisplatin		25	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
			Non-Hodgkin lymphoma (Diffuse large B cell)	2 nd , 3 rd	Vincristine, Doxorubicin		32	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
Cyclophosphamide (750 mg/m ² on days 1 and 8)	Case report	1	Leukemia (ALL)	2 nd	Idarubicin, Vincristine	C-section	28	Male infant: 1024 g, Apgar scores of 6, 8, and 8 at 1, 5, and 10 minutes. Newborn had no growth restriction or gross malformations. He had respiratory distress, necrotizing enterocolitis, and ventricular hemorrhage. Acute cardiac failure, attributed to Idarubicin, occurred during the first 3 days after birth; infant was treated and cardiac function returned to normal after 3 days.	At 18 months, neurological status was normal but he showed a slight delay in language acquisition.	(Achtari and Hohlfeld 2000)
Cyclophosphamide (1000 mg/m ² on day 1, one cycle)	Case report	1	Leukemia (ALL)	3 rd	Vincristine, Daunorubicin, Asparaginase	C-section	33	Preterm premature rupture of the membranes, fetal distress. Male infant: 1750 g, Apgar scores 4 and 6 at 1 and 5 minutes. Newborn was pale, lethargic, tone-decreased, and had respiratory distress requiring intubation (resolved	At 6 months, normal growth and development.	(Ali <i>et al.</i> 2009a)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								by day 7).		
Cyclophosphamide (600 mg/m ² , 5 cycles, 3 weeks apart)	Case report	1	Breast	PC, 1 st	5-Fluorouracil, Epirubicin, Tamoxifen (2 nd , 3 rd), Radiation, analgesic (2 nd)	C-section	35	Signs of premature delivery [spontaneous preterm labor]. Female infant: 2070 g; Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was phenotypically normal and had normal hematological and biochemical values.	At 12 months, functioning normally with no disorder, congenital abnormality or disease observed.	(Andreadis <i>et al.</i> 2004)
Cyclophosphamide (40 mg/kg, schedule NS)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd	Methotrexate	Hysterotomy	4 th month	Induced abortion. Fetus weighed 1070 g and was without gross abnormality.	NA	(Armitage <i>et al.</i> 1977)
Cyclophosphamide (1000 mg/m ² on day 2, 2 cycles, 3 weeks apart)	Case report	1	Ovary	3 rd	Doxorubicin, Vincristine	C-section	37	Female infant: 2500 g, Apgar scores NS. Newborn was healthy. There were multiple tumor deposits in the placenta.	No	(Ateser <i>et al.</i> 2007)
Cyclophosphamide (Dose/schedule NS)	Case series, retrospective	3 of 7 from Table I (Pt 1, 5 and 6)	Leukemia (ALL)	1 st [see note in reference column]	Vincristine, Doxorubicin, 6-Mercaptopurine, Methotrexate	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 19 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
				2 nd	Vincristine, Doxorubicin, 6-Mercaptopurine, Methotrexate	Vaginal	38	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Doxorubicin, 6-Mercaptopurine, Methotrexate	Vaginal	37	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		18 of 18 from Table III	Non-Hodgkin lymphoma	2 nd	Vincristine, Doxorubicin	Vaginal	38	Female infant: 3400 g, Apgar scores NS. Newborn had no congenital malformations.	At 18 years, physical, neurological, psychological, hematological, immune function, and cytogenetics	

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
									were normal.	
				1 st	Vincristine, Doxorubicin, Bleomycin	C-section	39	Male infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Doxorubicin, Etoposide, Methotrexate	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 15 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Doxorubicin, Bleomycin	C-section	40	Male infant: 3850 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Vincristine, Doxorubicin, Bleomycin	Vaginal	37	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Doxorubicin, Bleomycin, Cytarabine	Vaginal	37	Male infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Doxorubicin, Bleomycin	Vaginal	38	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Epirubicin, Bleomycin, Cytarabine, Etoposide, Methotrexate	Vaginal	37	Male infant: 2850 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Doxorubicin	Vaginal	38	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics	

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
									were normal.	
				1 st	Vincristine, Doxorubicin, Bleomycin	Vaginal	38	Female infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Doxorubicin	Vaginal	37	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Vincristine, Doxorubicin, Methotrexate, Cytarabine	Vaginal	39	Female infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Doxorubicin, Etoposide, Methotrexate	Vaginal	37	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Doxorubicin, Bleomycin, Methotrexate, Cytarabine, Etoposide	Vaginal	40	Female infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Doxorubicin, Bleomycin	C-section	38	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Epirubicin, Vincristine, Bleomycin	Vaginal	39	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Epirubicin, Vincristine, Bleomycin, Methotrexate,	Vaginal	40	Male infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics	

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Etoposide, Cytarabine				were normal.	
				1 st	Epirubicin, Vincristine, Bleomycin, Cytarabine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Cyclophosphamide (Total doses: Pt 1 - 4000 mg, Pt 2 - 8600 mg, Pt 3 - 6100 mg, Pt 4 - 6500 mg, Pt 5 - 3600 mg, Pt 6 - 5800 mg, Pt 7 - 8900 mg, Pt 8 - 2400 mg, Pt 9 - 6400 mg, Pt 10 - 6100 mg, Pt 11 - 7500 mg; schedule NS)	Case series	16 of 16	Non-Hodgkin lymphoma	2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate	NS	NS	Individual pregnancy outcomes are not provided. Birth weights were 2200 g to 3900 g (group range). All babies were born alive and none of the newborns showed apparent congenital malformations.	At ages ranging from 3 to 11 years, normal growth and development.	(Aviles <i>et al.</i> 1990)†
				1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, Bleomycin					
				2 nd , 3 rd	Vincristine, Doxorubicin, Bleomycin, Methotrexate					
				1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, Bleomycin					
				3 rd	Vincristine, Doxorubicin, Bleomycin, Methotrexate, Etoposide					
				1 st , 2 nd	Vincristine, Doxorubicin, Bleomycin					
				1 st , 2 nd , 3 rd	Vincristine,					

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Doxorubicin, Bleomycin, Methotrexate, 6-Mercaptopurine					
				3 rd	Vincristine, Doxorubicin, Methotrexate, Etoposide					
				1 st , 2 nd , 3 rd	Vincristine, Doxorubicin					
				2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate, Cytarabine					
				1 st , 2 nd	Vincristine, Doxorubicin, Bleomycin					
				2 nd , 3 rd	Vincristine, Doxorubicin, Methotrexate, Cytarabine, Etoposide					
				3 rd	Vincristine, Doxorubicin, Methotrexate, Etoposide					
				1 st , 2 nd , 3 rd	Vincristine, Bleomycin, Methotrexate, Cytarabine, Etoposide					
				3 rd	Vincristine, Doxorubicin					
				1 st , 2 nd	Vincristine, Doxorubicin, Bleomycin					
Cyclophosphamide (Dose/schedule NS)	Case series, retrospective	10 of 29 from Table 1	Leukemia (ALL)	NS	Vincristine, Doxorubicin	NS	NS	Birth weight, group range: 2500 – 3675 g. Individual pregnancy outcomes, birth weights and Apgar scores were not provided.	In this long term follow-up, ranging from 5 to 26 years, learning and educational performances were normal, and no congenital,	(Aviles and Neri 2001)†

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
									cytogenic, neurological, or psychological abnormalities were observed.	
		29 of 29 from Table 3	Lymphoma	NS	Vincristine, Doxorubicin, Bleomycin	NS	NS	Birth weight, group range: 2350 – 4050 g. Individual pregnancy outcomes, birth weights and Apgar scores were not provided.		
Cyclophosphamide (Dose/schedule NS)	Case series, retrospective	4 of 18 from Table I (Pt 2, 3, 6 and 13)	Leukemia (ALL)	1 st , 3 rd	6-Mercaptopurine, Methotrexate	NS	NS	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 13 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	(Aviles and Niz 1988)
				1 st , 2 nd , 3 rd	Vincristine, Methotrexate, 6-Mercaptopurine, Cytarabine	NS	NS	Female infant: 2300 g, Apgar scores NS. Newborn had no congenital malformations. Alive at 12 years.	At 12 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd , 3 rd	Vincristine, Methotrexate, 6-Mercaptopurine, Cytarabine	NS	NS	Male infant: 1000 g, Apgar scores NS. Newborn had pancytopenia and no congenital malformations. Died of septicemia at 21 days; blood counts were normal at death.	No	
				2 nd , 3 rd	Vincristine, Methotrexate, 6-Mercaptopurine, Doxorubicin	NS	NS	Female infant: 2700 g, Apgar scores NS. Newborn had pancytopenia and no congenital malformations. At 4 weeks, blood counts and bone marrow samples were normal.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
Cyclophosphamide (300 weekly, cycles NS)	Case series	1 of 5 (Pt 1)	Leukemia (ALL)	2 nd	Doxorubicin, Vincristine, Asparaginase, Methotrexate, 6-Mercaptopurine	NS	~39	Female infant: 3200 g, Apgar scores NS. Newborn was normal.	At 40 months, normal development and growth.	(Awidi <i>et al.</i> 1983)
Cyclophosphamide (600 mg for 5 days, one cycle)	Case report	1	Non-Hodgkin lymphoma	1 st First@wk 12	Radiation (2 nd)	Vaginal	39	Male infant: 2850 g, Apgar score 10 at birth. Newborn had no gross abnormalities.	At 5 months, doing well.	(Ba-Thike and Oo 1990)
Cyclophosphamide (150 mg daily for 14	Case report	1	Breast	2 nd First@wk 17	Doxorubicin, 5-Fluorouracil	Vaginal	NS	Male infant: weight NS, Apgar scores 8 and 9. Newborn was	At 1.5 years, he was well developed.	(Barnicle 1992)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
days of 28 day cycle, 6 cycles)								phenotypically normal with a full head of hair.		
Cyclophosphamide (1000 mg/m ² , 2 cycles)	Case report	1	Ovary	3 rd	Cisplatin	Vaginal	35	Polyhydramnios at 33 weeks gestation. Premature rupture of membranes at 35 weeks gestation. Male infant: 2600 g, Apgar scores 5 and 7 at 1 and 5 minutes. Newborn experienced respiratory difficulty during the first 12 hours, but was otherwise normal.	At 18 months, progressing normally without any neurodevelopmental abnormalities.	(Bayhan <i>et al.</i> 1999)
Cyclophosphamide (1000 mg, one cycle)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	3 rd [First@ month 7]	Vincristine, Methotrexate (intrathecal)	Vaginal	7 th month (10 days after starting chemotherapy)	Spontaneous preterm labor. Female infant: weight and Apgar scores NS. Newborn was premature, but healthy.	At 3 years, general growth was satisfactory. Hematological parameters, bone marrow, immunoglobulin levels, lymphocyte function and karyotype were within normal levels.	(Berrebi <i>et al.</i> 1983)
Cyclophosphamide (500 mg/m ² , 1 to 6 cycles, 3 or 4 weeks apart)	Case series	24 of 24	Breast	2 nd and/or 3 rd	Doxorubicin, 5-Fluorouracil	NS	33 – 40 (group range)	Three patients delivered preterm due to severe preeclampsia (1 pt) or idiopathic preterm labor (2 pt). Individual pregnancy outcomes were not provided. Apgar scores were ≥ 9 in all cases. Newborns had no malformations. One newborn had a low birth weight for gestational age (<10 th percentile), one newborn was diagnosed with hyaline membrane disease, and two newborns had tachypnea (resolved by 48 hours). One newborn was born 2 days after chemotherapy and experienced transient leucopenia. Two newborns had substantial hair	At 6 months to 8 years (group range), all were alive.	(Berry <i>et al.</i> 1999)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								loss.		
Cyclophosphamide (Dose/schedule NS)	Case series, retrospective	1 of 18 (Pt 1)	Undifferentiated sarcoma	1 st First@month 3	Doxorubicin, Vincristine, AMSA	NS	NS (no births were premature)	Male infant: 6 lb 5 oz [2828 g], Apgar scores NS. Newborn was normal.	At 2.5 years, normal.	(Blatt <i>et al.</i> 1980)
Cyclophosphamide (Dose/schedule NS, 3 cycles (Pt 1), 6 cycles (Pt 2) or 4 cycles (Pt 3))	Case series	3 of 5 (Pt 1, 2 and 3)	Breast	3 rd	5-Fluorouracil, Epirubicin	C-section	36	Infant sex NS: 2920 g, Apgar scores were in the normal range. Newborn was normal, no congenital malformations were observed.	No	(Bodner-Adler <i>et al.</i> 2007)
				2 nd , 3 rd	5-Fluorouracil, Epirubicin	Vaginal	38	Infant sex NS: 2940 g, Apgar scores were in the normal range. Newborn was normal, no congenital malformations were observed.		
				2 nd , 3 rd	5-Fluorouracil, Epirubicin	C-section	36	Infant sex NS: 2530 g, Apgar scores were in the normal range. Newborn was normal, no congenital malformations were observed.		
Cyclophosphamide (Dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Vincristine	Vaginal, induced	34	Infant sex NS: 3043 g, Apgar scores 9, 9, and 9. The newborn was not compromised.	No	(Brown <i>et al.</i> 2001)
Cyclophosphamide (Dose NS. Given on days 8 of an 8 day regimen. 4 cycles.)	Case report	1	Uterus (choriocarcinoma)	NS [First@ >20 weeks]	Actinomycin D, Methotrexate, Vincristine, Etoposide	Vaginal	32	Spontaneous preterm delivery [spontaneous preterm labor]. Female infant: 1383g, Apgar scores 8 and 9. Newborn was developmentally normal.	At 42 months, normal development.	(Brudie <i>et al.</i> 2011)
Cyclophosphamide (Dose/schedule NS)	Survey, registry	(101 of 104 infants from Table 2)	Breast	2 nd or 2 nd , 3 rd	Doxorubicin, 5-Fluorouracil, Doxetaxel, Paclitaxel, Epirubicin	NS	35.9 (Group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS. Ninety-seven newborns were normal phenotype. Four newborns had malformations (number affected): small main pulmonary artery fistula (1), pyloric stenosis (1), talipes (clubfoot) and left eye hemangioma (1), and suspected holoprosencephaly (1). Neonatal complications (number affected): intrauterine growth retardation (8),	At 42 months (group mean, n=91 from Table 7), long-term complications were (number affected): periventricular leukomalacia and developmental delay requiring OT and PT (infant had hypocapnia at birth) (1), gastroesophageal reflux (1), mild speech delay (2), mild hearing loss and recurrent otitis media (1), recurrent otitis media (3), reactive	(Cardonick <i>et al.</i> 2010)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								thrombocytopenia, died at 13 months due to a severe autoimmune disorder (1), neutropenia (1), sepsis and anemia (1), hyperbilirubinemia or jaundice (6), hypocapnia with hypotonia (1), transient tachypnea, apnea and/or respiratory distress syndrome (6), gastroesophageal reflux, or difficulty in feeding (3), and meconium [aspiration] (1).	airway disease (2), selective IgA deficiency not requiring treatment (1). Group mean weight was 48 th percentile.	
		8 of 31 patients (8 of 32 infants) from Table 3	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Vincristine	NS	34.0 (Group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. One fetus died at 30 weeks, autopsy was normal. Eight newborns were without malformations. Neonatal complications (number affected): jaundice (2), anemia (1), and transient tachypnea (1).	At 0.2 to 5.3 years (n=20 from Table 3), all children were normal phenotype. At 34 to 82 months (group range, n=6): one child in the group had a speech delay; group mean weight was 46 th percentile.	
		1 of 3 from Table 5	Leukemia (ALL)	2 nd , 3 rd	Cytarabine, Daunorubicin, 6-Mercaptopurine, Methotrexate, Vincristine, Asparaginase	NS	35.5 (Group mean)	Infant sex NS: 2341 g (group mean), Apgar scores NS. Newborn was normal.	At 9 years, normal phenotype. At 41 to 109 months (group range, n=2), no long-term complications; group mean weight was 65 th percentile.	
		1 of 12 from Table 6	Rhabdomyosarcoma	2 nd , 3 rd	Vincristine, Actinomycin D	C-section	33	Infant sex NS: 2948 g, Apgar scores NS. Newborn was normal.	At 5.3 years, normal phenotype.	
Cyclophosphamide	Survey, retrospective – utilizing data from the Rituximab global drug safety database	1 of 20 from Table 2	Non-Hodgkin lymphoma (B-cell)	3 rd	Rituximab, Doxorubicin, Vincristine	NS	35	Male infant: weight and Apgar scores NS. Newborn was premature.	No	(Chakravarty <i>et al.</i> 2011)
		1 of 20	Non-	2 nd	Rituximab,	NS	41	Female infant: weight and Apgar		

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		from Table 2	Hodgkin lymphoma (Burkitt)	First@wk 16	Doxorubicin, Vincristine			scores NS. Newborn was normal, but had B-cell depletion.		
		3 of 20 from Table 2	Non-Hodgkin lymphoma	2 nd First@wk 18	Rituximab, Doxorubicin, Vincristine	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal.		
				2 nd First@wk 15	Rituximab, Doxorubicin, Vincristine	NS	33	Female infant: weight and Apgar scores NS. Newborn had low B-cells.		
				2 nd First@wk 21	Rituximab, Doxorubicin, Vincristine	NS	33	Preeclampsia. Female infant: weight and Apgar scores NS. Newborn was normal.		
Cyclophosphamide (Dose/schedule NS)	Survey, retrospective	3 of 37 from Table 1 (Pt 13, 30, 35)	Leukemia (ALL)	1 st (Diagnosis @wk 9)(pt 13)	Daunorubicin, Vincristine	NS	NS	Induced abortion [No fetal autopsy data provided.]	No	(Chelghoum <i>et al.</i> 2005) [Did not include Pt9 because it was not clear whether the pt received chemotherapy while pregnant.]
			Leukemia (ALL)	1 st (Diagnosis @wk 10) (pt 30)	Daunorubicin, Vincristine	NS	NS	Induced abortion. [No fetal autopsy data provided.]		
			Leukemia (ALL)	1 st (Diagnosis @wk 9)(pt 35)	Daunorubicin, Vincristine	NS	NS	Induced abortion. [No fetal autopsy data provided.]		
Cyclophosphamide (Dose NS, 5 days, one cycle)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	3 rd First@wk 28	Rituximab, Vincristine	C-section	~29	Female infant: 1263 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn had respiratory distress and	No	(Cordeiro <i>et al.</i> 2009)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								omphalitis, but no myelosuppression. Discharged at 46 days in adequate condition.		
Cyclophosphamide (600 mg/m ² on day 1, 3 cycles, 3 or 4 weeks apart)	Case report	1	Breast	3 rd First@wk 28 Last@wk 34	5-Fluorouracil, Doxorubicin	Vaginal	36	Mild fetal growth restriction and progressive reduction in amniotic fluid. Female infant: 2350 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was in good condition with a normal blood count.	At 24 months, healthy with normal psychoneurological development.	(Cordoba <i>et al.</i> 2010)
Cyclophosphamide (650 mg/m ² on days 1 and 8, through remainder of pregnancy)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 18	Vincristine, Procarbazine	NS	37	Female infant: 2000 g, Apgar scores NS. Newborn had no abnormalities and chromosomal analysis was normal.	At 1 year, no abnormalities.	(Daly <i>et al.</i> 1980)
Cyclophosphamide (Dose/schedule NS)	Case series	3 of 32 from Table I (Pt 4, 20 and 30)	Breast	2 nd First@wk 14 Last@wk 22	Doxorubicin	Vaginal	38	Infant sex NS: 3150 g, Apgar scores 9 and 10. Newborn was healthy.	At 1 year, healthy.	(De Carolis <i>et al.</i> 2006)
			Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 24 Last@wk 37	Doxorubicin, Etoposide, Cytarabine, Bleomycin, Vincristine	C-section	35	Infant sex NS: 1980 g, Apgar scores 8 and 9. Newborn was healthy.	At 1 year, healthy.	
			Non-Hodgkin lymphoma	3 rd First@wk 34 Last@wk 37	Epirubicin, Etoposide, Cytarabine, Bleomycin, Vincristine	Vaginal	36	Infant sex NS: 3020 g, Apgar scores 9 and 9. Newborn was healthy.	At 1 year, healthy.	
Cyclophosphamide (750 mg/m ² , 6 cycles, 2 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd	Rituximab, Doxorubicin, Vincristine	Vaginal	33	Spontaneous preterm labor and delivery. Female infant: weight within 50-90 percentile, Apgar scores 8, 10 and 10. Newborn was healthy, but B-cells were severely diminished at birth (recovery began at 6 weeks, complete by 12 weeks).	At 8 and 16 weeks, normal immunological response to vaccinations. At 16 months, no physiological or developmental abnormalities.	(Decker <i>et al.</i> 2006)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Cyclophosphamide (Dose/schedule NS, 4 cycles)	Case report	1	Breast	2 nd	Doxorubicin	NS	NS	Male infant: weight and Apgar scores NS. Newborn was healthy.	No	(Diamond <i>et al.</i> 2009)
Cyclophosphamide (Dose/schedule NS, 6 cycles (Pt 11))	Case series	2 of 18 (Pt 11 and 13)	Hodgkin lymphoma	PC,1 st	Vincristine, Doxorubicin	NS	NS	Female infant: 3000 g Apgar scores NS. Newborn was normal.	At 12 months, alive.	(Dilek <i>et al.</i> 2006)
			Non-Hodgkin lymphoma	2 nd , 3 rd	Vincristine, Doxorubicin	NS	NS	Male infant: 2500 g Apgar scores NS. Newborn was of low birth weight [small for gestational age], but without hematological abnormality.	At 35 months, alive.	
Cyclophosphamide (400 mg/m ² on days 1-5)	Case report	1	Hodgkin lymphoma	3 rd First@wk 29	Vincristine	C-section	35	Female infant: 2300 g Apgar scores NS. Newborn was well.	No	(D'Incalci <i>et al.</i> 1982)
Cyclophosphamide (150 mg/m ² on days 3-12, 5 cycles, 4 weeks apart)	Case report	1	Breast	2 nd , 3 rd	5-Fluorouracil, Doxorubicin	C-section	38	Male infant: 5 lb 14 oz [2632 g], Apgar scores NS. Newborn developed jaundice, but was otherwise healthy with normal blood count and chemistry.	At 4 months, 50 th percentile for weight with normal blood count and chemistry. At 15 and 24 months, excellent health and normal development.	(Dreicer and Love 1991)
Cyclophosphamide (10 mg/kg for 7 days, one course)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	3 rd [First@wk26]	None	Vaginal	NS	False labor on 4 th day of treatment, strong uterine contractions [preterm labor] three days after last dose of cyclophosphamide (treated with bed rest, then subsided). Male infant: 2160 g, Apgar scores NS. Newborn was normal.	No	(Durodola 1979)
Cyclophosphamide (Dose/schedule NS, 4 cycles)	Case report	1	Vagina (neuroendocrine carcinoma)	2 nd First@wk 17 Last@wk 27	Doxorubicin, Vincristine	C-section	29	Male infant: 1100g, Apgar scores 5 and 6 at 1 and 5 minutes. Newborn was viable and, due to prematurity, received intensive care for 55 days at which time he was discharged without complications.	At 6 years, highly functional with no neurodevelopmental delays.	(ElNaggar <i>et al.</i> 2012)
Cyclophosphamide	Case report	1	Non-	2 nd , 3 rd	Vincristine,	Vaginal	Full term	Male infant: 2500 g, Apgar	At 1 year, developing	(Falkson <i>et</i>

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(1000 mg/m ² , 8 cycles, 3 weeks apart)			Hodgkin lymphoma	Last@wk 34	Bleomycin			scores NS. Newborn showed no signs of abnormalities.	normally. Chromosomal banding studies found no abnormalities.	<i>al.</i> 1980)
Cyclophosphamide (275 mg/day for 5 days every 3 weeks)	Case report	1	Ovary	2 nd , 3 rd First@wk 20 Last@wk 32	Vincristine, Actinomycin D	Vaginal	39+6 days	Male infant: 4310 g, Apgar scores 8 and 9 at 1 and 5 minutes.	No	(Frederiksen <i>et al.</i> 1991)
Cyclophosphamide (Dose/schedule NS, 6 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd , 3 rd First@wk 20	Rituximab, Doxorubicin, Vincristine	C-section	41	Female infant: weight and Apgar scores NS. Newborn was healthy but with complete absence of B cells. A fast B cell recovery was seen in the weeks following birth.	At 26 months, normal growth and development.	(Friedrichs <i>et al.</i> 2006)
Cyclophosphamide (700 mg/m ² , one cycle)	Case report	1	Non-Hodgkin lymphoma	1 st	Doxorubicin, Vincristine	Vaginal, spontaneous	NS	Male infant: 3400 g, Apgar score 10 at 10 minutes. Newborn had a normal appearance.	At 2 months, condition is satisfactory.	(Garcia <i>et al.</i> 1981)
Cyclophosphamide (Dose/schedule NS; 2 Cycles)	Case series	1 of 2 (Pt2)	Large B cell lymphoma (Non-Hodgkin lymphoma)	3 rd First@wk 28 Last@wk 32	Doxorubicin Vincristine	Vaginal	33	Male infant: 1645 g, Apgar scores 8 and 9 at 1 and 5 minutes. Developed necrotizing enterocolitis that was successfully treated and leukopenia that resolved in 2 days.	No	(Garcia <i>et al.</i> 1999)
Cyclophosphamide (Dose/schedule NS)	Case series, retrospective	7 of 15 [see note in pregnancy outcome column]	Breast	2 nd and/or 3 rd	5-Fluorouracil, Doxorubicin	NS	35 (Group average) (Range 32-40)	Individual pregnancy outcomes were not provided. 7 live births with no congenital malformations. No stillbirths, miscarriages or perinatal deaths in any pregnancies treated during the 2 nd and 3 rd . [15 pts received chemotherapy during pregnancy; 4 pts were not included due to lack of data on chemotherapy treatment]	No	(Garcia-Manero <i>et al.</i> 2009)
Cyclophosphamide (Dose/schedule NS, 3 cycles)	Case report	1	Non-Hodgkin lymphoma	3 rd	Doxorubicin, Vincristine	Vaginal	Full term	Female infant: Birth weight and Apgar scores NS. Newborn showed no congenital anomalies.	At 4 weeks, infant weighed 2800 g; chromosomal analysis revealed no breaks or translocations. At 26 months, doing well.	(Garg and Kochupillai 1985)
Cyclophosphamide (300 – 1200 mg/m ² , 1 – 4 cycles, 15 to 28	Survey, retrospective	13 of 20 from Table 3 (Pt 1, 3, 6,	Breast	1 st First@wk 4 amenorrhea	5-Fluorouracil, Epirubicin	NS	NS	Spontaneous abortion. [No fetal data provided.]	NA	(Giacalone <i>et al.</i> 1999)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		7, 10, 11, 12, 14, 15, 16, 17, 19 and 20)								
				2 nd First@wk 23 amenorrhea	Epirubicin	Vaginal	26 weeks amenorrhea	Stillborn. [No fetal data provided.]	NA	
				2 nd , 3 rd First@wk 24 amenorrhea	5-Fluorouracil, Doxorubicin	Vaginal	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 60 months, alive and well.	
				2 nd First@wk 25 amenorrhea	5-Fluorouracil, Mitroxantrone	C-section	33 weeks amenorrhea	Infant sex and weight NS, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn experienced respiratory distress.	At 12 months, alive and well.	
				3 rd First@wk 27 amenorrhea	5-Fluorouracil, Mitroxantrone	C-section	33 weeks amenorrhea	Infant sex and weight NS, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn had intrauterine growth retardation.	At 32 months, alive and well.	
				3 rd First@wk 28 amenorrhea	5-Fluorouracil, Epirubicin	C-section	31 weeks amenorrhea	Infant sex and weight NS, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn died on day 8, no etiology was diagnosed. No malformations observed.	NA	
				3 rd First@wk 29 amenorrhea	5-Fluorouracil, Epirubicin	C-section	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 6 and 10 at 1 and 5 minutes. Newborn had leukopenia.	At 18 months, alive and well.	
				3 rd First@wk 31 amenorrhea	5-Fluorouracil, Epirubicin	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 10 months, alive and well.	
				3 rd First@wk 31 amenorrhea	5-Fluorouracil, Doxorubicin	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 120 months, alive and well.	
				3 rd First@wk 31 amenorrhea	5-Fluorouracil, Epirubicin	C-section	33 weeks amenorrhea	Infant sex and weight NS, Apgar scores 6 and 10 at 1 and 5 minutes. Newborn experienced respiratory distress.	At 6 months, alive and well.	
				3 rd First@wk 31	5-Fluorouracil, Epirubicin	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 9 and 10 at 1 and 5	At 16 months, alive and well.	

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				amenorrhea				minutes. Newborn was normal.		
				3 rd First@wk 32 amenorrhea	Epirubicin	C-section	37 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 6 months, alive and well.	
				3 rd First@wk 35 amenorrhea	5-Fluorouracil, Epirubicin	Vaginal	37 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 50 months, alive and well.	
Cyclophosphamide (Dose/schedule NS, 5 cycles)	Case report	1	Breast	PC, 1 st , 2 nd Last@wk 24	5-Fluorouracil, Methotrexate	NS	30	Spontaneous preterm labor. Male infant: 1000g, Apgar scores NS. Newborn appeared normal, but experienced respiratory distress requiring support for 2 days. An inguinal hernia was diagnosed and repaired.	At 22 months, normal growth, development and karyotype.	(Giannakopoulos <i>et al.</i> 2000)
Cyclophosphamide (1000 mg on Day 1, 2 cycles)	Case report	1	Ewing sarcoma	3 rd First@wk 29 Last@wk 32	Doxorubicin, Actinomycin D, Vincristine, Radiation therapy	Vaginal (induced)	36	Female infant: 5 lb 3 oz [2324 g], Apgar scores 9 and 9. Newborn appeared normal.	At 3 months, growing adequately with no abnormalities.	(Gilliland and Weinstein 1983)
Cyclophosphamide (600 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd , 3 rd First@wk 23	5-Fluorouracil, Epirubicin	C-section	35	Premature rupture of membranes. Female infant: 3420 g, Apgar score 8. Newborn experienced respiratory difficulty, but had no congenital malformations.	No	(Ginopoulos <i>et al.</i> 2004)
Cyclophosphamide (600 mg/m ² , 4 cycles)	Case report	1	Breast	1 st , 2 nd	Doxorubicin, Paclitaxel (2 nd , 3 rd)	C-section	37	Preeclampsia. Male infant: 5.4 lb [2419 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal, with normal blood counts.	At 12 months, normal physical growth and development.	(Gonzalez-Angulo <i>et al.</i> 2004)
Cyclophosphamide (100 mg/day during entire pregnancy with an additional dose of 1810 mg over 6 days midway through the first trimester)	Case report	1	Hodgkin lymphoma	1 st , 2 nd , 3 rd	None	Vaginal	NS	Male infant: 4 lb 4 oz [1904 g], Apgar scores NS. Newborn had a groove extending to the uvula on each side of the midline of the hard palate, a flattened nasal ridge, a small skin tag on the anterior mid-abdomen, a slightly hypoplastic middle	At 1 year, developing normally with a normal karyotype.	(Greenberg and Tanaka 1964)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								phalanx of the fifth finger, and bilateral inguinal hernia sacs. The feet were wider at the heels and tapered towards the toes. There were four toes on each foot; the first and fourth toes were larger than the middle two, with some degree of overlap.		
Cyclophosphamide (Dose/schedule NS)	Case report	1	Ewing sarcoma	2 nd , 3 rd [First@>wk 25]	Actinomycin D, Bleomycin, Vincristine, Doxorubicin	C-section	34	Female infant: 1750 g, Apgar scores 7 and 9. Infant required intravenous calcium and was treated for mild respiratory distress syndrome for 2 days. No major problems after 3 days.	Child progressing normally [age NS, >4 years later].	(Haerr and Pratt 1985)
Cyclophosphamide (500 mg/m ² on day 1, 1 to 6 cycles (group mean = 4 cycles), 3 to 4 weeks apart)	Case series	40 of 57 [Data on pregnancy outcomes available for only 40 pregnancies]	Breast	NS First@wk 11 – 34 (group range; group median=wk 23) Last @wk35	Doxorubicin, 5-Fluorouracil	40% were Vaginal; 60% were C-section	29 to 42 (group range; n=52)	Individual pregnancy outcomes were not provided. Infant sex and Apgars scores NS: group mean weight = 2890 g (range: 1389 g to 3977 g; n=47). No stillbirths, miscarriages or perinatal deaths occurred with exposure during 2 nd and 3 rd trimester (n=55). Pregnancy outcomes provided for 40 infants (number affected): Down's Syndrome (1), club foot (1), and bilateral ureteral reflux (1). 11 infants had breathing difficulties (11) and 1 infant had neutropenia, thrombocytopenia and a subarachnoid hemorrhage.	Follow up on children (ages 2 to 157 months; n=39). All children except the one with Down's Syndrome were thought to have normal development by their parents. One other school-age child had attention deficit-hyperactivity disorder.	(Hahn <i>et al.</i> 2006)
Cyclophosphamide (Dose NS, day 1, 3 cycles, 4 weeks apart)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 26 Last@wk 34	Daunorubicin (2 nd), Vincristine, Asparaginase, 6-Mercaptopurine (3 rd), Cytarabine (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	36	Transient oligohydramnios. [Spontaneous preterm labor.] Male infant: 2150 g, Apgar scores 2 and 8 at 1 and 5 minutes. Newborn required oxygen therapy due to meconium aspiration (resolved)	No	(Hansen <i>et al.</i> 2001)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								by day 4) and developed transient hyperbilirubinemia. Physical and neurological examinations and blood counts were normal. Placenta had mild chorionitis with multiple small infarcts.		
Cyclophosphamide (1500 mg, followed by 2500 mg, 2 weeks apart)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	3 rd	None	Vaginal (induced)	NS	Male infant: 3180 g, Apgar score 9. Newborn was normal and had normal hematologic values.	At 1 year, healthy with normal growth.	(Hardin 1972)
Cyclophosphamide (600 mg/m ² (first 2 cycles) and 1000 mg/m ² (last cycle))	Case report	1	Ovary	2 nd , 3 rd First@wk 20	Cisplatin (2 nd), Carboplatin (3 rd)	C-section	36	Preeclampsia at 34 weeks gestation. Male infant: 3600 g, Apgar scores 9 and 9. Newborn appeared normal.	At 12 months, normal growth and neurologic findings.	(Henderson <i>et al.</i> 1993)
Cyclophosphamide (500 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd	Cisplatin	C-section	30	Spontaneous preterm labor with premature rupture of membranes at 29 weeks gestation. Female infant: 1816 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn was active.	At follow-up [age NS], normal growth pattern including neurologic and mental development.	(Huang <i>et al.</i> 2004)
Cyclophosphamide (Dose/schedule NS)	Cohort, retrospective	7 of 72	Breast	2 nd or 3 rd	5-Fluorouracil, Doxorubicin, Paclitaxel, Cisplatin	Vaginal	NS	Individual pregnancy outcomes were not provided. No newborn had a congenital malformation.	No	(Ibrahim <i>et al.</i> 2000)†
Cyclophosphamide (Dose/schedule NS, 6 cycles)	Case report	1	Breast	1 st , 2 nd	Docetaxel, Doxorubicin	C-section	32	Male infant: birth weight and Apgar scores were within normal limits. Newborn had no anomalies.	No	(Ibrahim <i>et al.</i> 2006)† (Abstract only)
Cyclophosphamide (600 mg/m ² on day 1, 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd First@wk 24	Doxorubicin	Vaginal	36.5	Female infant: 2530 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal.	At 40 months, normal growth and development.	(Inbar and Ron 1996)
Cyclophosphamide (Dose/schedule NS; Pt 2, 4 cycles, Pt 10, 3	Survey, retrospective	2 of 49 from Table 4	Breast	2 nd and/or 3 rd	Doxorubicin	NS	37	Infant sex, weight and Apgar scores NS. Newborn born alive and without malformation.	No	(Ives <i>et al.</i> 2005)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		(Pt 2 and 10)								
				2 nd and/or 3 rd	Methotrexate, 5-Fluorouracil	NS	36	Infant sex, weight and Apgar scores NS. Newborn born alive and without malformation.	No	
Cyclophosphamide (Dose/schedule NS, 1 to 6 cycles)	Case series	1 of 18	Sarcoma	NS First@wk 12-33 22 (mean)	Vincristine, Doxorubicin, Dacarbazine	NS	22	Spontaneous abortion. [No fetal data provided.]	NA	(Jameel and Jamil 2007)
		6 of 18	Breast		5-Fluorouracil, Doxorubicin	NS	NS	Infants' sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	
Cyclophosphamide (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-ara-C, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Vincristine, Cyclocytidine, Mitoxantrone, Idarubicin, ATRA, Asparaginase	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†
Cyclophosphamide (600 mg/m ² , 6 cycles, 3 weeks apart)	Case report	1	Breast	2 nd , 3 rd First@wk 14	Doxorubicin	Vaginal	31	Male infant: 1474 g, Apgar scores 8 and 8 at 1 and 5 minutes. Newborn had no physical abnormality but was small for gestational age and had apnea, tachypnea, respiratory distress requiring intubation (resolved by day 2 after surfactant therapy), hyperbilirubinemia and hypoglycemia (both resolved after 5 days).	At 1 year, in good health with normal growth and development.	(Kerr 2005)
Cyclophosphamide (Dose/schedule NS, 2 cycles over 4 weeks and then monthly)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Doxorubicin (2 nd), Vincristine, Asparaginase (2 nd), Methotrexate, 6-Mercaptopurine	C-section	NS [at term]	Female infant: 3800 g, Apgar scores NS, Newborn was clinically normal, with slight leucopenia (resolved after 2 weeks).	At follow up [age NS] , child was progressing well with normal blood counts and no neurological disturbance or congenital abnormality.	(Khurshid and Saleem 1978)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Cyclophosphamide (200 mg/day for 5 days, 6 cycles, one month apart)	Case report	1	Ovary	2 nd , 3 rd First@wk 16	Vincristine, Actinomycin D	Vaginal	37	Spontaneous preterm labor. Male infant: 2850 g, Apgar scores NS. Newborn was normal.	No	(Kim and Park 1989)
Cyclophosphamide (600 mg/m ² for 2 cycles, 100 mg/m ² for 3 cycles)	Case report	1	Ovary	2 nd	Cisplatin	NS	36.5	Premature rupture of membranes and labor at 36.5 weeks gestation. Male infant: 3060 g, Apgar scores 7 and 8. Newborn had respiratory distress requiring intubation (resolved within 24 hours).	At 28 months, normal physical and mental development.	(King <i>et al.</i> 1991)
Cyclophosphamide (Dose/schedule NS, 2 cycles)	Case report	1	Leukemia (ALL)	3 rd	Cytarabine, Methotrexate (intrathecal), Vincristine (2 nd , 3 rd), 6-Mercaptopurine (2 nd , 3 rd)	Vaginal	38	Male infant: 6 lb 8.5 oz [2926 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was normal with normal blood counts.	At 7 months, thriving with no chromosomal anomalies.	(Krueger <i>et al.</i> 1976)
Cyclophosphamide (500 mg/m ² on day 1, cycles were 3 or 4 weeks apart)	Case series	4 of 4	Breast	3 rd First@wk 33	Doxorubicin, 5-Fluorouracil	NS	36	Infant sex, weight and Apgar scores NS.	At 65 months, healthy with normal development.	(Kuerer <i>et al.</i> 2002)
				2 nd , 3 rd First@wk 26	Doxorubicin, 5-Fluorouracil	NS	40	Infant sex, weight and Apgar scores NS.	At 44 months, healthy with normal development.	
				2 nd , 3 rd First@wk 26	Doxorubicin, 5-Fluorouracil	NS	35	Preeclampsia. Infant sex, weight and Apgar scores NS.	At 33 months, healthy with normal development.	
				3 rd First@wk 31	Doxorubicin, 5-Fluorouracil	NS	36	Infant sex, weight and Apgar scores NS.	At 33 months, healthy with normal development.	
Cyclophosphamide (50 – 100 mg/day over a 25-day period)	Case report	1	Hodgkin lymphoma	2 nd First@wk 23 Last@wk 27	Vinblastine (2 nd , 3 rd)	C-section	~35	Male infant: 3060 g, Apgar score 9. Newborn had no apparent anomalies.	At 17 months, normal growth and development with no abnormal chromosomes.	(Lacher and Geller 1966)
Cyclophosphamide (800 mg/m ² (day 1) and 200 mg/m ² (days 2 to 5), 2 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd , 3 rd First@wk 26 Last@wk 29	Vincristine, Doxorubicin, Cytarabine, Etoposide, Ifosfamide	C-section	32	Male infant: 1731 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no abnormalities, but was cyanotic and experienced respiratory	At 1 year, mild developmental delays, but otherwise healthy.	(Lam 2006)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								distress.		
Cyclophosphamide (750 mg/m ² on day 1, 3 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 22	Doxorubicin, Vincristine, Teniposide, Bleomycin	C-section	31	Preeclampsia and fetal growth retardation. Male infant: 1380 g, Apgar scores 7, 9 and 10 at 1, 5 and 10 minutes. Newborn had no abnormalities, but experienced hyperbilirubinemia (resolved in 3 days). Placenta had extensive infarction.	At 18 months, normal growth with no sign of damage that could be related to chemotherapy during pregnancy.	(Lambert <i>et al.</i> 1991)
Cyclophosphamide (50 mg/day for first 20 weeks, 50 mg every other day for remainder of pregnancy)	Case report	1	Multiple myeloma	PC, 1 st , 2 nd , 3 rd	None	C-section	Full term	Male infant: 2523 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no apparent congenital anomalies and a normal karyogram. Newborn had an abnormal serum protein electrophoretic pattern and elevated gamma globulin levels.	At 28 months, in good health with normal serum protein electrophoretic results.	(Lergier <i>et al.</i> 1974)
Cyclophosphamide (Dose/schedule NS, 5 cycles)	Case report	1	Breast	1 st , 2 nd First@wk 2 Last@wk 19	5-Fluorouracil, Epirubicin (1 st), Methotrexate (2 nd), Radiation therapy (1 st)	Vaginal	19	Induced abortion. Male fetus: 280 g (50 th percentile for gestational age). Fetal autopsy revealed micrognathia, skin syndactyly of the 1 st and the 2 nd fingers of both hands, shortened 2 nd and 3 rd fingers and clinodactyly of the 5 th finger; both feet had a broad forefoot with a short 1 st toe and osseous syndactyly of the 4 th and the 5 th metatarsal bones.	NA	(Leyder <i>et al.</i> 2010)
Cyclophosphamide (Dose/schedule NS, 2 cycles)	Case report	1	Breast	3 rd First@wk 32 Last@wk 35	5-Fluorouracil, Doxorubicin	C-section	37.5	Female infant: Birth weight and Apgar scores NS. Newborn was alive and healthy.	No	(Logue 2009)
Cyclophosphamide (400 (first two cycles) or 750 (remaining cycles) mg/m ² on day 1, 6 cycles, 2.5 to 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd , 3 rd First@wk 22 Last@wk 37	Doxorubicin, Vincristine, Teniposide, Bleomycin (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	37	Female infant: 3750 g, Apgar score 9. Newborn was fully developed with normal blood counts; no abnormality was detected.	No	(Lowenthal <i>et al.</i> 1982)
Cyclophosphamide	Case report	1	Breast	2 nd , 3 rd	Doxorubicin,	C-section	38	Transient uterine contractions	At 16 months, twins were in	(Lycette <i>et</i>

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(600 mg/ m ² every 2 weeks for 4 cycles)				First@wk 22 Last@wk 28	Paclitaxel (3 rd)			after 2 nd cycle of chemotherapy. Twin infants, sexes NS: Baby A - 2354 g, Apgar scores 7 and 8 at 1 and 5 minutes; Baby B - 2426 g, Apgar scores 8 and 9 at 1 and 5 minutes. Both newborns were healthy.	good health.	<i>al.</i> 2006)
Cyclophosphamide (Dose/schedule NS, 6 cycles)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd First@wk 14	Doxorubicin, Vincristine, Rituximab, Cytarabine	Vaginal	39	Female infant: 2270 g, Apgar scores 6 and 9. Newborn was viable with low birth weight [small for gestational age] .	At 10 months, healthy.	(Magloire <i>et al.</i> 2006)
Cyclophosphamide (750 mg/m ² , 7 cycles, 3 weeks apart)	Case report	1	Ovary	2 nd , 3 rd	Cisplatin	Vaginal	37-38	Male infant: 3275 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn had no abnormalities.	At 18 months, progressing normally without neurodevelopmental abnormalities.	(Malfetano and Goldkrand 1990)
Cyclophosphamide (2.2 g/m ² every 3 weeks, 3 cycles)	Case report	1	Rhabdomyosarcoma	2 nd , 3 rd	Vincristine, Actinomycin D	Vaginal	36.5	Spontaneous preterm labor. Female infant: 2443 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was healthy and normal on physical examination.	No	(Martin <i>et al.</i> 1997)
Cyclophosphamide (1200 mg/day for 5 days, then, 3 weeks later, 1200 mg once.	Case report	1	Non-Hodgkin lymphoma	NS [2 nd , 3 rd First @27 wk]	Mitoxantrone, Vincristine	C-section	31	Low biophysical profile score and abnormal cardiotocogram. Male infant: 1700 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn was viable with no evidence of hematological suppression. Respiratory distress syndrome due to prematurity was successfully treated.	At 14 months, fit and well.	(Mavrommatis <i>et al.</i> 1998)
Cyclophosphamide (Dose/schedule NS for 1 st 2 cycles, 1200 mg/m ² daily on day 43 to 45, 3rd cycle)	Case report	1	Ewing sarcoma	2 nd , 3 rd	Methotrexate, Doxorubicin, Vincristine	C-section	~7 months	Spontaneous preterm rupture of membranes and labor. Male infant: 2200 g, Apgar scores NS. Newborn was healthy with normal blood counts.	At 10 weeks, normal growth and development.	(Meador <i>et al.</i> 1987)
Cyclophosphamide (600 mg/m ² , 5 cycles,	Case report	1	Ovary	2 nd , 3 rd First@wk 17	Doxorubicin, Vincristine (2 nd)	NS	37	Female infant: 6 lb 13 oz [3052 g] , Apgar scores NS. Newborn	At 1 year, normal development.	(Metz <i>et al.</i> 1989)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								was normal in appearance.		
Cyclophosphamide (500 mg/m ² on day 1, 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd , 3 rd	Doxorubicin	C-section	35	Idiopathic preterm labor at gestation week 30 (treated and resolved). Oligohydramnios at gestation week 35. Female infant: 2490 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was in good condition.	Echocardiograms were conducted every 2 to 3 weeks during the 2 nd and 3 rd trimester, and every 3 months after birth for 2 years; there was no evidence of myocardial damage.	(Meyer-Wittkopf <i>et al.</i> 2001)
Cyclophosphamide (Dose/schedule NS)	Case report	1	Ovary	2 nd , 3 rd First@wk 23 Last@wk 36	Vincristine, Actinomycin D	Vaginal	37	Female infant: 3285 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was grossly normal.	No	(Montz <i>et al.</i> 1989)
Cyclophosphamide (1000 mg, 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd	Doxorubicin, Vincristine, Bleomycin, Methotrexate, Etoposide	NS	35.5	Spontaneous preterm labor after last chemotherapy dose. Male infant: Birth weight was in the 75 th percentile, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no apparent physical abnormalities.	At 11 months, alive and well.	(Moore and Taslimi 1991)
Cyclophosphamide (600 mg/m ² , 5 cycles (Pt A and B) or 4 cycles (Pt C), 3 weeks apart)	Case series	3 of 5 (Pt A, B and C)	Breast	2 nd , 3 rd	Doxorubicin	C-section	36	Infant sex, weight and Apgar scores NS. All Newborns were healthy, no abnormalities were observed.	No	(Morris <i>et al.</i> 2009)
				2 nd	Doxorubicin	C-section	35			
				2 nd	Doxorubicin	C-section	35			
Cyclophosphamide (600 mg/m ² ; 2 cycles)	Case report	1	Breast	3 rd	5-Fluorouracil, Epirubicin	C-section	35	Eclamptic seizures at week 35 Infant sex NS: 1650 g, Apgar scores NS. Newborn had no malformations.	No	(Muller <i>et al.</i> 1996)
Cyclophosphamide (Dose/schedule NS)	Survey, retrospective	2 of 27 [27 pts received chemotherapy while pregnant; the total number of pts who	Leukemia (ALL)	1 st First@wk 8	6-Mercaptopurine	NS	NS	Stillborn: Abruptio placenta, polydactyly.	NA	(Mulvihill <i>et al.</i> 1987)
			Leukemia (AML)	2 nd , 3 rd First@wk13	Radiation therapy (1 st , 2 nd), Daunorubicin (2 nd), Cytarabine (2 nd), Vincristine	NS	NS	Infant sex, weight and Apgar scores NS. Normal at delivery.	No	

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		received cyclophosphamide while pregnant was not provided.]								
Cyclophosphamide (Total dose of 2100 mg administered over 4 months)	Case report	1	Breast	1 st , 2 nd	Doxorubicin, Radiation therapy (Cobalt 60) (1 st)	NS	~39	Female infant: 2980 g, Apgar score 9. Newborn had an imperforate anus and rectovaginal fistula; chromosomal analysis was normal.	At follow up [age NS], small but otherwise doing well.	(Murray <i>et al.</i> 1984)
Cyclophosphamide (Dose NS, weekly for 10 weeks)	Case report	1	Non-Hodgkin lymphoma	2 nd First@wk 18	Methotrexate, Doxorubicin, Vincristine, Bleomycin	C-section	28	Spontaneous preterm labor at 10 th week of chemotherapy. Male infants (twins): Birth weight and Apgar scores NS. Both newborns were without apparent malformation or hematologic suppression.	At 12 months, healthy.	(Nantel <i>et al.</i> 1990)
Cyclophosphamide (500 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd First@wk 13	5-Fluorouracil, Doxorubicin, Docetaxel (2 nd)	NS	39	Male infant: 6.8 lb [3046 g], Apgar scores were normal. Newborn was healthy and had normal blood counts.	No	(Nieto <i>et al.</i> 2006)
Cyclophosphamide (150 mg on days 1 through 4, 4 cycles)	Case report	1	Ovary	2 nd First@wk 18	Cisplatin, Doxorubicin	C-section	33	Male infant: 1896 g, Apgar scores 9 and 10. Newborn had no noticeable anomalies or deformities.	At follow up [age NS], normal growth with no functional dysfunctions.	(Ohara and Teramoto 2000)
Cyclophosphamide (100 mg/m ² daily for 2 weeks)	Case report	1	Leukemia (ALL)	2 nd First@wk 16.5 Last@wk 18.5	Vincristine (1 st , 2 nd), Methotrexate (intrathecal, 1 st), Asparaginase, Daunomycin [Daunorubicin], 6-Mercaptopurine, Radiation therapy	C-section	34	Premature rupture of membranes. Female infant: 2380 g, Apgar score 8 at 5 minutes. Newborn was normally developed, but hydropic and had an enlarged liver and spleen. She had a petechial rash on her abdomen and extremities and slight cardiomegaly. She experienced transient severe myelosuppression requiring	At 1 year, normal developmental status.	(Okun <i>et al.</i> 1979)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								transfusions (resolved after ~3 weeks). She was treated with digitalis and diuretics for congestive heart failure.		
Cyclophosphamide (125 to 200 mg/m ² daily for 14 days, 5 cycles, 4 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@~wk 21	Vincristine, Bleomycin	Vaginal	Full term	Mild uterine contractions during 3 rd course of chemotherapy, subsided. Female infant: 3300 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was normal.	At 1 year, normal development with no evidence of malformations.	(Ortega 1977)
Cyclophosphamide (Dose/schedule NS)	Case report	1	Breast	PC, 1 st , 2 nd First@PC Last @wk 16	5-Fluorouracil, Doxorubicin	Vaginal	38	Male infant: 2400 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn had microcephaly, bilateral ventriculomegaly and colpocephaly, a bicuspid aortic valve, a flat nasal bridge with bulbous nasal tip, a high-arched palate, and multiple hand deformities; the karyotype and clinical pathology were normal.	At 3 years, delayed growth and neuromotor development.	(Paskulin et al. 2005)
Cyclophosphamide (Dose/schedule NS)	Cohort, retrospective	1 of 14 from Tables 3 and 4 (Pt 7, 12)	Breast	1 st , 2 nd First@wk 2 Last@wk 26	5-Fluorouracil, Doxorubicin	NS	34	Infant sex NS: 2170 g, Apgar scores NS. Newborn had no neonatal complications. None of the infants in the study had a major malformation.	No	(Peres et al. 2001)
			Breast	1 st First@wk 5 Last@wk 8	5-Fluorouracil, Methotrexate	NA	NA	Fetal death at gestation week 25. No malformations.	NA	
Cyclophosphamide (600 mg/m ² every 3 weeks, 3 cycles)	Case series	1 of 2 (Case 2)	Breast	2 nd , 3 rd First@wk 26	Doxorubicin	NS	36	Male infant: 3100 g; Apgar scores NS. Newborn was healthy with normal blood counts.	At 18 months, no medical problems, all teeth were sound.	(Peretz and Peretz 2003)
Cyclophosphamide (800 mg/m ² on day 1 and 200 mg/m ² on days 2 through 5, 2 cycles, 6 weeks apart)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd	Vincristine, Doxorubicin, Ifosfamide, Etoposide, Cytarabine, Rituximab	Vaginal	26	Decreased amniotic fluid at gestation week 18 and early intrauterine growth restriction at gestation week 22. Stillborn infant. [No fetal autopsy data provided.]	NA	(Peterson et al. 2010)
Cyclophosphamide	Case series	3 of 9	Leukemia	1 st , 3 rd	6-Mercaptopurine,	Vaginal	38	Male infant: 3000 g, Apgar	At 7 years, alive and	(Pizzuto et

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(Schedule NS, total doses: Pt 2=3150 mg, Pt 3=25,000 mg, Pt 6=5000 mg)		(Pts 2,3,6)	(ALL)		Methotrexate			scores NS. Newborn was normal with no apparent congenital malformations.	healthy.	<i>al.</i> 1980)† [This case series was included in Aviles et al. 1988 (Aviles and Niz 1988), thus we did not include this case series in the text analysis of the table.]
				1 st , 2 nd , 3 rd	Vincristine, Methotrexate, 6-Mercaptopurine, Cytarabine	Vaginal	40	Female infant: 2300 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 6 years, alive and healthy.	
				1 st , 2 nd , 3 rd	Cytarabine, 6-Mercaptopurine, Methotrexate, Vincristine	C-section	34	Male infant: 1000 g, Apgar scores NS. Newborn had no apparent malformations but was pancytopenic. At 21 days, died from septicemia.		
Cyclophosphamide (600 mg/m ² , 4 cycles, 2 weeks apart)	Case series	1 of 2 (Case 1)	Breast	2 nd First@wk 14	Doxorubicin, Docetaxel (2 nd , 3 rd)	NS	34	Hydrocephalus noted at gestation week 17. Infant sex NS: Birth weight and Apgar scores NS. Newborn had mild hydrocephalus, which regressed spontaneously over several months.	At 28 months, normal development.	(Potluri <i>et al.</i> 2006)
Cyclophosphamide (750 mg/m ² on day 1, 5 cycles)	Case report	1	Non-Hodgkin Lymphoma (SPTCL)	2 nd , 3 rd First@wk 20	Doxorubicin, Vincristine	NS	36	Female infant: 3245 g, Apgar scores 9, 9 and 9. Newborn was healthy and showed neither growth retardation, nor physical or neurological deficits.	No	(Reimer <i>et al.</i> 2003)
Cyclophosphamide (Dose/schedule NS)	Survey, retrospective	3 of 6 (Cases 4, 6 and 7)	Leukemia (AML)	2 nd , 3 rd	Daunorubicin, Cytarabine, Vincristine	Vaginal	34	Spontaneous preterm labor. Male infant: 2510 g, Apgar score	At 7 years, healthy with weight and height in the 100 th percentile.	(Reynoso <i>et al.</i> 1987)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								of 9 at 1 minute. Newborn was healthy with normal peripheral counts and no congenital malformations.		[More detailed follow-up on Case 6 was reported in Zemlickis et al. (Zemlickis et al. 1993).]
			Leukemia (ALL)	PC, 1 st , 2 nd , 3 rd	None	Vaginal, induced	37	Female and male infants (twins): 1490 g (female) and 1300 g (male), Apgar scores 9 at 5 minutes (female), or 2 and 9 at 1 and 5 minutes (male). Both newborns had normal blood counts and chromosome studies; the newborn female appeared healthy. The male newborn had Madelung's deformity of the right arm (paraxial hemimelia, absent thumb, and hyperflexion of the wrist – also called club hand), an esophageal atresia, an anomalous inferior vena cava, undescended testes, and duplication of the collecting systems of both kidneys.	At 17 years, the female has had normal growth, with normal intellectual and sexual development. At age 11, the male had learning problems, a low IQ, and a cold thyroid nodule. At 14 years, he had a ruptured retroperitoneal neuroblastoma arising from his adrenal gland. At 16 years, he was diagnosed with papillary thyroid carcinoma. At 17 years, he is alive with no evidence of metastatic disease.	
			Leukemia (AML)	2 nd , 3 rd	Daunorubicin, Cytarabine, Vincristine, 6-Thioguanine	Vaginal	39	Male infant: 3430 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was healthy with normal blood counts and no congenital malformations.	At 12 years, healthy with normal growth and intellectual development.	
Cyclophosphamide (100-150 mg daily for	Survey, retrospective	1 of 28	Breast	PC, 1 st	Methotrexate, 5-Fluorouracil	NS	NS	Spontaneous abortion. [No fetal data reported.]	NA	(Ring et al. 2005)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
14 days, every 4 weeks for 1 to 6 cycles or 600 mg/m ² on day 1 every 3 weeks)		11 of 28	Breast	2 nd and/or 3 rd First@wk 15 – 33 (group range)	Methotrexate, 5-Fluorouracil	NS	37 (median); 30 – 40 (group range)	Intrauterine growth restriction due to placental insufficiency (n=1 pregnancy). Spontaneous preterm labor and delivery (n=1 pregnancy).	No	
		11 of 28			Doxorubicin	NS		Individual pregnancy outcomes were not provided. None of the infants had congenital malformations. None of the infants had a birth weight lower than the 10 th percentile for gestational age (n=17 infants). One child had a hemangioma on his abdomen deemed not causally-related to chemotherapy. Two infants had respiratory distress.		
		5 of 28			Epirubicin	NS				
Cyclophosphamide (375 mg/m ² , 6 cycles, 2 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Vincristine, Etoposide, Bleomycin	NS	37	Male infant: 3200 g, Apgar scores NS. Newborn was healthy.	At 21 months, well with no evidence of iatrogenic complications.	(Rodriguez and Haggag 1995)
Cyclophosphamide (Dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma (T-cell leukemia-lymphoma)	3 rd	Hydroxyurea, Doxorubicin, Vincristine	C-section	~28	Male infant: Birth weight and Apgar scores NS. Newborn was healthy.	No	(Safdar <i>et al.</i> 2002)
Cyclophosphamide (650 mg/m ² , 3 cycles, 2 weeks apart)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Cytarabine, 6-Mercaptopurine, Methotrexate, Vincristine (2 nd), Asparaginase (2 nd), Daunorubicin (2 nd), Radiation therapy	Vaginal	40	Female infant: weight and Apgar scores NS. Newborn was healthy, had a full head of hair, and no abnormalities. Cytogenetic analysis of lymphocytes showed a normal karyotype but some chromosome breakage and a ring chromosome.	No	(Schleuning and Clemm 1987)
Cyclophosphamide (800 mg, 2 cycles, 3 weeks apart)	Case report	1	Breast	3 rd	5-Fluorouracil, Epirubicin, Radiation therapy	Vaginal	36	Spontaneous preterm labor. Female infant: 1889 g, Apgar score 9 at 5 minutes. Newborn had no congenital anomalies.	At 6 weeks, doing well.	(Sharma <i>et al.</i> 2009)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Cyclophosphamide (Dose NS, every two weeks, 4 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 24	Doxorubicin, Paclitaxel (3 rd)	C-section	36	Oligohydramnios noted in 3 rd trimester following the 4 th treatment with paclitaxel. Infant sex and Apgar scores NS: 5 lb 4 oz [2382 g]. Newborn was healthy; echocardiogram and blood count were normal.	No	(Shieh and Mehta 2011)
Cyclophosphamide (Dose NS, 3 weekly cycles)	Case report	1	Leukemia (ALL)	3 rd	Vincristine, Daunorubicin, Cytarabine, Asparaginase	Vaginal, induced	~35	Female infant: 6.8 lb [3087 g], Apgar scores NS. Newborn was normal.	At 16 months, healthy with a normal blood count.	(Sigler <i>et al.</i> 1988)
Cyclophosphamide (Dose/schedule NS, 3 cycles)	Case report	1	Breast	3 rd	Doxorubicin	Vaginal	37	Male infant: 3130 g, Apgar scores NS. Newborn was healthy.	At 12 months, healthy with normal development.	(Skrablin <i>et al.</i> 2007)
Cyclophosphamide (Dose/schedule NS, 3 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	3 rd	Doxorubicin, Vincristine	Vaginal, induced	36	Female infant: 2400 g, Apgar scores NS. Newborn was healthy and without congenital anomalies.	No	(Soliman <i>et al.</i> 2007)
Cyclophosphamide (1000 mg on day 1, 3 cycles)	Case report	1	Non-Hodgkin lymphoma	3 rd	Doxorubicin, Vincristine	Vaginal	Full term	Infant sex NS: 2860 g, Apgar score 9 at 1 minute. Newborn appeared normal, but the placenta was small (350 g).	At 3 years, normal development with no physical or mental abnormalities.	(Toki <i>et al.</i> 1990)
Cyclophosphamide (560 mg/day for 3 days, followed two weeks later by 100 mg/day gradually increasing to 150 mg/day over 10 weeks)	Case report	1	Hodgkin lymphoma	1 st , 2 nd	Radiation therapy (1 st)	Vaginal	~6 months	Induced abortion. Male fetus: 470 g. Newborn had a complete absence of phalanges in both feet and there was a single left coronary artery. The placenta was small (171 g) and showed hydropic degeneration of the villi.	NA	(Toledo <i>et al.</i> 1971)
Cyclophosphamide (75 mg/m ² , 3 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd , 3 rd First@wk 24 Last@wk 32	Cisplatin	Vaginal, induced	34	Male infant: 2280 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no complications.	At 12 months, normal growth and development.	(Tomlinson <i>et al.</i> 1997)
Cyclophosphamide (Dose/schedule NS, cycles were 3 weeks apart starting ~wk 11 through duration of pregnancy)	Case series	1 of 2 (Pt 2)	Breast	1 st , 2 nd , 3 rd	Doxorubicin, 5-Fluorouracil, Methotrexate (3 rd)	C-section	35	Elevation of blood pressure to 150/100. Female infant: 2260 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn had normal	At 24 months, normal growth and development.	(Turchi and Villasis 1988)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								T-cell activity and no evidence of abnormality.		
Cyclophosphamide (1000 mg/m ² on day 8 (1 st cycle) or Days 1 and 15 (2 nd cycle), 2 cycles, 4 weeks apart)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 23	Daunorubicin (2 nd), Vincristine (2 nd), Cytarabine (2 nd , 3 rd), 6-Thioguanine (2 nd , 3 rd), Methotrexate (intrathecal; 2 nd , 3 rd), Amsacrine (3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Physical examination of the newborn was unremarkable, but he developed transient myelosuppression requiring transfusions: at birth he had leukopenia, by day 2 he had developed neutropenia, and by day 3 he had developed anemia and thrombocytopenia; all were resolved by day 20. He also developed a urinary tract infection on day 7.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
Cyclophosphamide (Dose/schedule NS, 1 to 4 cycles)	Survey, retrospective	4 of 27 from Table 1 (Pt 1, 2, 3, 5)	Breast	3 rd First@wk 32	5-Fluorouracil, Doxorubicin	C-section	36	Infant sex, weight and Apgar scores NS. All were born alive, none of the newborns showed a congenital malformation.	No	(Ustaalioglu <i>et al.</i> 2010)
				3 rd First@wk 32	5-Fluorouracil, Epirubicin	C-section	40			
				3 rd First@wk 34	Doxorubicin	C-section	39			
				2 nd First@wk 24	Doxorubicin	Vaginal	35			
		4 of 27 from Table 1 (Pt 17, 18, 19, 20)	Non-Hodgkin lymphoma	3 rd First@wk 29	Doxorubicin, Vincristine	Vaginal	35			
				3 rd First@wk 29	Rituximab, Doxorubicin, Vincristine	Vaginal	35			
				3 rd First@wk 32	Doxorubicin, Vincristine	Vaginal	40			
				3 rd	Rituximab,	Vaginal	35			

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				First@wk 27	Doxorubicin, Vincristine					
		1 of 27 from Table 1 (Pt 24)	Sarcoma	3 rd First@wk 32	Doxorubicin, Vincristine, Dacarbazine	C-section	33			
Cyclophosphamide (Pt 1 - 600 mg/m ² (wk 26, 29, 32); Pt 2 – 100 mg/m ² on day 8 (wk 24, 28, 32); Pt 3 - 500 mg/m ² (wk 20, 23, 26, 32, 35); Pt 4 - 500 mg/m ² (wk 22, 25, 28))	Survey, retrospective	4 of 62 [62 pts received chemotherapy while pregnant; the total number of pts who received cyclophosphamide while pregnant was not provided.]	NS	2 nd , 3 rd	Doxorubicin,	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had hip subluxation.	No	(Van Calsteren <i>et al.</i> 2010)
					Methotrexate, Vincristine, Daunomycin [Daunorubicin], Asparaginase, 6-Mercaptopurine,			Infant sex, weight, and Apgar scores NS. Newborn had a hemangioma.		
					5-Fluorouracil, Epirubicin			Infant sex, weight, and Apgar scores NS. Newborn had a bilateral small protuberance on phalanx 5.		
					5-Fluorouracil, Doxorubicin			Infant sex, weight, and Apgar scores NS. Newborn had doubled cartilage ring in both ears.		
Cyclophosphamide (Dose/schedule NS)	Case report	1	Sarcoma	3 rd First@wk 28	Doxorubicin, Vincristine	Vaginal	32.5	Spontaneous preterm rupture of membranes and labor. Female infant: 2 lb 14 oz [1305 g], Apgar scores 9 and 9. Newborn was viable with no	At 2.5 years, normal neurological and physical development.	(Webb 1980)

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								respiratory distress or difficulty feeding.		
Cyclophosphamide (Dose NS, 2 cycles)	Case report	1	Ovary	2 nd , 3 rd Last@wk 31	Vincristine, Actinomycin D	NS	33	Spontaneous preterm labor. Female infant: 4 lb 4 oz [1904 g], Apgar score 9. Newborn was healthy.	At 8 months, normal development.	(Weed <i>et al.</i> 1979)
Cyclophosphamide (450 mg daily for 5 days, 2 cycles)	Cohort, retrospective	3 of 21 from Table 1 (Pt 1, 3 and 19)	Breast	1 st	Methotrexate, 5-Fluorouracil	NS	NS	Spontaneous abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
				1 st	Methotrexate, 5-Fluorouracil, Vincristine, Tamoxifen	NS	NS	Infant sex NS: Birth weight and Apgar scores NS. Newborn was alive and well with no malformations.	No	
				3 rd	Methotrexate, 5-Fluorouracil	NS	NS	Infant sex NS: Birth weight and Apgar scores NS. Newborn had intrauterine growth retardation, but was alive and well with no complications or malformations.	No	
		1 of 21 from Table 1 (Pt 14)	Non-Hodgkin lymphoma	2 nd	Vincristine	NS	NS	Induced abortion. [No fetal data provided.]	NA	
		1 of 21 from Table 1 (Pt 21)	Ovary	3 rd	Doxorubicin, Cisplatin	NS	NS	Infant sex NS: Birth weight and Apgar scores NS. Newborn was alive and well with no complications or malformations.	No	
Cyclophosphamide (200 mg/day)	Case report	1	Leukemia (ALL)	PC, 1 st , 2 nd , 3 rd Last@wk 33	None	Vaginal	37	Female and male infants (twins): 1250 g (female) and 1190 g (male), Apgar scores NS. Both newborns experienced severe respiratory depression. The female newborn appeared healthy. The male newborn had Madelung's deformity of the right arm (hyperflexion of the wrist, marked ulnar deviation, radial hemimelia, abnormal thumb), esophageal atresia, an abnormal inferior vena cava, an abnormal renal collecting	At 9 years, the female had surgery to correct strabismus; at 22 years, the female has had normal growth and sexual development. At 2 through 4 years, the male had severe anemia; at 4 years, chromosome studies were normal; at 11 years, he had learning problems, a low IQ (81), and a hard thyroid nodule that affected swallowing –	(Zemlickis <i>et al.</i> 1993)† [This case report is follow-up on Case 6 in Reynoso <i>et al.</i> (Reynoso <i>et al.</i> 1987), thus this case

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								system (cross-renal atopia), and the testes were not palpable.	diagnosed as papillary thyroid carcinoma. At 13 years, right testis cryptorchidism was corrected and a rudimentary left testis was removed. At 14 years, he had a ruptured retroperitoneal neuroblastoma arising from his adrenal gland. At 16 years, he was diagnosed with metastatic papillary thyroid carcinoma and has suffered two recurrences [age 22 years].	report was not tallied in the in the text analysis.]
Cyclophosphamide (Table 1: Pt 13 – 3 cycles, Pt 30 – 1 cycle, Pt 31 – 1 cycles; Table 2: Pt 43 – 3 cycles, Pt 6 – 1 cycle, Pt 41 – 3 cycles, and Pt 34 – 1 cycle)	Survey, retrospective	7 of 48 (Table 1: Pt13, 30, and 31; Table 2: Pt 43, 6, 41, and 34)	Hodgkin lymphoma	PC, 1 st	Vincristine	NS	Term	Infant: sex, weight, and Apgar scores NS. Newborn was normal.	At 10 years, normal.	(Zuazu <i>et al.</i> 1991)
			Non-Hodgkin lymphoma	PC, 1 st	Vincristine	NS	NS	Spontaneous abortion at gestation week 6. [No fetal data provided.]	NA	
			Non-Hodgkin lymphoma	PC, 1 st	Doxorubicin, Vincristine	NS	NS	Induced abortion. [No fetal data provided.]	NA	
			Hodgkin lymphoma	1 st First@wk11	Vinblastine, Procarbazine	C-Section	38	Infant: sex, weight and Apgar scores NS. Newborn was normal.	No	
			Non-Hodgkin lymphoma	1 st First@wk12	Vincristine, Procarbazine, Triethylene-melamine	NS	NS	Induced abortion at gestation week 14. [No fetal data provided; Pt 6, 1 st pregnancy.]	NA	
			Non-Hodgkin lymphoma	2 nd First@wk22	Doxorubicin, Vincristine	C-section	37	Infant: sex, weight and Apgar scores NS. Normal baby.	No	

Appendix C Table 10. Cyclophosphamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Hodgkin lymphoma	3 rd First	Vinblastine, Procarbazine	C-section	NS	Infant: sex, weight and Apgar scores NS. Newborn with anemia that resolved.	At 3 years, normal at follow-up.	

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Cyclophosphamide timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA= Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphocytic leukemia. AML = acute myeloid leukemia. AMML = acute myelomonocitic leukemia, CML = chronic myeloid leukemia, SPCTL = subcutaneous panniculitis-like T-cell lymphoma).

† Papers not included in text analysis. In order to avoid counting the same cases more than once, we did not include the following studies: (Pizzuto *et al.* 1980, Aviles *et al.* 1990, Zemlickis *et al.* 1993, Aviles and Neri 2001). The cases in Aviles *et al.* (Aviles *et al.* 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles *et al.* 1991). The three patients (2, 3 and 6) from Table 2 in (Pizzuto *et al.* 1980) were not included because this case series was reported in Aviles *et al.* (Aviles and Niz 1988); however, we did use the age at delivery and additional fetal information from Pizzuto *et al.* (Pizzuto *et al.* 1980) not reported in Aviles *et al.* (Aviles and Niz 1988). The retrospective case series Aviles *et al.* (Aviles and Neri 2001) was not included because it included both new cases and long-term follow-up on previously reported case series (Aviles and Niz 1988, Aviles *et al.* 1991) without individual pregnancy outcomes. The case report on twins exposed in utero by Zemlickis *et al.* (Zemlickis *et al.* 1993) was a detailed follow-up on Case 6 of the case series by Reynoso *et al.* (Reynoso *et al.* 1987); thus, we did not include Case 6 of Reynoso *et al.* (Reynoso *et al.* 1987) in our text analysis. Two studies were not included in the text analysis due to lack of individual data on timing of exposure, co-treatments and pregnancy outcomes (Kawamura *et al.* 1994, Ibrahim *et al.* 2000). Finally, we did not include abstracts in the text analysis (Ibrahim *et al.* 2006).

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (100 mg/m ² , schedule NS)	Case series	2 of 8 (2 of 10 pregnancies; Pt 4, 5)	Leukemia (AML)	2 nd	Daunorubicin	NA	NS [>26]	Spontaneous abortion on 7 th day of chemotherapy. [No fetal data provided.]	NA	(Ali <i>et al.</i> 2003)
				2 nd	Daunorubicin	Vaginal	NS [>24]	Intrauterine death during chemotherapy. Placental and fetal morphology normal.		
Cytarabine (7 X 80 mg around time of conception, 4 X 80 mg at 35-37 days postconception; schedule NS)	Case report	1	Leukemia (AML)	PC, 1 st	6-Thioguanine (1 st), Daunorubicin	C-section	“At the expected date” [NS]	Polyhydramnios. Female infant: 2800 g, Apgar scores 2, 7, and 6 at 1, 5, and 10 minutes. Newborn was treated for respiratory distress associated with choanal stenosis and pneumothorax. She also presented with mild hypotelorism, severe brachycephaly, hypoplasia of the anterior cranial base, supra-orbital structures, and naso- and oropharynx, premature closure of both coronal sutures and the metopic suture, bilateral four finger hands with hypoplastic thumbs, bilateral absent radii, and a small ostium secundum-type atrial septal defect.	At 13 months, she was underweight, had mild generalized hypotonia, and slightly retarded motor milestones. Fine motor development and social development were normal. Her head appeared mesocephalic.	(Artlich <i>et al.</i> 1994)
Cytarabine (80 mg/m ² daily for 5 days, 2 cycles)	Case report	1	Leukemia (AML)	3 rd First@wk 33 Last@wk 37	6-Thioguanine	Vaginal	38	Male infant: 2948 g, Apgar scores NS. Newborn was normal with normal chromosomal analysis. After 48 hours, he developed jaundice (resolved by day 8).	At 5 months, normal development.	(Au-Yong <i>et al.</i> 1972)
Cytarabine (Dose/schedule NS)	Case series, retrospective	9 of 43 (3 in Table)	Leukemia (AML)	1 st [see note in reference]	Doxorubicin, 6-Mercaptopurine, Methotrexate	Vaginal	36	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, normal growth and development.	(Aviles <i>et al.</i> 1991) [This paper

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		I: Pt 3, 4, 7; 6 in Table III: Pt 6, 8, 12, 14, 17, 18)		column]						lists the beginning of treatment, but not the duration.]
			(AML)	3 rd	Doxorubicin	C-section	39	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 15 years, normal growth and development.	
			(AML)	2 nd	Doxorubicin, 6-Mercaptopurine,	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, normal growth and development.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin, Vincristine, Bleomycin,	Vaginal	37	Female infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, normal growth and development.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Epirubicin, Vincristine, Etoposide, Bleomycin, Methotrexate	Vaginal	37	Male infant: 2850 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, normal growth and development.	
			Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Doxorubicin, Vincristine, Methotrexate	Vaginal	39	Female infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, normal growth and development.	
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin, Vincristine, Methotrexate, Etoposide	Vaginal	40	Female infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, normal growth and development.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Epirubicin, Vincristine, Bleomycin, Etoposide, Methotrexate	Vaginal	40	Male infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, normal growth and development.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Epirubicin, Vincristine, Bleomycin,	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, normal growth and development.	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (Pt 10 – 500 mg, Pt12 – 600 mg, Pt14 – 700 mg: schedules NS)	Case series	3 of 16 (Pt 10, 12, 14)	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate	NS	NS	Individual pregnancy outcomes are not provided. Birth weights were 2200 g to 3900 g (group range). All babies were born alive and none of the newborns showed apparent congenital malformations.	At ages ranging from 3 to 11 years, normal growth and development.	(Aviles <i>et al.</i> 1990) [†]
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Methotrexate, Etoposide					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Bleomycin, Methotrexate, Etoposide					
Cytarabine (Dose/schedule NS)	Case series, retrospective	19 of 29	Leukemia (acute)	1 st , 2 nd , and/or 3 rd	Doxorubicin, Mitoxantrone, Daunorubicin, Idarubicin	NS	NS	Individual data and outcomes NS. Birth weight: 3085 (median); 2500-3675 (range).	In a follow-up study of 84 children, ages ranging from 6 to 29 years, learning and educational performance were normal. No congenital, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001) [†]
Cytarabine (Dose/schedule NS)	Case series, retrospective	9 of 20 (Pt 3, 6, 7, 9, 11, 12, 17, 18, 19)	Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Methotrexate, Cyclophosphamide, 6-Mercaptopurine	NS	[40]	Female infant: 2300 g, Apgar scores NS. Newborn had no congenital malformations.	At 12 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	(Aviles and Niz 1988)
			Leukemia (ALL)	1 st , 2 nd , 3 rd	6-Mercaptopurine, Methotrexate, Vincristine, Cyclophosphamide	NS	[34]	Male infant: 1000 g, Apgar scores NS. Newborn had pancytopenia and no congenital malformations. Died from septicemia at 21 days; blood counts were normal at time of death.	No	
			Leukemia (ALL)	2 nd , 3 rd	Vincristine, Methotrexate, 6-Mercaptopurine	NS	[38]	Female infant: 2400 g, Apgar scores NS. Newborn had no congenital malformations. Died from gastroenteritis at	No	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								90 days.		
			Leukemia (AML)	3 rd	Vincristine	NS	NS	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	2 nd , 3 rd	Doxorubicin	NS	NS	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	1 st , 2 nd , 3 rd	Doxorubicin, Vincristine, Methotrexate, Cyclophosphamide	NS	NS	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	1 st , 2 nd , 3 rd	Doxorubicin, Vincristine	NS	NS	Female infant: 3250 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	1 st , 2 nd	Doxorubicin	NS	NS	Male infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations. [Pt B, pregnancy 2]	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	2 nd , 3 rd	Doxorubicin	NS	NS	Female infant: 2600 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
Cytarabine (Pt 1: 160 mg IV every 24 hours for 4 days, Pt 5: 100 mg every 12 hours for 5 days; Pt 4 – 1 cycle, Pt 5 – 3 cycles)	Case series	2 of 5 (Pt 4, 5)	Leukemia (AML)	1 st First@~wk 16	Vincristine, Doxorubicin	NA	17	Spontaneous abortion. [No fetal data provided.]	NA	(Awidi <i>et al.</i> 1983)
			Erythroleukemia [AML]	3 rd First@~wk 28	Doxorubicin, 6-Thioguanine	Vaginal	~39	Female infant: 2980 g, Apgar scores NS. Newborn was normal.	At 1 month, normal.	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd or 2 nd , 3 rd	Behenoyl-ara-C, Daunorubicin, 6-Mercaptopurine, Mitoxantrone	C-section	34	Female infant: 2,960 g, Apgar scores NS. Newborn was healthy.	At 16 months, no abnormalities.	(Azuno <i>et al.</i> 1995)
Cytarabine (100 mg/m ² every 12 hours for 9 days)	Case report	1	Leukemia (APL)	2 nd First@wk 21	6-Thioguanine, Vincristine, Doxorubicin	C-section	30	Preeclampsia at day 5 and 15 of chemotherapy, treated and resolved. Male infant: 1320 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was normal with normal blood work. At 20 minutes, he experienced tachypnea and progressive respiratory failure requiring intermittent ventilation. By 3.5 hours, he had developed severe respiratory distress syndrome requiring intubation (resolved by 6 days after treated with surfactant).	At 70 days, infant discharged from the hospital in excellent condition with normal hematological values and karyotype.	(Bartsch <i>et al.</i> 1988)
Cytarabine (2 x 1 g/m ² on days 1-3 of a 28-day cycle, then 1 g/m ² on days 2-6 for 1 cycle)	Case report	1	Leukemia (AML)	2 nd First@wk 22	Mitoxantrone, Idarubicin, Fludarabine, Gemtuzumab-Ozogamicin (2 nd , 3 rd)	C-section	33	Fetus developed cardiomyopathy, transient cerebral ventriculomegaly, and intrauterine growth restriction after initiation of chemotherapy. Male infant: 1695 g, Apgar scores 8 and 9 at 5 and 10 minutes. Newborn was anemic and required ventilation but adapted fast and showed no abnormalities and no clinical signs of dysmorphia.	At 6 months, no residual signs of cardiomyopathy or hydrocephalus.	(Baumgartner <i>et al.</i> 2009)
Cytarabine (Dose/schedule NS)	Case series, retrospective	1 of 18 (Pt 3)	Leukemia (AML)	2 nd	None	NS	NS (No premature)	Male Infant: 10 lb [4536 g] , Apgar scores NS. Newborn was normal.	At 7 years, growth and development were normal; no major abnormalities.	(Blatt <i>et al.</i> 1980)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (Intrathecal, dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd First@wk 24	Vincristine, Daunorubicin, Asparaginase, Methotrexate (intrathecal)	C-section	30	Female infant: 1266 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn physical examination and hematologic parameters were normal.	No	(Bottsford-Miller <i>et al.</i> 2010)
Cytarabine (1000 mg/m ² /day for 4 days)	Case report	1	Leukemia (APL)	3 rd	Idarubicin, ATRA (2 nd , 3 rd)	C-section	34	Female infant: 1950 g, Apgar scores NS. Newborn showed no apparent abnormalities by physical examination or routine laboratory tests.	No	(Breccia <i>et al.</i> 2002)
Cytarabine (160 mg/day for 7 days, 2 cycles)	Case report	1	Leukemia (AML)	2 nd	Daunorubicin	C-section	29	Female infant: 1350 g, Apgar scores 2 and 9 at 1 and 5 minutes. Newborn had seizures, respiratory distress, and bilateral pneumothorax that subsequently stabilized and she was discharged in good condition.	At 14 months, physically and psychologically normal.	(Cantini and Yanes 1984)
Cytarabine (Dose/schedule NS)	Survey, registry	1 of 31 from Table 3	Non-Hodgkin lymphoma	3 rd	Cisplatin, Etoposide	NS	34.0 (group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. Newborn was normal. At 2 months, normal phenotype.	At 34 to 82 months (group range, n=6), one child in the group had a speech delay; group mean weight was 46 th percentile.	(Cardonick <i>et al.</i> 2010)
		1 of 3 from Table 5	Leukemia (CML)	1 st	None	NS	42	Infant sex NS: 3544 g, Apgar scores NS. Newborn was normal.	At 7 years, normal phenotype. At 17.5 months (group mean, n=3), no long-term complications; group mean weight was 73 rd percentile.	
		1 of 3 from Table 5	Leukemia (ALL)	2 nd , 3 rd	Cyclophosphamide, Daunorubicin, 6-Mercaptopurine, Methotrexate (intrathecal), Vincristine, Asparaginase	NS	35.5 (Group mean)	Infant sex NS: 2341 g (group mean), Apgar scores NS. Newborn was normal. At 9 years, normal phenotype.	At 41 to 109 months (group range, n=2), no long-term complications; group mean weight was 65 th percentile.	
		1 of 12 from Table 6	Cervix	2 nd , 3 rd	Cisplatin	NS	31 (group mean)	Infant sex NS: 2173 g (group mean), Apgar scores NS. Newborn was normal.	At 12 to 87 months (group range, n=4), no long-term complications; group mean	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
									weight was 59 th percentile.	
		1 of 12 from Table 6	Lung	2 nd , 3 rd	Cisplatin, Vinorelbine, Radiation therapy	NS	36	Infant sex NS: 2495 g, Apgar scores NS. Newborn was normal; placenta had areas of infarction.	At 2 months, there were no complications.	
Cytarabine (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Daunorubicin, 6-Thioguanine	Vaginal	34	Female infant: 2470 g, Apgar scores 6 and 7 at 1 and 5 minutes. Newborn was normal.	At 12 months, well.	(Catanzarite and Ferguson 1984)
Cytarabine (Dose/schedule NS)	Survey, retrospective	15 of 37 from Table 1 (Pt, 2, 3, 4, 5, 8, 10, 12, 21, 22, 25, 27, 28, 31, 36, 37) [see note in reference column]	Leukemia (AML)	1 st (Diagnosis @wk 7) (pt 2)	ATRA, Daunorubicin	NA	NS	Spontaneous abortion. [No fetal data provided.]	Evolution has been normal with regard to growth and development in those who have been followed [Age NS].	(Chelghoum <i>et al.</i> 2005) [In addition, pts 1, 6, 7, 11, 15, 18, 19, 23, 24, 26 32 and 33 were diagnosed in the 3 rd trimester and treated with cytarabine, but were not included because it was not possible to determine if they received chemotherapy during pregnancy.]
				2 nd (Diagnosis @wk 15)(pt 3)	Idarubicin	NA	NS	Induced abortion. [No fetal data provided.]		
				1 st (Diagnosis @wk 9) (pt4)	ATRA, Daunorubicin	NA	NS	Fetal death. [No fetal data provided.]		
				1 st (Diagnosis @wk 6) (pt 5)	Idarubicin	NA	NS	Induced abortion. [No fetal data provided.]		
				1 st (Diagnosis @wk 5) (pt 8)	ATRA, Daunorubicin	NA	NS	Induced abortion. [No fetal data provided.]		
				2 nd (Diagnosis @wk 23) (pt 10)	Daunoxome [Daunorubicin]	C-section	Premature	Infant sex, weight and Apgar scores NS. Newborn had no malformations.		
				2 nd (Diagnosis @wk 16) (pt 12)	Daunorubicin, Etoposide	NA	NS	Induced abortion. [No fetal data provided.]		
				1 st (Diagnosis @wk 9)(pt 21)	Daunorubicin	NA	NS	Induced abortion. [No fetal data provided.]		
				2 nd (Diagnosis @wk 18) (pt 22)	Daunorubicin	Vaginal	Term	Infant sex, weight and Apgar scores NS. Newborn had no malformations.		
				1 st (Diagnosis @wk 13) (pt 25)	Daunorubicin, Mitoxantrone	NS	NS	Spontaneous abortion (fetus had died) [No fetal data provided.]		
2 nd (Diagnosis	Idarubicin	NA	NS	Induced abortion. [No fetal						

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				@wk 17) (pt 27)				data provided.]		
				2 nd (Diagnosis @wk 16) (pt 28)	Daunorubicin, Mitoxantrone	NA	NS	Induced abortion. [No fetal data provided.]		
				2 nd (Diagnosis @wk 19) (pt 31)	Daunorubicin	NA	NS	Induced abortion. [No fetal data provided.]		
				1 st (Diagnosis @wk 10) (pt 36)	Daunorubicin	NA	NS	Induced abortion. [No fetal data provided.]		
				2 nd (Diagnosis @wk 22) (pt 37)	Daunorubicin	Vaginal	Term	Infant sex, weight and Apgar scores NS. Newborn had no malformations.		
Cytarabine (100 mg/m ² daily for 10 days; 1000 mg/m ² every 12 hours for 6 days)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Idarubicin (2 nd)	C-section	33+4 days	Intrauterine growth retardation and variable decelerations on fetal tocogram. Female infant, 1408 g, Apgar scores 4, 7, and 10 at 1, 5, and 10 minutes. Newborn had hyperbilirubinemia but no dysmorphic features or major anomalies. Amniotic fluid was meconium-stained.	No	(Claahsen <i>et al.</i> 1998)
Cytarabine (Dose NS, weekly)	Case report	1	Leukemia (ALL)	NS [~ 2 nd /3 rd]	6-Mercaptopurine Methotrexate, Doxorubicin, Vincristine (PC, 1 st)	C-section	36	Male infant: 2400 g, Apgar scores NS. Newborn was polycythemic and jaundiced but had no congenital defects.	At 6 months, normal growth and development.	(Dara <i>et al.</i> 1981)
Cytarabine (Dose/schedule NS)	Case series	5 of 32 (Pt 3, 12, 20, 27, 30)	Breast	2 nd	None	Vaginal	36	Infant sex NS: 3120 g, Apgar scores 9 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
			Leukemia (AML)	2 nd First@wk17	Daunorubicin	C-section	28	Infant sex NS: 1370 g, Apgar scores NS. Newborn was healthy but required intubation.		
			Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Cyclophosphamide,	C-section	35	Infant sex NS: 1980 g, Apgar scores 8 and 9. Newborn was		

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				First@wk24 Last@wk37	Etoposide, Bleomycin, Vincristine			healthy.		
			Leukemia (AML)	3 rd First@wk28	Daunorubicin	C-section	28	Infant sex NS: 1150 g, Apgar scores NS. Newborn had respiratory distress syndrome and hypospadias.		
			Non-Hodgkin lymphoma	3 rd First@wk34 Last@wk37	Epirubicin, Cyclophosphamide, Etoposide, Bleomycin, Vincristine	Vaginal	36	Infant sex NS: 3020 g, Apgar scores 9 and 9. Newborn was healthy.		
Cytarabine (125 mg twice daily for 5 days, 3 cycles)	Case report	1	Leukemia (AML)	2 nd	6-Thioguanine	C-section	39	Male infant: 3200 g, Apgar scores 6 and 9 at 1 and 5 minutes. Newborn was normal with no congenital abnormalities.	At 15 months, in excellent health.	(de Souza <i>et al.</i> 1982)
Cytarabine (160 mg twice daily for 7 days)	Case series	1 of 2 (Pt 2)	Leukemia (APL)	2 nd , 3 rd First@wk20	ATRA, Daunorubicin	Vaginal	36	Female infant: 2200 g, Apgar scores NS. Newborn had no apparent malformations but had respiratory distress that required support for 15 days.	At 5 months, growth and development were normal.	(Delgado-Lamas and Garces-Ruiz 2000)
Cytarabine (100 mg/m ² twice a day for 7 days)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Doxorubicin, 6-Thioguanine	C-section	28	Intrauterine growth restriction and no response to nonstress test at 28 weeks gestation. Male infant: 1140 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal.	At 14 months, normal chromosomal study. At 20 months, normal according to physical and psychological assessment.	(D'Emilio <i>et al.</i> 1989)
Cytarabine (Dose/schedule NS)	Case series	1 of 18 (Pt 4)	Leukemia (AML)	2 nd , 3 rd	Daunorubicin, ATRA	NS	NS [~28]	Male infant: 1050 g, Apgar scores NS. Newborn was premature with normal hematological values. He suffered respiratory distress and died after 1 day.	NA	(Dilek <i>et al.</i> 2006)
Cytarabine (90 mg/m ² twice daily for 7 days; Pt2- 1cycle, Pt3- 2 cycles)	Case series	2 of 3 (Pt 2, 3)	Leukemia (AML)	2 nd	Hydroxyurea, Daunorubicin, Vincristine,	NS	NS	Induced abortion. Male fetus: 308 g. No external defects or gross abnormalities in	NA	(Doney <i>et al.</i> 1979)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
					6-Thioguanine			organogenesis were recognized; the spleen was slightly enlarged.		
				3 rd	Hydroxyurea, Daunorubicin, Vincristine, 6-Thioguanine	Vaginal	31	Spontaneous preterm labor at 4 weeks after admission. Male infant: 2130 g, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was anemic, hyponatremic, hypocalcemic, and hypoglycemic.	At 13.5 months, physical examination was unremarkable but growth parameters were depressed. A Denver Developmental Screening test was normal.	
Cytarabine (100 mg/m ² daily for 10 days, 3 cycles)	Case report	1	Leukemia (AML)	3 rd First@wk 31	Vincristine	Vaginal	39	Male infant: 2967 g, Apgar scores NS. Newborn was normal with normal blood count.	At 30 months, normal development and excellent health.	(Durie and Giles 1977)
Cytarabine (Pt 1- 8x160 mg, 2 cycles, plus maintenance therapy; Pt 2- Dose/schedule NS)	Case series	2	Leukemia (AML)	2 nd , 3 rd First@wk 18	Daunorubicin, 6-Thioguanine, Methotrexate	Vaginal	39	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Ebert <i>et al.</i> 1997)
				PC, 1 st Last@wk 8	Vincristine, Doxorubicin	Vaginal	NS	Female infant: weight and Apgar scores NS. Newborn had an atrial septum defect and bilateral loss of radius and fifth digit.		
Cytarabine (80 mg/m ² twice a day for 7 days)	Case series	3 of 5 (Pt 2, 3, 4)	Leukemia (AML)	2 nd First@wk 17	Vincristine, Doxorubicin	Vaginal	37	Spontaneous preterm labor. Male infant: 2430 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal with no congenital abnormalities and normal blood count.	At 3-4 months, increased leukocyte count and lymphocytic with occasional red blood cells in smear. At 20 and 30 months, normal blood count. At 37 months, normal growth and development.	(Fassas <i>et al.</i> 1984)
				3 rd First@wk 34	Vincristine, Doxorubicin	Vaginal	36	Male infant: 3100 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal with normal blood count.	At 36 months, normal growth and development.	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				3 rd First@wk31	Vincristine, Doxorubicin	C-section	38	Male infant: 3140 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with normal blood profile. Lost to follow-up.	No	
Cytarabine (Total doses: Pt 1 – 80 mg/d x 3 days for 3 cycles, then 160 mg/d x 3 day, Pt 2- 480 mg over 3 cycles, Pt3 - 480 mg IV and 160 mg/day x 3 days for 1 cycle, Pt 4 and Pt5 dose/schedule NS; cycle= 7 days)	Case series	5 of 5	Leukemia (AML)	2 nd , 3 rd First@wk 26	Daunorubicin	Vaginal	39	Male infant: 2659 g, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was normal.	At 9 years, normal growth.	(Feliu <i>et al.</i> 1988)
			(AML)	6 th month [2 nd]	Doxorubicin (1 st), Vincristine (1 st , 2 nd) Daunorubicin (2 nd), Methotrexate (1 st), 6-Mercaptopurine (1 st)	Vaginal	38	Female infant: 2800 g, Apgar scores 8 and 10 at 1 and 5 minutes. [Newborn was assumed to be normal; no data provided.]	At 7 years, normal development.	
			(AML)	8 th month [3 rd]	Methotrexate (1 st , 2 nd), 6-Mercaptopurine (1 st , 2 nd)	Vaginal	38	Male infant: 2750 g, Apgar scores 6 and 8 at 1 and 5 minutes.	At 7 years, normal development.	
			(ALL)	[1 st , 2 nd]	Daunorubicin, Vincristine, 6-Mercaptopurine	NA	NA	Mother died at 23 weeks. Fetal morphology was normal.	NA	
			(AML)	2 nd First@wk 20	Daunorubicin, 6-Thioguanine	Vaginal	32	Infant sex NS: 1500 g, Apgar scores 6 and 7 at 1 and 5 minutes. Newborn was morphologically normal.	No	
Cytarabine (Dose/schedule NS)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd , 3 rd First@wk 21 Last@wk 28	Daunorubicin, Mitoxantrone	C-section	29+3 days	Oligohydramnios and early intrauterine growth retardation detected at 28 weeks gestation. Fetal tachycardia at 29 weeks gestation +3 days. Female infant: 857 g, Apgar scores 4 and 6 at 1 and 5 minutes. Newborn required resuscitation and was transferred to the NICU for mechanical ventilation and antibiotics. She showed hyponatremia, hypoglycemia,	She developed failure to thrive and started to gain weight only after 3 months.	(Garcia <i>et al.</i> 1999)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								seizures, neutropenia, anemia, thrombocytopenia and bilateral hydronephrosis with dilation of the proximal ureter of the left kidney. Hematologic derangement resolved after 7 days of therapy.		
Cytarabine (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd	6-Thioguanine, ATRA, Daunorubicin, Mitoxantrone	Vaginal	35	Female infant: 2490 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was healthy with no physical abnormalities detected.	At 4 months, no complications with development.	(Giagounidis <i>et al.</i> 2000)
Cytarabine (160 mg daily for 5 days, 6 cycles repeated at 5 day intervals, plus 1 later cycle)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 23 Last@wk 37	Daunorubicin, 6-Thioguanine	Vaginal	37	Male infant: 2880 g, Apgar scores NS. Newborn was healthy and normal.	No	(Gokal <i>et al.</i> 1976)
Cytarabine (Dose/schedule NS)	Case series	6 of 17 (Pt 2, 3, 5, 9, 11, 12)	Leukemia (ALL)	2 nd First@wk 18	Daunorubicin, Cytarabine	NA	NS [~24]	Mother and fetus died during pregnancy. [No fetal data.]	No	(Greenlund <i>et al.</i> 2001)
			Leukemia (AML)	2 nd First@wk 18	Daunorubicin	NS	41	Female infant: 2950 g, Apgar scores NS. Newborn had no malformations.		
			Leukemia (AML)	2 nd First@wk 15	Daunorubicin	NS	17.5	Fetal death, no further information.		
			Leukemia (AML)	2 nd First@wk 26	Daunorubicin, 6-Thioguanine	NS	38	Male infant: 3240 g, Apgar score 8. Newborn had no malformations.		
			Leukemia (AML)	2 nd First@wk 24	Doxorubicin, Vincristine, 6-Thioguanine	NS	31.5	Female infant: 1135 g, Apgar scores NS. Newborn had no malformations.		
			Leukemia (AML)	2 nd First@wk 19	Daunorubicin, 6-Mercaptopurine	NS	36	Female infant: weight and Apgar scores NS. Newborn had no malformations.		
Cytarabine (Dose/schedule NS)	Case series, retrospective	1 of 14 from Table 1 (Case 7)	Leukemia (AML, ALL)	3 rd First@wk 34	Vincristine, 6-Thioguanine	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal, but had low hemoglobin.	At 26 months, constant cold, weight < 10 th percentile. Growth was 10 percentile. Immune function test and complete	(Gulati <i>et al.</i> 1986)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
									blood count (CBC) were normal.	
Cytarabine (Dose/schedule NS)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk25	6-Thioguanine, Daunorubicin (3 rd)	Vaginal	37	Female infant: 2990 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal, both physically and cytogenetically.	No	(Hamer <i>et al.</i> 1979)
Cytarabine (Dose NS, days 1-4 and 8-11, 2 cycles)	Case report	1	Leukemia (ALL)	3 rd First@wk 30 Last@wk 34	Cyclophosphamide (2 nd , 3 rd), Daunorubicin (2 nd), Vincristine (2 nd , 3 rd), Asparaginase (2 nd , 3 rd), 6-Mercaptopurine, Methotrexate (intrathecal)	Vaginal	36	Transient oligohydramnios [and spontaneous preterm labor]. Male infant: 2150 g, Apgar scores 2 and 8 at 1 and 5 minutes, respectively. Newborn was normal, with normal hematology and neurology. There was mild meconium aspiration syndrome and jaundice which were successfully treated.	No	(Hansen <i>et al.</i> 2001)
Cytarabine (140 mg/day for 7 days, altered to 4.5 g/m ² /day for 3 days)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 22	Daunorubicin, Mitoxantrone, Etoposide	C-section	36	Intrauterine growth restriction. Intermittent sinusoidal fetal heart rate patterns at 36 weeks of gestation. Male infant: 1046 g, Apgar scores 2 and 7 at 1 and 5 minutes. Newborn had pancytopenia.	At 2 months, in good health.	(Hsu <i>et al.</i> 1995)
Cytarabine (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-araC, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Vincristine, Cycloctidine, ATRA, Mitoxantrone, Idarubicin, Asparaginase	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (1000 mg/m ² , 4 cycles)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd First@wk 13 Last@wk 31	Dasatinib (PC, 1 st), Hydroxyurea	Vaginal	34	Female infant: 2470 g, Apgar scores NS. Newborn was healthy.	At 11 months, she was healthy without structural or functional anomalies or developmental delay	(Kroll <i>et al.</i> 2010)
Cytarabine (50 mg X 6, 2 cycles)	Case report	1	Leukemia (ALL)	3 rd First@wk 31 Last@wk 35	Cyclophosphamide, Methotrexate (intrathecal), Vincristine (2 nd , 3 rd), 6-Mercaptopurine (2 nd , 3 rd)	Vaginal	38	Male infant: 6 lb 8.5 oz [2962 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was normal.	At 7 months, he continued to thrive and had a normal karyotype.	(Krueger <i>et al.</i> 1976)
Cytarabine (intrathecal: 70 mg on days 1,3; IV: 2000 mg/m ² every 12 hr on days 1, 2)	Case report	1	[Non-Hodgkin Lymphoma] (Burkitt's lymphoma)	2 nd , 3 rd First@wk 26 Last@wk 29	Vincristine, Doxorubicin, Cyclophosphamide, Etoposide, Ifosfamide	C-section	32	Male infant: 1731 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no abnormalities, but was cyanotic and experienced respiratory distress.	At 1 year, mild developmental delays, but otherwise healthy.	(Lam 2006)
Cytarabine (120 mg daily for 5 days, 3 cycles)	Case report	1	Leukemia (AML)	1 st , 2 nd First@wk 10 Last@wk 17	6-Thioguanine, Vincristine, Daunorubicin	NA	20	Induced abortion: Female fetus was microscopically and macroscopically normal in size and development.	NA	(Lilleyman <i>et al.</i> 1977)
Cytarabine (100 mg/m ² daily for 7 days)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 17 Last@wk 34	Daunorubicin, 6-Thioguanine	Vaginal	40	Male infant: 2860 g, Apgar scores NS. Newborn was normal, including hearing, vision, blood and bone marrow, and heart.	At 7 months he was normal in every respect.	(Lowenthal <i>et al.</i> 1978)
Cytarabine (100 mg/day for 7 days, 3 cycles)	Case report	1	Leukemia (AML)	3 rd First@wk 28 Last@wk 33	6-Thioguanine	Vaginal	39	Female infant: 2835 g, Apgar scores NS. Newborn was healthy.	At 30 months, normal physical and mental development.	(Manoharan and Leyden 1979)
Cytarabine (70 mg/m ² /day on days 1-10, then 100 mg/m ² /day on day 1-7)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 26	Idarubicin (3 rd), Daunorubicin (2 nd)	C-section	32	Oligohydramnios at 32 weeks gestation. Female infant: 1820 g, Apgar scores 6, 6, and 8 at 1, 5, and 10 minutes. Newborn showed no sign of cardiac failure, and no cerebral ultrasound revealed no abnormalities. Newborn developed myelosuppression that required supportive treatment, also hepatopathy and elevated creatinine	No	(Matsuo <i>et al.</i> 2004)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								kinase. These values normalized within a week. The baby was healthy at time of discharge.		
Cytarabine (100 mg/m ² daily for 41 days)	Case report	1 (1 pt with 2 pregnancies)	Leukemia (AML)	2 nd	6-Thioguanine	NA	24	Induced abortion: Male fetus: 2 lb 3 oz. [992 g]. No congenital abnormalities were noted. Chorionic tissue was cultured and revealed trisomy for group C chromosomes in some cells.	NA	(Maurer <i>et al.</i> 1971)
				[PC, 1 st]	6-Thioguanine	NA	NS	Induced abortion. No abnormal chromosomes. [No fetal data provided.]	NA	
Cytarabine (high dose, schedule NS)	Case series	1 of 2 (Pt B)	Leukemia (ALL)	2 nd [First@wk18-19]	Vincristine, Asparaginase, Methotrexate (intrathecal), Daunorubicin	Vaginal	22	Stillborn: 400 g (sex NS). [No fetal data provided.]	NA	(Molkenboer <i>et al.</i> 2005)
Cytarabine (Dose/schedule NS)	Survey, retrospective	1 of 27 [27 pts received chemotherapy while pregnant; the number of pts who received cytarabine while pregnant was not provided.]	Leukemia (AML)	2 nd First@wk13	Radiation therapy (1 st , 2 nd), Daunorubicin, Vincristine (2 nd , 3 rd), Cyclophosphamide (2 nd , 3 rd)	NS	NS	Infant sex, weight and Apgar scores NS. Normal at delivery.	No	(Mulvihill <i>et al.</i> 1987)
Cytarabine (1 g/m ² /day, days 1-3, 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Daunorubicin, Etoposide	C-section	32	No fetal growth from 30-32 weeks gestation. Female infant: 1460 g, Apgar scores NS. Newborn was very pale and required active resuscitation and was anemic	At 1 year she remained well with normal peripheral blood counts.	(Murray <i>et al.</i> 1994)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								and neutropenic. She required ventilation for 10 hours. With treatment, the hematological abnormalities resolved by day 4. Cerebral ultrasound was normal as was the rest of her neonatal course.		
Cytarabine (Pt1: 170 mg/24 hours for 10 days, then 40 mg every 6 hours for 5 days of 4 week cycle; Pt 2: 140 mg/24 hours for 10 days for 2 cycles, then same dose for 4 week cycles, 3 cycles)	Case series	2 of 2	Leukemia (acute)	2 nd , 3 rd [First@wk 20]	Vincristine	C-section	[39]	Male infant: 3460 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal.	At 4 years, normal development and good health.	(Newcomb <i>et al.</i> 1978)
				1 st , 2 nd , 3 rd [First@wk12]	Doxorubicin, Vincristine	Vaginal	[39]	Female infant: 2860 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn appeared normal.	At 6 weeks, normal karyotype.	
Cytarabine (100 mg/m ² over 24 hours on days 1-7, then 3 g/m ² every 12 hours on days 1, 3, and 5)	Case report	1	Leukemia (AML)	2 nd First@wk 21	Idarubicin	C-section	37	Female infant: 1710 g, Apgar scores 5 and 9 at 1 and 5 minutes. Newborn showed intrauterine growth restriction, cyanosis of the extremities, shallow sacral dimple, short digits and limbs, dysplastic fingernails, and prominent frontal skull with mild macrognathia, and a ventricular septal defect.	At 3 months, other fetal defects [other than the heart] seen at birth seemed to have resolved. At 5 months, child recovered quickly from surgery to correct ventricular septal defect.	(Niedermeier <i>et al.</i> 2005)
Cytarabine (100 mg/m ² twice daily for 7 days)	Case series	2 of 2	Leukemia (AML)	3 rd	Daunorubicin, 6-Thioguanine	Vaginal	40	Male infant: 5000 g, Apgar scores NS. Newborn was normal.	At 6 months, he remained well.	(O'Donnell <i>et al.</i> 1979)
			(ALL)	2 nd , 3 rd	Daunorubicin, 6-Thioguanine	NS	30	Stillborn, sex NS: no congenital abnormalities noted.	NA	
Cytarabine	Case report	1	Leukemia	2 nd , 3 rd	Idarubicin,	NS	8 th month	Fetal death, no further	NA	(Paşa <i>et al.</i>

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(100 mg/m ² daily for 7 days			(AML)	First@wk 16	Fludarabine			information provided.		(2009)
Cytarabine (90 to 110 mg/m ² daily for 7 days, 4 cycles; 200 mg/day for 5 days-1 cycle, 250 mg/day for 7 days, 1 cycle)	Case report	1	Leukemia (AGL)	2 nd , 3 rd	6-Thioguanine	Vaginal	39	Infant: 2250 g, sex and Apgar scores NS. Newborn had no abnormalities detected.	At 8 months the infant was developing normally.	(Pawliger <i>et al.</i> 1971)
Cytarabine (Dose/schedule NS)	Cohort, retrospective	3 of 14 from Tables 3 and 4 (Pt 1, 8, 10)	Hodgkin lymphoma	2 nd First@wk 26	Cisplatin, Etoposide	NS	36	Infant sex and Apgar scores NS: 2540 g. Newborn had jaundice and non-hemolytic anemia.	No	(Peres <i>et al.</i> 2001)
			Leukemia (AML)	2 nd First@wk 19	Daunorubicin	NS	39	Infant sex and Apgar scores NS: 3000 g. Newborn had no neonatal complications.	At 9 years, normal development.	
			Leukemia (AML)	NS	Idarubicin	NS	NS	Intrauterine growth restriction and oligohydramnios. Fetal death, but no malformations.	NA	
Cytarabine (Intrathecal, 70 mg on days 1,3,5,21, 45; 3.2 g/m ² IV twice daily on days 25, 16, 70,71)	Case report	1	[Non-Hodgkin Lymphoma] (Burkitt's lymphoma)	2 nd	Cyclophosphamide, Doxorubicin, Ifosfamide, Etoposide, Vincristine, Rituximab	Vaginal	26	Decreased amniotic fluid at gestation week 18 and early intrauterine growth restriction at gestation week 22. Stillborn infant. [No fetal autopsy data provided.]	NA	(Peterson <i>et al.</i> 2010)
Cytarabine (Schedule NS. Total doses: Pt 3=3500 mg Pt 6=1600 mg Pt 7=1400 mg Pt 9=1200 mg)	Case series	4 of 9 (Pts 3,6,7,9 from Table 2)	Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Methotrexate, Cyclophosphamide, 6-Mercaptopurine	Vaginal	40	Female infant: 2300 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 6 years, alive and healthy.	(Pizzuto <i>et al.</i> 1980) [†]
			(ALL)	1 st , 2 nd , 3 rd	6-Mercaptopurine, Methotrexate, Vincristine, Cyclophosphamide	C-section	34	Male infant: 1000 g, Apgar scores NS. Newborn had no apparent congenital malformation but was pancytopenic.	At 21 days, died from septicemia.	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
			(ALL)	2 nd , 3 rd	6-Mercaptopurine, Methotrexate, Vincristine	Vaginal	38	Female infant: 2400 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 90 days, died from gastroenteritis.	
			(AML)	3 rd	Vincristine	Vaginal	38	Female infant: 3000 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 2 months, alive and healthy.	
Cytarabine (1 st pregnancy- 200 mg twice daily for 5 days, then 3 days. 2 nd pregnancy- 200 mg, then 300 mg twice daily for 5 days, 2 or 3 cycles)	Case report	1 (2 pregnancies of 1 pt)	Leukemia (AML)	2 nd	6-Thioguanine	Vaginal	26	Stillborn: no fetal abnormalities.	NA	(Plows 1982)
				NS [2 nd or 2 nd , 3 rd]	6-Thioguanine	C-section	39	Female infant: 3133 g, Apgar scores 6 and 8. Newborn was normal.	No	
Cytarabine (200 mg daily for 14 days, then 200 mg weekly)	Case report	1	Leukemia (AML)	2 nd , 3 rd	6-Thioguanine	Vaginal	39	Male infant: 3540 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn was normal.	At 12 months he was in excellent health.	(Raich and Curet 1975)
Cytarabine (10 mg/kg on days 1 and 10, then 2 g/m ² twice daily on days 1 to 4, then 100 mg/m ² twice daily on days 1 to 3, 3 cycles)	Case series	2	Leukemia (AML)	2 nd , 3 rd First@wk 25	6-Thioguanine, Daunorubicin, Mitoxantrone, Etoposide	C-section	34	Male infant: 2220 g, Apgar scores 3, 6, and 8 at 1, 5, and 10 minutes. Newborn was rigorously normal, including skeletal bones, central nervous system, and blood.	Follow up was uneventful [age NS].	(Requena et al. 1995)
				2 nd , 3 rd First@wk 20	6-Thioguanine, Daunorubicin, Mitoxantrone, Etoposide	C-section	34	Female infant: 2100 g, Apgar scores 6, 7, and 9 at 1, 5, and 10 minutes. Newborn had no phenotypic anomalies.		
Cytarabine (Dose/schedule NS)	Survey, retrospective	4 of 7 (Pt 2, 3, 4, 7)	Leukemia (CGL)	3 rd	6-Thioguanine, Daunorubicin	Vaginal	34	[Spontaneous preterm labor.] Male infant: 2290 g, Apgar score 9 at 5 minutes. Newborn had no congenital malformations.	At 1 + years, normal growth and development.	(Reynoso et al. 1987)
			(AML)	3 rd	6-Thioguanine, Daunorubicin	Vaginal	29	Spontaneous preterm labor. Male infant: 1000 g, Apgar	At 3 years, normal growth and development.	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								scores NS. Newborn had no malformations but adherence of the iris to the cornea was diagnosed at age 2.		
			(AML)	2 nd , 3 rd	Daunorubicin, Vincristine, Cyclophosphamide	Vaginal	34	Spontaneous preterm labor. Male infant: 2510 g, Apgar score 10 at 5 minutes. Newborn was healthy with no congenital malformations.	At 7 years, remains healthy.	
			(AML)	2 nd , 3 rd	Daunorubicin, Cyclophosphamide, 6-Thioguanine, Vincristine	Vaginal	39	Male infant: 3420 g, Apgar score 10 at 5 minutes. Newborn had no congenital malformations.	At 12 years, healthy with normal growth and intellectual development.	
Cytarabine (100 mg/m ² days 1-7, 2 cycles total)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Daunorubicin (2 nd); Mitoxantrone (2 nd , 3 rd); Idarubicin (3 rd)	Vaginal	NS	Stillborn, sex NS: 2200 g. No obvious congenital malformations. No fetal autopsy was performed.	NA	(Reynoso and Huerta 1994)
Cytarabine (Pt 1-175 mg/day for 2 days, 2 week intervals, 5 cycles. Pt 4- 200 mg/day for 5 days, 3 week intervals, 3 cycles. Pt 5- 200 mg/day for 5 days, 3 week interval, 2 cycles)	Case series	3 of 7 (Pt1, 4, 5)	Leukemia (AML)	2 nd	Daunorubicin, 6-Mercaptopurine	Vaginal, Induced	32	Labor was induced because mother was seriously ill. Female infant: 2041 g, Apgar score 9 at 1 minute. Newborn was normal.	No	(Roy <i>et al.</i> 1989)
				2 nd	Daunorubicin, 6-Thioguanine	C-section	33 (text) 34 (table)	Serial ultrasound showed poor fetal growth. Male infant: weight and Apgar score NS. Newborn had Down Syndrome.		
				3 rd	Daunorubicin, 6-Thioguanine	Vaginal	34	Female infant: 1930 g, Apgar score NS. Newborn was normal.		
Cytarabine (80 mg twice a day days 1-5 of a 4 week	Case report	1 (one woman	Leukemia (acute)	PC, 1 st , 2 nd , 3 rd	6-Thioguanine	C-section	38	Male infant: 2212 g, Apgar scores 9 and 9 at 1 and 5 minutes. Physical findings	At 2 months, normal karyotype. At 16 months, normal development and	(Schafer 1981)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		with two pregnancies)						were normal except for distal limb defects. The medial two digits of both feet were absent, with intact tarsals; the remaining lateral three toes and metatarsals appeared normal; the distal phalanges of both thumbs were absent, and the remnant of the right thumb was very hypoplastic.	excellent health.	
				PC, 1 st	6-Thioguanine	C-section	Term	Female infant: 2912 g, Apgar scores 9 and 9 at 1 and 5 minutes. Physical findings were entirely normal.	At 2 months, normal karyotype. At 4 months, normal development.	
Cytarabine (1 g/m ² /day for 3 days)	Case report	1	Leukemia (AML)	2 nd or 2 nd -3 rd [>25 weeks]	Etoposide, Daunorubicin	C-section	32	Serial ultrasounds detected reduced amniotic fluid and no fetal growth gain at 32 weeks gestation. Female infant: 1460 g, Apgar scores NS. Newborn was very pale and required active resuscitation, also exhibited myelosuppression. She made good progress and was discharged at 46 days.	No	(Scherf and Price 1996)
Cytarabine (75 mg/m ² four times a day for four days/schedule NS)	Case report	1	Leukemia (ALL)	3 rd	Vincristine (2 nd), Asparaginase (2 nd), Daunorubicin (2 nd), Cyclophosphamide, 6-Mercaptopurine, Methotrexate, X-rays	Vaginal	40	Female infant: weight and Apgar scores NS. Newborn was healthy, had a full head of hair, and no abnormalities. Cytogenetic analysis of lymphocytes showed a normal karyotype but some chromosome breakage and a ring chromosome.	No	(Schleuning and Clemm 1987)
Cytarabine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	3 rd	Daunorubicin, Vincristine, Asparaginase, Cyclophosphamide	Vaginal, induced	~35	Female infant: 6.8 lbs [3087 g], Apgar scores NS. Newborn was normal.	At 16 months she was healthy with a normal blood count.	(Sigler <i>et al.</i> 1988)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (100 mg/m ² twice daily for 5 days, 4 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 27	6-Thioguanine	Vaginal	35	Spontaneous preterm labor Female infant: 1430 g, Apgar scores 8 and 9.	At 1 year there was normal development with no evidence of a drug-related abnormality.	(Taylor and Blom 1980)
Cytarabine (60 mg twice daily for 5 days every 3 weeks, 2 cycles)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd	6-Thioguanine, Daunorubicin, Doxorubicin	Vaginal	32	Spontaneous preterm labor. Female infant: 2000 g, Apgar scores NS. Newborn had a premature appearance, but was normal with no obvious abnormalities.	At 13 months, normal developmental milestones.	(Tobias and Bloom 1980)
Cytarabine (60 mg/m ² , then 1000 mg/m ²)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 27 Last @wk 32	Cyclophosphamide, Daunorubicin (2 nd), Methotrexate (intrathecal), 6-Thioguanine, Vincristine (2 nd), AMSA (3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn's physical exam was unremarkable with normal cerebral ultrasound, hearing, and echocardiography. He exhibited transient neonatal myelosuppression that was treated and resolved by day 20.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
Cytarabine (Dose/schedule NS)	Survey, retrospective	2 of 27 (Pt 10, 11)	Leukemia (AML)	2 nd , 3 rd First@wk 27	Daunorubicin	C-section	30	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 21	Daunorubicin	C-section	37	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		
Cytarabine (100 mg/m ² twice daily for 7 days, then 500 mg/m ² twice daily for 7 days), 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd Last@wk 29	Doxorubicin, 6-Thioguanine Vincristine	C-section	29	Fetal suffering per ultrasonography and cardiotocography at week 29. Female infant: 1000 g, Apgar score 6 at 1 minute. Newborn was normo-formed with hyaline membrane disease	At 3.5 years she is well with weight in normal range and normal neurological and hematological parameters.	(Veneri <i>et al.</i> 1996)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								and moderate meningeal hemorrhage that were successfully treated.		
Cytarabine (Dose/schedule NS)	Case series	3 of 4 (Pt 1, 2, 4)	Leukemia (AML)	2 nd First@wk 17, 2 cycles	Daunorubicin, 6-Thioguanine	NS	30	Premature rupture of membranes, possibly the result of a medical evaluation of the placenta. Female infant: 1180 g, Apgar scores NS.	At 5 years development was normal and health was excellent.	(Volkenandt <i>et al.</i> 1987)
			(AML)	2 nd First@wk 23	Daunorubicin, 6-Thioguanine	C-section	42	Male infant: 3840 g, Apgar scores NS. Newborn was healthy. Newborn had 6 toes on right foot (family history of polydactyly).	At 22 months, development was normal and health was excellent.	
			(AML)	2 nd First@wk 15	Daunorubicin, 6-Thioguanine	NS	20	Intrauterine fetal death at 5 weeks after initiation of chemotherapy. Fetus (sex NS): 40 g. Autopsy revealed no abnormalities and no leukemic infiltration.	No	
Cytarabine (Dose NS, 4 consecutive days per month for 3 months)	Case report	1	Leukemia (ALL)	PC, 1 st Last@wk 8	None	NS	NS [~at term]	Male infant: 2863 g, Apgar scores NS. Newborn had deformities of the extremities and ears: bilateral microtia, bilateral atresia of the external auditory canals, right hand had a lobster claw with only 3 digits, right femur was shortened and bowed, left femur was bifid with one of two femurs extending anterior in the mid-shaft section, both lower legs contained a single bone, each foot was composed of an os calcis and only two lateral metatarsals.	At 10 months, motor development seemed normal.	(Wagner <i>et al.</i> 1980)
Cytarabine (200 mg/m ² /day for 7 days)	Case report	1	Leukemia (APL)	3 rd	Daunorubicin	C-section	NS	Infant sex and Apgar scores NS: 2100 g. Newborn was healthy and hematologically normal.	No	(Wallace 1989)

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Cytarabine (Dose NS, 1 cycle)	Case report	1	Leukemia (AML)	3 rd First@wk 30	Idarubicin	C-section	33-34	Mild uterine contractions [spontaneous preterm labor] and fetal distress. Male infant: 2200 g, Apgar scores 2 and 6 at 1 and 5 minutes. Amniotic fluid was meconium stained. No further information was presented.	No	(Yucebilgin <i>et al.</i> 2004)
Cytarabine (Dose/schedule NS)	Cohort, retrospective	3 of 31 (Pt 12, 15, 16)	Leukemia (CML)	1 st	Daunorubicin, Hydroxyurea, 6-Thioguanine	NA	NS	Induced abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
			Leukemia (AML)	2 nd	Doxorubicin	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well.	No	
			Leukemia (AML)	2 nd	Doxorubicin, 6-Thioguanine	Vaginal	26	Stillborn, appeared normal except for bruising and petechia over multiple areas.	NA	
Cytarabine (Table 2: Pt 2 – 1 cycle, Pt 9 – 2240 mg total, Pt 36 – 2 cycles, Pt 26 – 3 cycles, Pt 24 – 2 cycles, Pt 25 – 1 cycle)	Survey, retrospective	6 of 48 (Table 2: Pts 2, 9, 36, 26, 24, and 25)	Leukemia (AML)	1 st First@wk11 Last@wk11	6-Thioguanine, Daunorubicin, Vincristine	NS	NS	Spontaneous abortion at 20 days post-chemotherapy. [No fetal data provided.]	NA	(Zuazu <i>et al.</i> 1991)
			(AML)	1 st First@wk12 Last@wk12	Daunorubicin	Vaginal	NS [15 weeks]	Spontaneous abortion at gestation week 15. [No fetal data provided.]	NA	
			(AML)	2 nd First@wk20 Last@wk27	Daunorubicin, 6-Thioguanine, Vincristine	C-section	37	Infant: 2100 g, sex and Apgar scores NS. Newborn was premature.	At 3 years, normal.	
			(AML)	2 nd	Daunorubicin, 6-Thioguanine, Vincristine	NS	NS	Infant: sex, weight and Apgar scores NS. Newborn had normal outcome.	At 3 years, normal.	
			(AML)	3 rd First@wk28	Daunorubicin, 6-Thioguanine, Vincristine	NS	36	Infant: 2400 g, sex and Apgar scores NS. Newborn was normal with normal karyotype.	At 4 years, normal follow-up.	
			(AML)	3 rd	Daunorubicin,	NS	NS	Fetal death during treatment.	NA	

Appendix C Table 11. Cytarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				First@wk29	6-Thioguanine, Vincristine			C-section postmortem, fetus without macroscopical anomalies.		

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Cytarabine timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA= Not Applicable. NS = Not Specified. Pt = patient. AGL= Chronic granulocytic leukemia. ALL = acute lymphocytic leukemia. AML = acute myeloid leukemia. APL = Acute promyelocytic leukemia. CGL = chronic granulocytic leukemia. CML = chronic myeloid leukemia. AMSA= amascrine. ATRA = all-trans retinoic acid. Behenoyl-araC = behenoyl cytosine arabinoside.

Appendix C Table 12. Dacarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 12. Dacarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Dacarbazine (375 mg/m ² on days 1 and 14, 15 days between cycles,, 2 cycles)	Case series	1 of 6 (Pt 1)	Hodgkin lymphoma	2 nd First@wk 21	Doxorubicin, Bleomycin, Vinblastine	C-section	29	Female infant: 2400 g, Apgar scores NS. Newborn was healthy.	At 10 years she remained healthy.	(Anselmo <i>et al.</i> 1999)
Dacarbazine (Dose/schedule NS)	Case series, retrospective	10 of 14 from Table II (Pt 2, 3, 4, 6, 7, 8, 11, 12, 13, 14)	Hodgkin lymphoma	2 nd [see note in reference column]	Doxorubicin, Bleomycin, Vinblastine	Vaginal	38	Male infant: 3200 g. Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration]
				1 st	Doxorubicin, Bleomycin, Vinblastine	Vaginal	37	Male infant: 3800 g. Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Doxorubicin, Bleomycin, Vinblastine	C-section	34	Female infant: 2800 g. Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Doxorubicin, Bleomycin, Vinblastine	Vaginal	35	Female infant: 2500 g. Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Doxorubicin, Bleomycin, Vinblastine	Vaginal	38	Female infant: 2500 g. Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Doxorubicin, Bleomycin, Vinblastine	Vaginal	37	Male infant: 3100 g. Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Doxorubicin, Bleomycin, Vinblastine	Vaginal	38	Female infant: 3000 g. Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune	

Appendix C Table 12. Dacarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
									function, and cytogenetics were normal.	
				1 st	Doxorubicin, Bleomycin, Vinblastine	Vaginal	40	Male infant: 3500 g. Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Doxorubicin, Bleomycin, Vinblastine	C-section	40	Female infant: 3450 g. Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Doxorubicin, Bleomycin, Vinblastine	Vaginal	36	Female infant: 3200 g. Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Dacarbazine (Dose/schedule NS)	Survey, registry	20 of 31 from Table 3 [21 of 32 infants]	Hodgkin lymphoma	2 nd or 2 nd , 3 rd	Doxorubicin, Vinblastine, Bleomycin	NS	35.9 (group mean)	Infant sex NS: 2587 g (group mean), Apgar scores NS. Fifteen newborns were normal, including 1 set of twins. Two infants had malformations: 1 had plagiocephaly and 1 had syndactyly of the 4 th and 5 th fingers. One infant had birthweight 15% and 3 infants had hypoglycemia.	At 0.5 to 10 years (n=20), all children were normal phenotype. At 4 to 112 months (group range, n=15), one child in the group had chronic broncolitis, 1 had recurrent otitis media, and 1 had asthma; group mean weight was 67 th percentile.	(Cardonick <i>et al.</i> 2010)
Dacarbazine (Dose/schedule NS)	Case series	3 of 32 (Pt 9,18, 19)	Hodgkin lymphoma	2 nd , 3 rd First@wk 15 Last@wk 35	Doxorubicin, Bleomycin, Vinblastine	Vaginal	36	Infant, sex NS: 2190 g, Apgar scores 6 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
				2 nd First@wk 24 Last@wk 27	Doxorubicin, Bleomycin, Vinblastine	C-section	37	Infant, sex NS: 2850 g, Apgar scores 8 and 8. Newborn was healthy.		
				2 nd First@wk 24 Last@wk 26	Doxorubicin, Bleomycin, Vinblastine	C-section	37	Infant, sex NS: 2450 g, Apgar scores 9 and 9. Newborn was healthy.		
Dacarbazine (Dose/schedule NS)	Case series	2 of 18 (Pt 7, 10; Pt 7 had 2 pregnancies)	Hodgkin lymphoma	1 st	Doxorubicin, Vinblastine, Bleomycin	NS	NS	Male infant: 2500 g, Apgar scores NS. Newborn was healthy and without hematological abnormalities. [Pt 7 1 st	No	(Dilek <i>et al.</i> 2006)

Appendix C Table 12. Dacarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		es)		2 nd , 3 rd	Doxorubicin, Vinblastine, Bleomycin			pregnancy] Fetal death in the 8 th month [Pt 7, 2 nd pregnancy; no fetal autopsy data provided.]		
				1 st	Doxorubicin, Vinblastine, Bleomycin			Female infant: 2500 g, Apgar scores NS. Newborn had growth retardation and a floating thumb malformation on the left hand (partial agenesis of a metacarpal bone and hypoplasia of two phalanges).		
Dacarbazine (600 mg, one dose)	Case report	1	Hodgkin lymphoma	2 nd First@wk17	Doxorubicin, Bleomycin, Vinblastine	NA	NA	Induced abortion after first dose. [No fetal autopsy data provided.]	NA	(D'Incalci <i>et al.</i> 1983)
Dacarbazine (25 mg/m ² on days 1 to 3, 2 cycles)	Case report	1	Melanoma	2 nd First@wk 23 Last at week 26.5	Carmustine, Cisplatin, Tamoxifen	C-section	30	Female infant: 1520 g, Apgar scores NS. New born was healthy. Pathology revealed malignant melanoma in the placenta.	At 17 months she had normal muscle tone and reflexes and other age appropriate evaluations.	(DiPaola <i>et al.</i> 1997)
Dacarbazine (Dose NS, every 3 to 4 weeks)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 25	Doxorubicin, Bleomycin, Vinblastine	C-section	38	Serial ultrasounds detected small for gestational age fetus. Male infant: 1650 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 10 months, he remained well.	(Fadilah <i>et al.</i> 2006)
Dacarbazine (250 mg/m ² for 3 days, every 4 weeks)	Case report	1	Melanoma	2 nd	Cisplatin, Interferon alpha (PC, 1 st), Radiation therapy (2 nd , 3 rd ; [calendar dates and weeks of gestation are inconsistent])	C-section	28+3 days	Intrauterine growth retardation (fetal growth at 3 rd percentile) at 28 weeks gestation. Male infant: 735 g, Apgar scores 6, 8, and 8. Newborn was healthy and without signs of metastatic melanoma.	He showed uneventful, age-appropriate development [age NS] .	(Gottschalk <i>et al.</i> 2009)
Dacarbazine (250 mg/m ² daily for 5 days, 6 cycles at 21 day intervals) [Not clear how 6 cycles at	Case report	1	Melanoma	2 nd , 3 rd First@wk 27	None	Vaginal	38	Male infant: 3175 g, Apgar scores NS. Newborn was healthy.	At 4 years, examinations revealed no abnormalities.	(Harkin <i>et al.</i> 1990)

Appendix C Table 12. Dacarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
21 day intervals could have been given between weeks 27 and 34]										
Dacarbazine (750 mg)	Case report	1	Melanoma	2 nd First@wk 26	Nimustine, Vincristine, Interferon beta	Vaginal	35	Male infant: 2208 g, Apgar scores NS. Newborn was healthy.	At 32 months, no signs of melanoma.	(Ishida <i>et al.</i> 2009)
Dacarbazine (Dose/schedule NS; Sarcoma Pt – 1 cycle, Hodgkin’s Pts – 7 to 8 cycles)	Case series	1 of 18	Sarcoma	2 nd	Cyclophosphamide, Doxorubicin, Vincristine	Vaginal	22	Spontaneous abortion. [No further fetal data provided.]	NA	(Jameel and Jamil 2007)
		2 of 18	Hodgkin lymphoma	NS First@ wk 12-33, 22 (mean)	Doxorubicin, Bleomycin, Vincristine	NS	NS	Infant sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	
Dacarbazine (Dose/schedule NS, 3 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 27	Doxorubicin, Bleomycin, Vinblastine	C-section	39	Male infant: 2350 g, Apgar scores NS. Newborn was healthy and HIV negative (mother was HIV+).	At 9 months the baby was clinically well and HIV negative	(Klepfish <i>et al.</i> 2000)
Dacarbazine (220 mg/m ² days 1-3, 4 monthly cycles)	Case report	1	Melanoma	1 st , 2 nd	Carmustine, Tamoxifen, Cisplatin	C-section	34	Male infant: 2750 g, Apgar scores 10 and 10 at 1 and 5 minutes. No dysmorphism was detected on clinical examination.	At 1 year social, hearing, and gross and fine motor assessments were normal, however, he was diagnosed with microphthalmia and severe hypermetropia.	(Li <i>et al.</i> 2007)
Dacarbazine (Dose/schedule NS)	Survey, retrospective	3 of 22 (Pt 8, 9, 19)	Melanoma	3 rd	None	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn information not available.	At 20 months, alive and healthy.	(Pages <i>et al.</i> 2009)
				3 rd	None	C-section	37	Male infant: 2260 g, Apgar scores NS. Newborn had intrauterine growth restriction.	At 5 months, alive and healthy.	
				2 nd	None	C-section	26	Male infant: 990 g, Apgar scores NS. Newborn was hospitalized in the neonatal intensive care unit. He had hyaline membrane disease, bronchopulmonary dysplasia, cytomegalovirus infection, and necrotizing enterocolitis.	At 8 months, alive and healthy.	
Dacarbazine (Dose/schedule NS)	Cohort, retrospective	1 of 14 from	Hodgkin lymphoma	1 st First@wk 3	Nitrogen mustard, Vincristine,	NS	18	Induced abortion: Fetus had no malformations; toxic	NA	(Peres <i>et al.</i> 2001)

Appendix C Table 12. Dacarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		Table 3 and 4 (Pt 14)		Last@wk 7	Procarbazine, Doxorubicin, Bleomycin, Vinblastine			degeneration of the liver, kidneys, and placenta.		
Dacarbazine (Dose/schedule NS)	Survey, retrospective	3 of 27 (Pt 15, 16, 24)	Hodgkin Lymphoma	2 nd , 3 rd First@wk 24	Doxorubicin, Bleomycin, Vinblastine	C-section	36	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 27	Doxorubicin, Bleomycin, Vinblastine	Vaginal	35	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		
			Pancreas	3 rd First@wk 32	Doxorubicin, Cyclophosphamide, Vincristine	C-section	33	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		
Dacarbazine (Dose/schedule NS)	Cohort, retrospective	1 of 21 (Pt 8)	Melanoma	1 st	None	NS	NS	Induced abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Dacarbazine timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Daunorubicin (96 mg daily)	Case report	1	Leukemia (APL)	1 st First@wk 9	Cytarabine (2 nd , 3 rd)	Vaginal	39	Male infant: 3050 g, Apgar scores NS. Newborn was normal.	At 4 months, he was physically and neurologically normal.	(Alegre <i>et al.</i> 1982)
Daunorubicin (45 mg/m ² per day, days 1-3, schedule and number of cycles NS)	Case report	1	Leukemia (ALL)	3 rd	Vincristine, Cyclophosphamide	C-section	33	Premature rupture of the membranes. Male infant: 1750 g, Apgar scores 4 and 6 at 1 and 5 minutes. Newborn was morphologically normal but was pale, lethargic, done decreased, and had respiratory distress requiring intubation. He was admitted to the NICU and at 17 days was discharged in good clinical condition.	At 6 months, growth and development were normal.	(Ali <i>et al.</i> 2009a)
Daunorubicin (45 mg/m ² ; Pt 4 – 1 cycle, Pt 5 – 2 cycles)	Case series	2 of 8 (Pt 4, 5)	Leukemia (AML)	2 nd	Cytarabine	NA	NS [>26]	Spontaneous abortion on 7 th day of chemotherapy. [No fetal data provided.]	NA	(Ali <i>et al.</i> 2003)
				2 nd	Cytarabine	Vaginal	NS [>24]	Intrauterine death during chemotherapy. Placental and fetal morphology were normal.		
Daunorubicin (1 X 40 mg , other details NS)	Case report	1	Leukemia (AML)	PC, 1 st	Cytarabine, 6-Thioguanine (1 st)	C-section	“At the expected date” [NS]	Polyhydramnios. Female infant: 2800 g, Apgar scores 2, 7, and 6 at 1, 5, and 10 minutes. Newborn was treated for respiratory distress associated with choanal stenosis and pneumothorax. She also presented with mild hypotelorism, severe brachycephaly, hypoplasia of the anterior cranial base, supra-orbital structures, and naso- and oropharynx, premature closure of both coronal sutures and the metopic suture, bilateral four finger hands with hypoplastic	At 13 months, she was underweight, had mild generalized hypotonia, and slightly retarded motor milestones. Fine motor development and social development were normal. Her head appeared mesocephalic.	(Artlich <i>et al.</i> 1994)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								thumbs, bilateral absent radii, and a small ostium secundum-type atrial septal defect.		
Daunorubicin (Dose/schedule NS)	Case series, retrospective	4 of 29 (Table 1)	Leukemia, acute (AML, ALL)	NS	Cytarabine	NS	NS	Individual data and outcomes NS. Birth weight: 3085 (median); 2500-3675 (range).	In a follow-up study of 84 children, ages ranging from 6 to 29 years, learning and educational performance were normal. No congenital, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001)
Daunorubicin (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd or 2 nd , 3 rd	Behenoyl-ara-C, 6-Mercaptopurine, Cytarabine, Mitoxantrone	C-section	34	Female infant: 2,960 g, Apgar scores NS. Newborn was healthy.	At 16 months, no abnormalities.	(Azuno <i>et al.</i> 1995)
Daunorubicin (60 mg/m ² /day, days 3-5, 2 cycles)	Case report	1	Leukemia (AML)	2 nd	Cytarabine	C-section	28+1 day	Male infant: 1130 g, Apgar scores 5-6-7. Newborn showed no malformations and heart function was normal. Blood transfusions and granulocyte colony stimulating factor were administered for anemia. The child recovered fully and was considered healthy.	No	(Biener <i>et al.</i> 2009)
Daunorubicin (Dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd	Vincristine, Asparaginase, Cytarabine (intrathecal), Methotrexate (intrathecal)	C-section	30	Female infant: 1266 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn physical exam, sepsis assessment, and cancer screening were all normal.	No	(Bottsford-Miller <i>et al.</i> 2010)
Daunorubicin (50 mg for 3 days, 1 cycle)	Case report	1	Leukemia (AML)	2 nd First@wk 24	Cytarabine	C-section	29	Female infant: 1350 g, Apgar scores 2 and 9 at 1 and 5 minutes. Newborn had respiratory distress, seizures, and bilateral pneumothorax but these conditions stabilized.	At 14 months, she was physically and psychologically normal but in the 20 th percentile for height and 12 th percentile for weight.	(Cantini and Yanes 1984)
Daunorubicin (Dose/schedule NS)	Survey, registry	2 of 3 from Table 5	Leukemia (ALL)	2 nd , 3 rd	Cytarabine, Cyclophosphamide, 6-Mercaptopurine, Methotrexate, Vincristine, Asparaginase	NS	35.5 (Group mean)	Infant sex NS: 2341 g (group mean), Apgar scores NS. Both newborns were normal.	At 3.2 or 9 years, both had normal phenotype. At 41 to 109 months (group range, n=2), no long-term complications; group mean	(Cardonick <i>et al.</i> 2010)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
									weight was 65 th percentile.	
Daunorubicin (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd	Cytarabine, 6-Thioguanine	Vaginal (induced)	34	Female infant: 2470 g, Apgar scores 6 and 7 at 1 and 5 minutes. Newborn was normal.	At 12 months, well.	(Catanzarite and Ferguson 1984)
Daunorubicin (Dose/schedule NS)	Survey, retrospective	15 of 37 from Table 1 (Pt 2, 4, 8, 10, 12, 13, 21, 22, 25, 28, 30, 31,35, 36, 37) [see note in reference column]	Leukemia (AML)	1 st (Diagnosis @wk 7) (pt 2)	ATRA, Cytarabine	NS	NS	Spontaneous abortion. [No fetal data provided.]	Evolution has been normal with regard to growth and development in those who have been followed [age NS].	(Chelghoum et al. 2005) [In addition, pts Pt 7, 9, 11, 15, 16, 18, 19, 20, 23, 26, 29, 32 and 33 were not included because it was not possible to determine if they received chemotherapy during pregnancy.]
			(AML)	1 st (Diagnosis @wk 9) (pt 4)	ATRA, Cytarabine	NS	NS	Fetal death. [No fetal data provided.]		
			(AML)	1 st (Diagnosis @wk5) (pt 8)	ATRA, Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]		
			(AML)	2 nd (Diagnosis @wk 23) (pt 10)	Cytarabine	C-section	Premature	Infant sex, weight and Apgar scores NS. Newborn had no malformations.		
			(AML)	2 nd (Diagnosis @wk16) (pt 12)	Cytarabine, Etoposide	NA	NS	Induced abortion. [No fetal data provided.]		
			(ALL)	1 st (Diagnosis @wk 9) (pt 13)	Vincristine, Cyclophosphamide	NA	NS	Induced abortion. [No fetal data provided.]		
			(AML)	1 st (Diagnosis @wk	Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]		

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				9) (pt 21)						
			(AML)	2 nd (Diagnosis @wk 18) (pt 22)	Cytarabine	Vaginal	Term	Infant sex, weight and Apgar scores NS. Newborn had no malformations.		
			(ALL)	1 st (Diagnosis @wk 13) (pt 25)	Cytarabine, Mitoxantrone	NS	NS	Spontaneous abortion due to fetal demise. [No fetal data provided.]		
			(AML)	2 nd (Diagnosis @wk 16) (pt 28)	Cytarabine, Mitoxantrone	NA	NS	Induced abortion. [No fetal data provided.]		
			(ALL)	1 st (Diagnosis @wk 10) (pt 30)	Vincristine, Cyclophosphamide	NA	NS	Induced abortion. [No fetal data provided.]		
			(AML)	2 nd (Diagnosis @wk 19) (pt 31)	Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]		
			(ALL)	1 st (Diagnosis @wk 9) (pt 35)	Vincristine, Cyclophosphamide	NA	NS	Induced abortion. [No fetal data provided.]		
			(AML)	1 st (Diagnosis @wk 10) (pt 36)	Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]		
			(AML)	2 nd (Diagnosis @wk 22) (pt 37)	Cytarabine	Vaginal	Term	Infant sex, weight and Apgar scores NS. Newborn had no malformations.		
Daunorubicin (Dose/schedule NS)	Case series	2 of 32 (Pt 12, 27)	Leukemia (AML)	2 nd	Cytarabine	C-section	28	Infant: sex and Apgar scores NS, 1370 g. Newborn was healthy but required intubation.	No	(De Carolis <i>et al.</i> 2006)
			Leukemia (AML)	3 rd First@wk28	Cytarabine	C-section	28	Infant sex NS: 1150 g, Apgar scores NS. Newborn had respiratory distress syndrome and hypospadias.		
Daunorubicin (Pt 1- 45 mg/m ² daily for 3 days. Pt 2- 60 mg daily for 3 days)	Case series	2 of 2	Leukemia (APL)	2 nd	ATRA, Cytarabine	Vaginal	32	Female infant: 2300 g, Apgar scores NS. Newborn was morphologically normal.	At 10 months she was healthy.	(Delgado-Lamas and Garces-Ruiz 2000)
				2 nd	ATRA, Cytarabine	Vaginal	36	Female infant: 2200 g, Apgar scores NS. Newborn had no apparent malformations.	At 5 months, growth and development were normal.	
Daunorubicin (Dose/schedule NS)	Case series	1 of 18 (Pt 4)	Leukemia (AML)	3 rd	ATRA, Cytarabine	NS	NS [~28]	Male infant: 1050 g, Apgar scores NS. Newborn was premature, had normal	NA	(Dilek <i>et al.</i> 2006)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								hematological values, suffered respiratory distress, and died of pulmonary hemorrhage at 1 day.		
Daunorubicin (70 mg/m ² daily for 3 days; Pt2 - 1 cycle, Pt3 -2 cycles)	Case series	2 of 3 (Pt 2, 3)	Leukemia (AML)	2 nd	Cytarabine, Vincristine, Hydroxyurea, 6-Thioguanine	NS	NS [~18]	Induced abortion: Fetus weighed 307.8 g and had no external defects or gross abnormalities.	NA	(Doney <i>et al.</i> 1979)
				3 rd	Cytarabine, Vincristine, Hydroxyurea, 6-Thioguanine	Vaginal	31	Spontaneous preterm labor at 4 weeks after admission. Male infant: 2130 g, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was anemic, hyponatremic, hyperkalemic, hypocalcemic, and hypoglycemic. Anemia resolved over 7 months.	At 13.5 months, weight, height, and head circumference were below the third percentile but Denver Developmental Screening Tests were normal.	
Daunorubicin (3x90 mg, 2 cycles, plus maintenance therapy)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd First@wk 18/19	Cytarabine, 6-Thioguanine, Methotrexate	Vaginal	39	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Ebert <i>et al.</i> 1997)
Daunorubicin (Pt 1 – 40 mg/day, 3 weekly cycles; Pt 2 – 40 mg, 3 cycles; Pt 4 – dose and schedule NS; Pt 5 – dose and schedule NS)	Case series	4 of 5 (Pt 1, 2, 4,5)	Leukemia (AML)	2 nd , 3 rd First@wk 26 Last@wk28	Cytarabine	Vaginal	39	Male infant: 2659 g, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was normal.	At 9 years, normal growth.	(Feliu <i>et al.</i> 1988)
			(AML)	6 th month [2 nd]	Doxorubicin (1 st), Vincristine (1 st , 2 nd), Cytarabine (2 nd)Methotrexate (1 st), 6-Mercaptopurine (1 st)	Vaginal	38	Female infant: 2800 g, Apgar scores 8 and 10 at 1 and 5 minutes. [Newborn was assumed to be normal; no data provided.]	At 7 years, normal development.	
			(ALL)	[1 st , 2 nd]	Cytarabine Vincristine, 6-Mercaptopurine	NA	NA	Mother died at 23 weeks. Fetal morphology was normal.	NA	
			(AML)	2 nd	Cytarabine,	Vaginal	32	Infant sex NS: 1500 g, Apgar	No	

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				First@wk 20	6-Thioguanine			scores 6 and 7 at 1 and 5 minutes. Newborn was morphologically normal.		
Daunorubicin (Dose/schedule NS)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd First@wk 21 Last@wk 25	Cytarabine (2 nd , 3 rd), Mitoxantrone (3 rd)	C-section	29 +3 days	Oligohydramnios and early intrauterine growth retardation detected at 28 weeks gestation. Fetal tachycardia at 29 weeks gestation +3 days. Female infant: 857 g, Apgar scores 4 and 6 at 1 and 5 minutes. Newborn required resuscitation and was placed on mechanical ventilation and antibiotics. She showed hyponatremia, hypoglycemia, seizures, neutropenia, anemia, thrombocytopenia, bilateral hydronephrosis with dilation of the proximal ureter of the left kidney, and an intracranial hemorrhage (resolved after 1 month of age). Hematologic derangement resolved after 7 days of therapy.	She developed failure to thrive and started to gain weight only after 3 months.	(Garcia <i>et al.</i> 1999)
Daunorubicin (45 mg/m ² daily for 3 days)	Case report	1	Leukemia (AML)	3 rd First@wk 29	None	NS	NS	Fetal death. [No fetal autopsy data provided.]	NA	(Germann <i>et al.</i> 2004)
Daunorubicin (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd	6-Thioguanine, ATRA, Cytarabine (2 nd , 3 rd), Mitoxantrone (2 nd , 3 rd)	Vaginal (induced)	35	Female infant: 2490 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was healthy with no physical abnormalities.	At 4 months, there were no developmental complications.	(Giagounidis <i>et al.</i> 2000)
Daunorubicin (120 mg on day 1 of 5 then 5 days rest, 6 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 23	6-Thioguanine (3 rd), Cytarabine	Vaginal	37	Male infant: 2880 g, Apgar scores NS. Newborn was healthy and normal	At 16 months, normal growth and development.	(Gokal <i>et al.</i> 1976)
Daunorubicin (Dose/schedule NS)	Case series	4 of 17 (Pt 2, 3, 5, 9, 12)	Leukemia (ALL)	2 nd First@wk 18	Cytarabine, Vincristine	NA	NS [~24]	Mother and fetus died during pregnancy. [No fetal data.]	NA	(Greenlund <i>et al.</i> 2001)
			Leukemia	2 nd	Cytarabine	NS	41	Female infant: 2950 g, Apgar	No	

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
			(AML)	First@wk 18				scores NS. Newborn had no malformations.		
			Leukemia (AML)	2 nd First@wk 15	Cytarabine	NS	17.5	Fetal death. [No further information.]	NA	
			Leukemia (AML)	2 nd , 3 rd First@wk 26	Cytarabine, 6-Thioguanine	NS	38	Male infant: 3240 g, Apgar score 8. Newborn had no malformations.	No	
			Leukemia (AML)	2 nd First@wk 19	Cytarabine, 6-Mercaptopurine	NS	36	Female infant: weight and Apgar scores NS. Newborn had no malformations.	No	
Daunorubicin (Dose NS/single treatment)	Case report	1	Leukemia (AML)	3 rd	6-Thioguanine, Cytarabine, 2 nd , 3 rd	Vaginal	37	Female infant: 2990 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal, both physically and cytogenetically.	No	(Hamer <i>et al.</i> 1979)
Daunorubicin (Dose NS, 3 daily doses)	Case report	1	Leukemia (ALL)	2 nd First@wk 26	Cyclophosphamide (2 nd , 3 rd), Vincristine (2 nd , 3 rd), Asparaginase (2 nd , 3 rd), Methotrexate (intrathecal; 3 rd), 6-Mercaptopurine (3 rd)	Vaginal	36	Transient oligohydramnios. [Spontaneous preterm labor.] Male infant: 2150 g, Apgar scores 2 and 8 at 1 and 5 minutes. Newborn was physically normal, with normal WBC, hemoglobin, hematocrit and platelet counts. Presence of meconium required intubation with continuous positive airway pressure and oxygen therapy for 4 days. Jaundice was successfully treated with phototherapy.	No	(Hansen <i>et al.</i> 2001)
Daunorubicin (Dose, Schedule NS)	Case series	1 of 3 (Pt 3)	Leukemia (ALL)	3 rd	Vincristine, Asparaginase	Vaginal	NS	Male infant: 2086 g, Apgar scores 9 and 9. Newborn was healthy and showed no signs of myelosuppression.	No	(Hurley <i>et al.</i> 2005)
Daunorubicin (60 mg/day for 3 days)	Case report	1	Leukemia (AML)	2 nd First@wk 22	Cytarabine, Mitoxantrone, Etoposide	C-section	36	Intrauterine growth restriction. Intermittent sinusoidal fetal heart rate patterns at 36 weeks of gestation [fetal distress] . Male infant: 1046 g, Apgar scores 2 and 7 at 1 and 5 minutes. Newborn was	At 2 months, he was in good health.	(Hsu <i>et al.</i> 1995)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								underweight and pancytopenic.		
Daunorubicin (Dose/schedule NS, 4 cycles)	Case series	1 of 18	Leukemia (ALL)	NS First@wk 12-33 22 (mean)	Vincristine	NA	NA	Intrauterine fetal demise at 35 weeks. [No fetal data provided.]	No	(Jameel and Jamil 2007)
Daunorubicin (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Cyclophosphamide, Behenoyl-ara-c, Vincristine, 6-Mercaptopurine, Aclarubicin, Cytarabine, Cycloctidine, ATRA, Mitoxantrone, Idarubicin, Asparaginase	NS	NS	Individual pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†
Daunorubicin (Rubidomycin) (80 mg, one time)	Case report	1	Leukemia (AML)	2 nd First@wk17	Cytarabine (1 st , 2 nd), 6-Thioguanine (1 st) Vincristine	NA	20	Induced abortion. Male fetus: macroscopically and microscopically normal in size and development with normal karyotype and no blood dyscrasia.	NA	(Lilleyman <i>et al.</i> 1977)
Daunorubicin (45 mg/m ² daily for 3 days)	Case report	1	Leukemia (AML)	2 nd First@wk 17	6-Thioguanine (2 nd , 3 rd), Cytarabine (2 nd , 3 rd)	Vaginal	40	Male infant: 2860 g, Apgar scores NS. Newborn was normal, including hearing, vision, blood and bone marrow, and heart.	At 7 months, he was normal in every respect.	(Lowenthal <i>et al.</i> 1978)
Daunorubicin (Dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 26	Vincristine, Asparaginase, Methotrexate (intrathecal)	C-section	32.4	Intrauterine growth restriction. Male infant: 1450 g, Apgar scores 4 and 8 at 1 and 5 minutes. Newborn showed no abnormality in physical examination or laboratory tests.	At 28 months, growing normally.	(Matsouka <i>et al.</i> 2008)
Daunorubicin (25 mg/m ² on days 1, 2, 5, 6, one cycle)	Case report	1	Leukemia (AML)	2 nd First@wk 26	Cytarabine (2 nd , 3 rd), Idarubicin (3 rd)	C-section	32	Oligohydramnios at 32 weeks gestation. Female infant: 1820 g, Apgar scores 6, 6, and 8 at 1, 5, and 10 minutes. Newborn showed no sign of cardiac failure, and no cerebral ultrasound revealed no abnormalities. Newborn	No	(Matsuo <i>et al.</i> 2004)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								developed myelosuppression that required supportive treatment, also hepatopathy and elevated creatinine kinase. These values normalized within a week. The baby was healthy at time of discharge.		
Daunorubicin (Dose/schedule NS)	Case series	2 of 2	Leukemia (ALL)	1 st First@wk 6	Vincristine, Asparaginase, Methotrexate (intrathecal)	NA	NS [~11]	Induced abortion. [No fetal data provided.]	NA	(Molkenboer <i>et al.</i> 2005)
				2 nd First@wk15 [Last@wk18-19]	Vincristine, Asparaginase, Methotrexate (intrathecal) Cytarabine	Vaginal	22	Stillborn: 400 g (sex NS). [No fetal data provided.]		
Daunorubicin (25 mg/m ² for 6 days, 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 24 Last@wk 29	Behenoyl-ara-c , 6-Mercaptopurine	C-section	33+6days	Intrauterine growth restriction. Premature rupture of fetal membranes. Female infant: 1410 g, Apgar scores 1 and 8 at 1 and 5 minutes. Newborn had no visible congenital anomalies.	At 5 months, she was well with no neurologic or hematologic abnormalities.	(Morishita <i>et al.</i> 1994)
Daunorubicin (Dose/schedule NS)	Survey, retrospective	1 of 27 [27 pts received chemotherapy while pregnant; the total number of pts who received cytarabine while pregnant was not provided.]	Leukemia (AML)	2 nd First@wk13	Radiotherapy [X-rays] (1 st , 2 nd), Cytarabine, Vincristine (2 nd , 3 rd), Cyclophosphamide (2 nd , 3 rd)	NS	NS	Infant sex, weight and Apgar scores NS. Normal at delivery.	No	(Mulvihill <i>et al.</i> 1987)
Daunorubicin (45 mg/m ² daily for 3 days, number of	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 25	Etoposide, Cytarabine	C-section	32	No fetal growth from 30-32 weeks gestation.	At 1 year, she remained well with normal peripheral blood counts.	(Murray <i>et al.</i> 1994)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
cycles NS)								Female infant: 1460 g, Apgar scores NS. Newborn was very pale and required active resuscitation and was anemic and neutropenic. She required ventilation for 10 hours. With treatment, the hematological abnormalities resolved by day 4. Cerebral ultrasound was normal as was the rest of her neonatal course.		
Daunorubicin (60 mg/m ² on days 5, 6, 7.	Case series	2 of 2	Leukemia (AML)	2 nd , 3 rd	6-Thioguanine, Cytarabine	Vaginal	40	Male infant: 5000 g, Apgar scores NS. Newborn was normal.	At 6 months, he remained well.	(O'Donnell <i>et al.</i> 1979)
			Leukemia (ALL)	2 nd , 3 rd	6-Thioguanine, Cytarabine	NS	30	Intrauterine death associated with severe pre-eclampsic toxemia. No congenital abnormalities were noted.	NA	
Daunorubicin (60 mg/m ² daily for 2 days)	Case report	1	Leukemia (ALL)	2 nd First and Last@wk18.5	Vincristine (1 st , 2 nd), Methotrexate (intrathecal, 1 st) Cyclophosphamide, Asparaginase, 6-Mercaptopurine, Radiation therapy	C-section	31	Premature rupture of membranes. Female infant: 2380 g, Apgar score 8 at 5 minutes. Newborn was normally developed, but hydropic and had an enlarged liver and spleen. She had a petechial rash on her abdomen and extremities and slight cardiomegaly. She experienced transient severe myelosuppression requiring transfusions (resolved after ~3 weeks). She was treated with digitalis and diuretics for congestive heart failure.	At 1 year, developmental status was normal.	(Okun <i>et al.</i> 1979)
Daunorubicin (30 mg/m ² on days 8, 15, 22, 29 of a 33 day cycle)	Case report	1	Leukemia (ALL)	3 rd First@wk 28	Vincristine, Asparaginase, Methotrexate	C-section	32+4 days	Male infant: 1450 g, Apgar scores 4 and 8 at 1 and 5 minutes. Newborn showed no abnormalities by physical examination or laboratory tests. Respiratory distress required treatment but resolved in 3	At 18 months, he was growing normally.	(Papantoniou <i>et al.</i> 2008)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								days.		
Daunorubicin (Dose/Schedule NS)	Cohort, retrospective	1 of 14 from Tables 3 and 4 (Pt 8)	Leukemia (AML)	2 nd First@wk 19	Cytarabine	NS	39	Infant sex and Apgar scores NS, 3000 g. Newborn had no complications.	At 9 years, development was normal.	(Peres <i>et al.</i> 2001)
Daunorubicin (1.5 mg/kg on days 2 and 11; Pt 1 – number of cycles NS, Pt 2 – 3 cycles)	Case series	2 of 2	Leukemia (AML)	2 nd , 3 rd	Cytarabine, 6-Thioguanine, Mitoxantrone	C-section	34	Male infant: 2220 g, Apgar scores 3, 6, and 8 at 1, 5, and 10 minutes. Newborn was rigorously normal, including skeletal bones, central nervous system, and blood.	Follow up was uneventful [age NS].	(Requena <i>et al.</i> 1995)
				2 nd , 3 rd	Cytarabine, 6-Thioguanine, Mitoxantrone	C-section	34	Female infant: 2100 g, Apgar scores 6, 7, and 9 at 1, 5, and 10 minutes. Newborn had no phenotypic anomalies.		
Daunorubicin (45 mg/m2 on days 1-3)	Case report	1	Leukemia (AML)	2 nd	Cytarabine (2 nd , 3 rd), Mitoxantrone (2 nd , 3 rd), Idarubicin (3 rd)	Vaginal	NS	Stillborn, sex NS: 2200 g. No obvious congenital malformations. No fetal autopsy performed.	NA	(Reynoso and Huerta 1994)
Daunorubicin (Dose/schedule NS) [Pt4 – Table say Daunorubicin and text says Doxorubicin]	Survey, retrospective	4 of 7 (Pt 2, 3, 4, 7)	Leukemia (CGL)	3 rd	6-Thioguanine, Cytarabine	Vaginal	34	[Spontaneous preterm labor.] Male infant: 2290 g, Apgar score 9 at 5 minutes. Newborn had no congenital malformations.	At 1+ years, no complications.	(Reynoso <i>et al.</i> 1987)
			(AML)	3 rd	6-Thioguanine, Cytarabine	Vaginal	29	[Spontaneous preterm labor.] Male infant: 1000 g, Apgar scores NS. Newborn showed no malformations at birth, but congenital adherence of the iris to the posterior cornea of the left eye was diagnosed at age 2.	At 3 years, normal growth and development.	
			(AML)	2 nd , 3 rd	Vincristine, Cytarabine, Cyclophosphamide	Vaginal	34	Spontaneous preterm labor. Male infant: 2510 g, Apgar score 10 at 5 minutes. Newborn had no congenital malformations.	At 6 years, no complications.	
			(AML)	2 nd , 3 rd	Cytarabine, 6-Thioguanine, Cyclophosphamide,	Vaginal, induced	39	Male infant: 3420 g, Apgar score 10 at 5 minutes. Newborn had no congenital malformations.	At 11.5 years, no complications.	

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
					Vincristine					
Daunomycin (Pt 1- 140 mg once every 2 weeks, 3 cycles. Pt 4 – 45 mg once every 3 weeks, 3 cycles. Pt 5- 45 mg once every 3 weeks, number of cycles NS)	Case series	3 of 6 (Pt 1, 4,5)	Leukemia (AML)	2 nd	Cytarabine, 6-Mercaptopurine	Vaginal, induced	32	Labor was induced because mother was seriously ill. Female infant: 2041 g, Apgar score 9 at 1 minute. Newborn was normal.	No	(Roy <i>et al.</i> 1989)
				2 nd	Cytarabine, 6-Thioguanine	C-section	33 (text) 34 (table)	Serial ultrasound showed poor fetal growth. Male infant: weight and Apgar scores NS. Newborn had Downsyndrome.		
				3 rd	Cytarabine, 6-Thioguanine	Vaginal, induced	34	Female infant: 1930 g, Apgar scores NS. Newborn was normal.		
Daunorubicin (30 mg/m ² daily for 2 days)	Case report	1	Leukemia (APL)	PC, 1 st	Methyl-GAG	Vaginal	34	[Spontaneous preterm labor.] Female infant: 2200 g, Apgar scores NS. Newborn had no congenital abnormalities.	The baby grew well [age NS] .	(Sanz and Rafecas 1982)
Daunorubicin (45 mg/m ² daily for 3 days, number of cycles NS)	Case report	1	Leukemia (AML)	2 nd or 2 nd , 3 rd [First@<wk25]	Etoposide, Cytarabine	C-section	32	Serial ultrasounds detected reduced amniotic fluid and no fetal growth gain at 32 weeks gestation. Female infant: 1460 g, Apgar scores NS. Newborn was very pale and required active resuscitation, also exhibited myelosuppression. She made good progress and was discharged at 46 days.	No	(Scherf and Price 1996)
Daunorubicin (25 mg/m ² on days 1,8,15, 22.)	Case report	1	Leukemia (ALL)	2 nd First@wk 22	Vincristine, Asparaginase, Cyclophosphamide (2 nd , 3 rd), 6-Mercaptopurine (2 nd , 3 rd), Cytarabine (2 nd , 3 rd),	Vaginal	40	Female infant: weight and Apgar scores NS. Newborn was healthy, had a full head of hair, and no abnormalities. Cytogenetic analysis of lymphocytes showed a normal karyotype but some	No	(Schleuning and Clemm 1987)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
					Methotrexate (2 nd , 3 rd), X-rays (2 nd , 3 rd)			chromosome breakage and a ring chromosome.		
Daunorubicin (Dose/schedule NS)	Case report	1	Leukemia (ALL)	3 rd	Vincristine, Cyclophosphamide, Cytarabine, Asparaginase	Vaginal	NS	Female infant: 6.8 lbs [3087 g], Apgar scores NS. Newborn was normal.	At 16 months, she was healthy with a normal blood count.	(Sigler <i>et al.</i> 1988)
Daunorubicin (90 mg single doses 3 weeks apart, 2 cycles)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd First@wk 24	Cytarabine, Doxorubicin, 6-Thioguanine	Vaginal	32	Spontaneous preterm labor. Female infant: 2000 g, Apgar scores NS. Newborn showed no clinical abnormalities.	At 13 months, all developmental milestones were normal.	(Tobias and Bloom 1980)
Daunorubicin (Total dose 220 mg, 4 cycles)	Case series	1 of 2 (Pt 1)	Leukemia (ALL)	2 nd First@wk18	Vincristine (2 nd , 3 rd), Asparaginase, 6-Mercaptopurine (2 nd , 3 rd), Methotrexate (2 nd , 3 rd)	C-section	37	Male and female infants (twins): 2500g (male) and 2400g (female), Apgar scores NS. Both newborns were normal at physical examination with normal T-cell populations. At 24 hours, both newborns had diarrhea and were lethargic, the female was also hypotonic; full recovery was completed by 2 weeks.	At 54 months, both children are normal with no evidence of immunologic suppression.	Turchi 1988 #433
Daunorubicin (45 mg/m ² on days 8, 15, and 22)	Case report	1	Leukemia (ALL)	2 nd First@wk 23	Cyclophosphamide (2 nd , 3 rd), Vincristine, Cytarabine (2 nd , 3 rd), Methotrexate (intrathecal; 2 nd , 3 rd), 6-Thioguanine (2 nd , 3 rd), Amsacrine (3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn's physical exam was unremarkable with normal cerebral ultrasound, hearing, and echocardiography. He exhibited transient neonatal myelosuppression that was treated and resolved by day 20.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
Daunorubicin (Dose/schedule NS)	Survey, retrospective	2 of 27 (Pt 10, 11)	Leukemia (AML)	2 nd , 3 rd First@wk 27	Cytarabine	C-section	30	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 21	Cytarabine	C-section	37	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Daunorubicin (40 mg/m ² on days 8, 15, 22; 3 cycles)	Survey, retrospective	1 of 62 [62 patients received chemotherapy while pregnant; total number receiving Daunorubicin is NS]	NS	2 nd , 3 rd First@wk24	Methotrexate, Vincristine, Cyclophosphamide, Asparaginase, 6-Mercaptopurine,	NS	NS	Infant sex, birth weight, and Apgar scores NS. Hemangioma.	No	(Van Calsteren <i>et al.</i> 2010)
Daunorubicin (Dose/schedule NS; Pt 1 had 2 cycles)	Case series	4 of 4	Leukemia (AML)	2 nd First@wk 17	Cytarabine, 6-Thioguanine	NS	30	Premature rupture of membranes, possibly the result of a medical evaluation of the placenta. Female infant: 1180 g, Apgar scores NS.	At 5 years, development was normal and health was excellent.	(Volkenandt <i>et al.</i> 1987)
			Leukemia (AML)	2 nd First@wk 23	Cytarabine, 6-Thioguanine	C-section	42	Male infant: 3840 g, Apgar scores NS. Newborn had 6 toes on right foot (family history of polydactyly).	At 22 months, development was normal and health was excellent.	
			Leukemia (ALL)	3 rd First@wk 32	Vincristine	Vaginal	37	Male infant: 2865 g, Apgar scores NS. Newborn was healthy.	At 14 months, he was in excellent health.	
			Leukemia (AML)	2 nd First@wk 15	Cytarabine, 6-Thioguanine	NA	20	Intrauterine fetal death at 5 weeks after initiation of chemotherapy. Fetus (sex NS): 40 g. Autopsy revealed no abnormalities and no leukemic infiltration.	NA	
Daunorubicin (Dose/schedule NS)	Cohort, retrospective	1 of 21 (Table 1, Pt 12)	Leukemia (CML)	1 st	6-Thioguanine, Hydroxyurea, Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
Daunorubicin (45 mg/m ² on day 4, 5, 6 and 7)	Case report	1	Leukemia (APL)	3 rd	Cytarabine	C-section	NS	Infant sex NS: 2100 g and Apgar scores NS. Newborn was healthy and hematologically normal.	No	(Wallace 1989)
Daunorubicin (dose/schedule data limited)	Survey, retrospective	8 of 48 (8 of 56)	Leukemia (AML)	PC, 1 st	Methyl-GAG	NS	34	Infant: 2200 g, sex and Apgar scores NS. Newborn was premature, but normal.	At 5 years, normal growth and development.	(Zuazu <i>et al.</i> 1991)

Appendix C Table 13. Daunorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(Table 1: Pt 11 – one cycle; Table 2: Pt 2 – 1 cycle, Pt 9 – 180 mg total, Pt 36 – 2 cycles; Pt 14 – dose/schedule NS, Pt 26 – 3 cycles, Pt 24 - 2 cycles, Pt 25 – 1 cycle)		pregnancies) (Table 1: Pt 11, Table 2: Pt 2, 9, 36, 14, 26, 24, 25)	Leukemia (AML)	1 st First@wk11 Last@wk11	Cytarabine, 6-Thioguanine, Vincristine	Vaginal	NS	Spontaneous abortion 20 days post-chemotherapy. [No fetal data provided.]	NA	
			Leukemia (AML)	1 st First@wk12 Last@wk12	Cytarabine	Vaginal	NS [15 weeks]	Spontaneous abortion at gestation week 15. [No fetal data provided.]	NA	
			Leukemia (AML)	2 nd First@wk20 Second and last@wk27	Cytarabine, 6-Thioguanine, Vincristine	C-section	37	Infant: 2100 g, sex and Apgar scores NS. Newborn was premature.	At 3 years, normal.	
			Leukemia (AML)	2 nd First and last at 5 months	None	NS	NS	Maternofetal death post-chemotherapy. [No fetal data provided.]	NA	
			Leukemia (AML)	2 nd	Cytarabine, 6-Thioguanine, Vincristine	NS	NS	Infant: sex, weight and Apgar scores NS. Newborn had normal outcome.	At 3 years, normal.	
			Leukemia (AML)	3 rd First@wk28	Cytarabine, 6-Thioguanine, Vincristine	NS	36	Infant: 2400 g, sex and Apgar scores NS. Newborn was normal with normal karyotype.	At 4 years, normal follow-up.	
			Leukemia (AML)	3 rd First@wk29	Cytarabine, 6-Thioguanine, Vincristine	NS	NS	Fetal death during treatment. C-section postmortem, fetus without macroscopical anomalies.	NA	
			<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Daunorubicin timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA= Not Applicable. NS = Not Specified. Pt = patient. ALL= acute lymphocytic leukemia. AML=acute myelogenous leukemia. APL=acute promyelocytic leukemia. CGL=chronic granulocytic leukemia.</p> <p>† Papers not included in text analysis. One study was not included in the text analysis due to lack of individual data on timing of exposure, co-treatments and pregnancy outcomes (Kawamura <i>et al.</i> 1994).</p>							

Appendix C Table 14. Docetaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 14. Docetaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Docetaxel (Dose/schedule NS)	Survey, registry	6 of 104 infants from Table 2	Breast	2 nd , 3 rd	Doxorubicin Cyclophosphamide, Paclitaxel, Epirubicin	NS	35.9 (group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS. Four newborns were normal, one had neutropenia and pyloric stenosis, and one had suspected holoprosencephaly.	At 0.2 to 2.6 years (n=3). Two children were normal phenotype. At 2.6 years, the newborn with suspected holoprosencephaly had prominent lateral ventricles, but was otherwise normal. At 42 months (group mean, n=93), group mean weight was 48 th percentile.	(Cardonick <i>et al.</i> 2010)
Docetaxel (Dose and schedule NS)	Case series	1 of 32 (Pt 10)	Breast	2 nd , 3 rd First@wk 19 Last@wk 31	None	C-section	32	Infant, sex NS: 1620 g, Apgar scores 8 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
Docetaxel (100 mg/m ² every 3 weeks for 3 cycles)	Case report	1	Breast	2 nd , 3 rd	Vinorelbine (2 nd)	C-section	32	Female infant: 1620 g, Apgar scores 8 and 9. Newborn was normal.	At 20 months, she had regular psychophysical development.	(De Santis <i>et al.</i> 2000)
Docetaxel (35 mg/m ² weekly for 5 weeks)	Case report	1	Breast	3 rd	None	Vaginal	40	Male infant: weight and Apgar scores NS. There was no apparent toxicity to the newborn.	At 15 months, he was well and at normal milestones.	(Gainford and Clemons 2006)
Docetaxel (Dose/schedule NS)	Case series, retrospective	4 of 15 [see note in pregnancy outcome column]	Breast	2 nd and/or 3 rd	Doxorubicin	Vaginal	39	Male infant: 3080 g, Apgar scores NS. Newborn was healthy and without malformations. [Only 15 of 17 pts treated with chemotherapy during pregnancy; individual chemotherapy regimen of 4 pts was not provided.]	At 24 months, healthy.	(Garcia-Manero <i>et al.</i> 2009)
				3 rd	Doxorubicin (2 nd and/or 3 rd)	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn was healthy and without malformations.	At 36 months, healthy.	
				3 rd	Doxorubicin (2 nd and/or 3 rd)	Vaginal	34	Male infant: 2850 g, Apgar scores were 9/10 [9 and 10 at 5 and 10 minutes] . Newborn was healthy and	At 12 months, healthy.	

Appendix C Table 14. Docetaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								without malformations.		
				2 nd and/or 3 rd	Doxorubicin	C-section	35	Male infant: 1850 g, Apgars scores NS. Newborn was healthy and without malformations.	At 25 months, healthy.	
Docetaxel (75 mg/m ² every 3 weeks, 5 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 14+6 Last@wk 30	Carboplatin, Trastuzumab	C-sesction	33+2 days	Anhydramnios and intrauterine growth restriction at 21 weeks. Male infant: wt less than 3 rd percentile, Apgar scores NS. Newborn showed inconspicuous development and normal renal function and urinalysis.	No	(Gottschalk <i>et al.</i> 2011)
Docetaxel (4 cycles, dose and treatment schedule NS)	Case report	1	Breast	1 st , 2 nd	Doxorubicin, Cyclophosphamide	C-section	32	Male infant: weight and Apgar scores in normal limits. Newborn was healthy with no anomalies.	No	(Ibrahim <i>et al.</i> 2006)†
Docetaxel (40 mg/m ² on days 1 and 8, every 21 days for 4 cycles)	Case report	1	Lung	1 st , 2 nd	Cisplatin, Gemcitabine	C-section	33	Female infant: 1490 g, Apgar scores 8, 9, and 10 at 1, 5, and 10 minutes. Newborn showed no evidence of hearing, thyroid, adrenal, hepatorenal, and hematologic dysfunction, or gross congenital malformations.	[At 2 months,] she was developing normally.	(Kim <i>et al.</i> 2008)
Docetaxel (100 mg/m ² every 21 days for 4 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 25 Last@wk 34	5-Fluorouracil, Doxorubicin, Cyclophosphamide (2 nd)	Vaginal	39	Male infant: 6.8 lbs [3087 g], Apgar scores were normal. Newborn was healthy with normal blood counts.	No	(Nieto <i>et al.</i> 2006)
Docetaxel (75 mg/m ² every 2 weeks for 4 cycles (Pt1) or every 3 weeks for 6 cycles (Pt2))	Case series	2 of 2	Breast	2 nd , 3 rd First@wk 26 Last@wk 32	Doxorubicin (2 nd), Cyclophosphamide (2 nd)	Vaginal	34	Fetal ultrasound revealed hydrocephalus (dilated lateral and third ventricle) at gestation week 17. Infant sex, weight, and Apgar scores NS. Newborn had mild hydrocephalus, which regressed spontaneously over several months.	Development was normal at 28 months.	(Potluri <i>et al.</i> 2006)

Appendix C Table 14. Docetaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				2 nd , 3 rd First@wk 14 Last@wk 29	Doxorubicin	C-section	35	Preeclampsia at gestation week 35. Infant sex, weight and Apgar scores NS. Newborn was healthy with no detectable malformations.	Development was normal at 9 months.	
Docetaxel (75 mg/m ² 4 cycles, schedule NS)	Case report	1	Ovary	2 nd , 3 rd First@wk 22	Cisplatin	C-section	34	Anhydramnios and left-sided ventriculomegaly diagnosed prior to chemotherapy; ventriculomegaly increased during chemotherapy treatment. Female infant: 2245 g, Apgar scores 3 and 6 at 1 and 10 minutes. The baby died 5 days after delivery because of multiple congenital anomalies diagnosed before starting chemotherapy.	NA	(Rouzi <i>et al.</i> 2009)
Docetaxel (190 mg/m ² , 2 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 23 Last @wk 26	Trastuzumab	C-section	36	Anhydramnios and fetal growth at the 5 th percentile at 30 weeks of gestation. Male infant: 2230 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn showed no signs of deformities or respiratory abnormalities.	Subsequent development and neonatal urine output normal [age NS].	(Sekar and Stone 2007)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Docetaxel timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA= Not Applicable. NS = Not Specified. Pt = patient.
 †Paper not included in text analysis. We did not include abstracts in the text analysis: (Ibrahim *et al.* 2006).

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant												
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference		
Doxorubicin (Dose/schedule NS)	Case series	5 of 13 (Pts 2, 3,4,9,10)	Breast	2 nd	Cyclophosphamide	NS	36	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)		
			Breast	2 nd	Cyclophosphamide		39	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.				
			Breast	2 nd	Cyclophosphamide		33	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.				
			Adenoid cystic carcinoma	2 nd	Cyclophosphamide, Cisplatin		25	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.				
			[Non-Hodgkin lymphoma] Diffuse large B cell lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine		32	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.				
Doxorubicin (25 mg/m ² on days 1 and 14, 2 cycles, 2 cycles (Pt 1), 3 cycles (Pt 5) or 4 cycles (Pt 6), cycles were 15 days apart)	Case series	3 of 6 (Pt 1, 5, 6)	Hodgkin lymphoma	2 nd First@wk 21	Bleomycin, Vinblastine, Dacarbazine	C-section	29	Female infant: 2400 g, Apgar scores NS. Newborn was healthy.	At 10 years, child is healthy.	(Anselmo <i>et al.</i> 1999)		
				2 nd			NS				Preeclampsia.	At 7 months, healthy.
				2 nd			33				Female infant: 2180 g, Apgar scores NS. Newborn was healthy.	
				2 nd	Bleomycin, Vinblastine	C-section	33	Female infant: 3130 g, Apgar scores NS. Newborn was healthy.	No			
Doxorubicin (Dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Vincristine, Asparaginase, Cisplatin, Cytarabine	C-section	NS	Male infant: 2600 g, Apgar scores NS.	At 2 years, no growth retardation, mental retardation, or malformation observed.	(Ataergin <i>et al.</i> 2007)		
Doxorubicin (75 mg/m ² , 2	Case report	1	Ovary	3 rd First@wk 30	Cyclophosphamide, Vincristine	C-section	37	Female infant: 2500 g, Apgar scores NS. Newborn was healthy with no	No	(Ateser <i>et al.</i> 2007)		

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								abnormality.		
Doxorubicin (Dose/schedule NS)	Case series, retrospective	7 of 7 from Table 1 (Pt 1, 2, 3, 4, 5, 6, 7)	Leukemia (ALL)	1 st [see note in reference column]	Vincristine, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 19 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
			(ALL)	3 rd	Vincristine	Vaginal	38	Female infant: 4300 g, Apgar scores NS. Newborn had no congenital malformations.	At 17 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(AML)	1 st	6-Mercaptopurine, Cytarabine, Methotrexate	Vaginal	36	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(AML)	3 rd	Cytarabine	C-section	39	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 15 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(ALL)	2 nd	Vincristine, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	Vaginal	38	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(ALL)	1 st	Vincristine, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	Vaginal	37	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(AML)	2 nd	6-Mercaptopurine, Cytarabine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		10 of 14	Hodgkin	2 nd	Bleomycin,	Vaginal	38	Male infant: 3200 g, Apgar scores NS.	At 16 years, physical,	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		from Table 2 (Pt 2, 3, 4, 6, 7, 8, 11, 12, 13 and 14)	Lymphoma		Vinblastine, Dacarbazine			Newborn had no congenital malformations.	neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Bleomycin, Vinblastine, Dacarbazine	Vaginal	37	Male infant: 3800 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Bleomycin, Vinblastine, Dacarbazine	C-section	34	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Bleomycin, Vinblastine, Dacarbazine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Bleomycin, Vinblastine, Vincristine, Dacarbazine, Nitrogen mustard, Procarbazine	Vaginal	38	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Bleomycin, Vinblastine, Vincristine, Dacarbazine, Nitrogen mustard, Procarbazine	Vaginal	37	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Bleomycin, Vinblastine, Dacarbazine	Vaginal	38	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Bleomycin, Vinblastine,	Vaginal	40	Male infant: 3500 g, Apgar scores NS. Newborn had no congenital	At 6 years, physical, neurological, psychological,	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Dacarbazine			malformations.	hematological, immune function, and cytogenetics were normal.	
				1 st	Bleomycin, Vinblastine, Dacarbazine	C-section	40	Female infant: 3450 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Bleomycin, Vinblastine, Dacarbazine, Nitrogen mustard, Procarbazine	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		14 of 18 from Table 3 (Pt 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14 and 15)	Non-Hodgkin Lymphoma	2 nd	Cyclophosphamide, Vincristine	Vaginal	38	Female infant: 3400 g, Apgar scores NS. Newborn had no congenital malformations.	At 18 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Vincristine, Bleomycin	C-section	39	Male infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Vincristine, Etoposide, Methotrexate	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 15 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Vincristine, Bleomycin	C-section	40	Male infant: 3850 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Cyclophosphamide, Vincristine, Bleomycin	Vaginal	37	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				1 st	Cyclophosphamide, Vincristine, Bleomycin, Cytarabine	Vaginal	37	Male infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Vincristine, Bleomycin	Vaginal	38	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Vincristine	Vaginal	38	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Vincristine, Bleomycin	Vaginal	38	Female infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Vincristine	Vaginal	37	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Cyclophosphamide, Vincristine, Cytarabine, Methotrexate	Vaginal	39	Female infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Vincristine, Methotrexate, Etoposide	Vaginal	37	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Vincristine, Bleomycin, Cytarabine, Methotrexate, Etoposide	Vaginal	40	Female infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				2 nd	Cyclophosphamide, Vincristine, Bleomycin	C-section	38	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Doxorubicin 300 mg – Pt 1 480 mg – Pt 2 420 mg – Pt 3 480 mg – Pt 4 280 mg – Pt 5 420 mg – Pt 6 600 mg – Pt 7 180 mg – Pt 8 360 mg – Pt 9 180 mg – Pt 10 600 mg – Pt 11 280 mg – Pt 12 90 mg – Pt 13 75 mg – Pt 15 410 mg – Pt 16	Case series	15 of 16 (Pt 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15 and 16)	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine, Methotrexate	NS	NS	Individual pregnancy outcomes are not provided. Birth weights were 2200 g to 3900 g (group range). All babies were born alive and none of the newborns showed apparent congenital malformations.	At ages ranging from 3 to 11 years, normal growth and development.	(Aviles <i>et al.</i> 1990) [†]
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Bleomycin					
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Bleomycin, Methotrexate					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Bleomycin					
				3 rd	Cyclophosphamide, Vincristine, Bleomycin, Methotrexate, Etoposide					
				1 st , 2 nd	Cyclophosphamide, Vincristine, Bleomycin					
				1 st , 2 nd , 3 rd	Cyclophosphamide,					

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Vincristine, Bleomycin, Methotrexate, 6-Mercaptopurine					
				3 rd	Cyclophosphamide, Vincristine, Methotrexate, Etoposide					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine					
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Methotrexate, Cytarabine					
				1 st , 2 nd	Cyclophosphamide, Vincristine, Bleomycin					
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Methotrexate, Cytarabine, Etoposide					
				3 rd	Cyclophosphamide, Vincristine, Methotrexate, Etoposide					
				3 rd	Cyclophosphamide, Vincristine					
				1 st , 2 nd	Cyclophosphamide, Vincristine, Bleomycin					
Doxorubicin (Dose/schedule NS)	Case series, retrospective	18 of 29 from Table 1	Leukemia, acute	NS	Cytarabine, Cyclophosphamide, Vincristine	NS	NS	Birth weight, group range: 2500 – 3675 g. Individual pregnancy outcomes NS. No newborns had congenital malformations.	In this long-term follow-up, ranging from 6 to 29 years, learning and educational performances were normal, and no congenital, cytogenic, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001) [†]
		12 of 26 from Table 2	Hodgkin lymphoma	NS	Vincristine, Vinblastine, Bleomycin,	NS	NS	Birth weight, group range: 2800 – 4300 g. Individual pregnancy outcomes NS. No newborns had congenital		

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Dacarbazine, Nitrogen mustard, Procarbazine			malformations.		
		29 of 29 from Table 3	Malignant lymphoma	NS	Cyclophosphamide, Vincristine, Bleomycin	NS	NS	Birth weight, group range: 2350 – 4050 g. Individual pregnancy outcomes NS. No newborns had congenital malformations.		
Doxorubicin (Dose/schedule NS)	Case series, retrospective	12 of 20 infants from Table 1 [10 of 18 pts] (Pts 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20; two pts had two pregnancies: 10 and 16, and 17 and 18)	Leukemia (ALL)	1 st , 2 nd , 3 rd	6-Mercaptopurine, Vincristine, Methotrexate	NS	NS [33]	Female infant: 1800 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	(Aviles and Niz 1988) [Pt8 was first reported in (Pizzuto <i>et al.</i> 1980). We counted this pt only once using the Aviles <i>et al.</i> (Aviles and Niz 1988).]
				1 st , 2 nd , 3 rd	6-Mercaptopurine, Vincristine, Methotrexate	NS	NS	Female infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations. [Pt A, pregnancy 1]	At 7 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				2 nd , 3 rd	Cytarabine	NS	NS	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd , 3 rd	6-Mercaptopurine, Vincristine, Cytarabine, Methotrexate	NS	NS	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				2 nd , 3 rd	6-Mercaptopurine, Vincristine,	NS	NS	Female infant: 2700 g, Apgar scores NS. Newborn had pancytopenia and no	At 6 years, normal growth and development.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Methotrexate, Cyclophosphamide			congenital malformations. At 4 weeks, blood counts and bone marrow samples were normal.	Hematology, immune function, and cytogenetics were normal.	
				3 rd	Vincristine	NS	NS	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd , 3 rd	6-Mercaptopurine, Vincristine, Methotrexate	NS	NS	Male infant: 2600 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd	6-Mercaptopurine, Vincristine, Methotrexate	NS	NS	Male infant: 2850 g, Apgar scores NS. Newborn had no congenital malformations. [Pt A, pregnancy 2]	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd , 3 rd	Vincristine, Cytarabine	NS	NS	Female infant: 3250 g, Apgar scores NS. Newborn had no congenital malformations. [Pt B, pregnancy 1]	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd	Cytarabine	NS	NS	Male infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations. [Pt B, pregnancy 2]	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				2 nd , 3 rd	Cytarabine	NS	NS	Female infant: 2600 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
				1 st , 2 nd , 3 rd	6-Mercaptopurine, Vincristine, Methotrexate	NS	NS	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
Doxorubicin (50 – 75 mg/m ² on Day 1; Pt 1 and 2 –	Case series	5 of 5	Leukemia (ALL)	2 nd First@wk 17	Vincristine, Asparaginase, Cyclophosphamide,	Vaginal	[~39]	Female infant: 3200 g, Apgar scores NS. Newborn was normal.	At 40 months, normal development and growth.	(Awidi <i>et al.</i> 1983)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
2 cycles, Pt 3 and 4 - 1 cycle, Pt 5 – 3 cycles.)					Methotrexate, 6-Mercaptopurine					
			(ALL)	3 rd First@~wk 35	Vincristine	Vaginal	[~39]	Male infant: 2900 g, Apgar scores NS. Newborn was normal.	At 29 months, normal development and growth.	
			(ALL)	3 rd First@~wk 35	Vincristine	Vaginal	[~40]	Male infant: 3300 g, Apgar scores NS. Newborn was normal.	At 32 months, normal development and growth.	
			(AML)	1 st First@~wk 16	Vincristine, Cytarabine	NA	17	Spontaneous abortion. [No fetal data provided.]	NA	
			Erythroleukemia	3 rd First@~wk 28	Cytarabine, 6-Thioguanine	Vaginal	[~39]	Female infant: 2980 g, Apgar scores NS. Newborn was normal.	At 1 month, normal.	
Doxorubicin Dose/schedule NS, 2 – 4 cycles)	Case series	3 of 26	Breast	2 nd	NS	NS	28 – 40 (group range)	Individual pregnancy outcomes were not provided. Newborns had no malformations.	Follow up at 0 – 84 months (median=27 months), showed no significant remote adverse events.	(Azim <i>et al.</i> 2008)
Doxorubicin (20 mg/m ² weekly, 4 cycles)	Case report	1	Breast	3 rd First@wk 31	None	C-section	35.4	Male infant: 3100 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal.	No	(Barni <i>et al.</i> 1992)
Doxorubicin (45 mg on days 1 and 8 of a 28 day cycles, 6 cycles)	Case report	1	Breast	2 nd First@wk 17	Cyclophosphamide, 5-Fluorouracil	Vaginal	NS	Male infant: weight NS, Apgar scores 8 and 9. Newborn was phenotypically normal with a full head of hair.	At 1.5 years, he was well developed.	(Barnicle 1992)
Doxorubicin (70 mg/m ² , days 1 – 3, 4 cycles)	Case report	1	Leukemia (APL)	2 nd First@wk 21	6-Thioguanine, Cytarabine, Vincristine	C-section	30	Preeclampsia at day 5 and 15 of chemotherapy, treated and resolved. Male infant: 1320 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was normal with normal blood work. At 20 minutes, he experienced tachypnea and progressive respiratory failure requiring intermittent ventilation. By 3.5 hours, he had developed severe respiratory distress syndrome requiring intubation (resolved by 6 days after	At 70 days, infant discharged from the hospital in excellent condition with normal hematological values and karyotype.	(Bartsch <i>et al.</i> 1988)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								treated with surfactant).		
Doxorubicin (50 mg/m ² , every 3 to 4 weeks, 1 – 6 cycles)	Case series	24 of 24	Breast	2 nd and/or 3 rd	5-Fluorouracil, Cyclophosphamide	NS	33 – 40 (group range)	Three patients delivered preterm due to severe preeclampsia (1 pt) or idiopathic preterm labor (2 pt). Individual pregnancy outcomes were not provided. Apgar scores were ≥ 9 in all cases. Newborns had no malformations. One newborn had a low birth weight for gestational age (<10 th percentile), one newborn was diagnosed with hyaline membrane disease, and two newborns had tachypnea (resolved by 48 hours). One newborn was born 2 days after chemotherapy and experienced transient leucopenia. Two newborns had substantial hair loss.	At 6 months to 8 years (group range), all were alive.	(Berry <i>et al.</i> 1999)
Doxorubicin (Dose/schedule NS)	Case series, retrospective	1 of 18 (Pt 1)	Sarcoma	1 st First@month 3	Cyclophosphamide, Vincristine, AMSA	NS	NS	Male infant: 6 lb 5 oz [2828 g], Apgar scores NS.	At 2.5 years, normal.	(Blatt <i>et al.</i> 1980)
Doxorubicin (Dose/schedule NS, 8 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine	Vaginal, induced	34	Infant sex NS: 3043 g, Apgar scores 9, 9 and 9. Newborn experienced no neonatal compromise.	No	(Brown <i>et al.</i> 2001)
Doxorubicin (Dose/schedule NS)	Survey, registry	98 of 104 infants in Table 2 [Of a total of 99 pregnant women exposed to chemotherapy, the number treated with doxorubicin was not	Breast	2 nd or 2 nd , 3 rd	Cyclophosphamide, 5-Fluorouracil, Paclitaxel, Docetaxel	NS	35.9 (group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS.): 96 newborns were without malformations. One infant each at pyloric stenosis and suspected holoprosencephaly. Neonatal complications (number affected): intrauterine growth retardation (8), thrombocytopenia and died at 13 months due to a severe autoimmune disorder (1), neutropenia (1), sepsis and anemia (1), hyperbilirubinemia or jaundice (6), hypocapnia with extreme hypotonia (1), transient tachypnea (4), apnea and/or respiratory distress syndrome (2), and gastroesophageal reflux (1), or difficulty in feeding (2).	At 42 months (n=93 from Table 7). Long-term complication (number affected): periventricular leukomalacia and developmental delay requiring OT and PT (hypocapnia at birth) (1), gastroesophageal reflux (1), mild speech delay (2), mild hearing loss and recurrent otitis media (1), recurrent otitis media (3), reactive airway disease (2), selective IgA deficiency not requiring treatment (1). Group mean weight was 48 th	(Cardonick <i>et al.</i> 2010)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		provided]							percentile.	
		21 of 31 from Table 3 [22 of 32 infants]	Hodgkin lymphoma	2 nd or 2 nd , 3 rd	Bleomycin, Vinblastine, Dacarbazine	NS	35.9 (group mean)	Infant sex NS: 2587 g (group mean), Apgar scores NS. Twenty newborn were without malformations, including 1 set of twins. Malformations observed in two infants: 1 had plagiocephaly and 1 had syndactyly of the 4 th and 5 th fingers. Other health effects included 1 with birthweight <15% and 3 with hypoglycemia (including 1 set of twins born prematurely).	At 0.5 to 10 years (n=20), all children were normal phenotype. At 4 to 112 months (group range, n=15), one child in the group had chronic broncolitis, 1 had recurrent otitis media, and 1 had asthma; group mean weight was 67 th percentile.	
		8 of 32 from Table 3	Non-Hodgkin lymphoma	2 nd , 3 rd	Vincristine, Cyclophosphamide, Rituximab	NS	34.0 (group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. One fetus died at 30 weeks, autopsy was normal. Seven newborns were without malformations. Two newborns had jaundice, 1 also had anemia, and 1 also had transient tachypnea.	At 0.2 to 5.3 years (n=20), all children were normal phenotype. At 34 to 82 months (group range, n=6), one child in the group had a speech delay; group mean weight was 46 th percentile.	
Doxorubicin (Dose/schedule NS)	Survey, retrospective-utilizing data from the Rituximab global drug safety database	3 of 20	[Non-Hodgkin lymphoma] B-cell lymphoma	3 rd	Cyclophosphamide, Vincristine, Rituximab	NS	35	Male infant: weight and Apgar scores NS. Newborn was premature.	No	(Chakravarty <i>et al.</i> 2011) [This entry excludes three published cancer case reports that are already included in our table: (Decker <i>et al.</i> 2006) (Herold <i>et al.</i> 2001, Kimby <i>et al.</i> 2004).]
			Non-Hodgkin	2 nd First@wk 18	Cyclophosphamide, Vincristine,	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal.		

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			lymphoma		Rituximab					
			Non-Hodgkin lymphoma	2 nd First@wk 21	Cyclophosphamide, Vincristine, Rituximab	NS	33	Preeclampsia. Female infant: weight and Apgar scores NS. Newborn was normal.		
Doxorubicin (60 mg/m ² in first cycle, 50 mg/m ² in 2 nd and 3 rd cycles, 3 cycles, 3 – 4 weeks apart)	Case report	1	Breast	3 rd First@wk 28 Last@wk 34	5-Fluorouracil, Cyclophosphamide	Vaginal	37	Mild fetal growth restriction and progressive reduction in amniotic fluid. Female infant: 2350 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 24 months, healthy with normal growth and development.	(Cordoba <i>et al.</i> 2010)
Doxorubicin (45 mg/m ² , every other day for 4.5 weeks)	Case report	1	Leukemia (ALL)	2 nd	Vincristine (PC, 1 st , 2 nd , 3 rd), Cytarabine (3 rd), Methotrexate (1 st , 3 rd), 6-Mercaptopurine (PC, 1 st)	C-section	~36-37	Male infant: 2400 g, Apgar scores NS. Newborn was polycythemic and hyperbilirubinemic, with no congenital defects.	At 6 months, normal growth and development.	(Dara <i>et al.</i> 1981)
Doxorubicin (Dose/schedule NS)	Case series	7 of 32 from Table 1 (Pt 3, 4, 8, 9, 18, 19 and 20)	Breast	2 nd First@wk 20 Last@wk 23	None	Vaginal	36	Infant sex NS: 3120 g, Apgar scores 9 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
			Breast	1 st , 2 nd First@wk 14 Last@wk 22	Cyclophosphamide	Vaginal	38	Infant sex NS: 3150 g, Apgar scores 9 and 10. Newborn was healthy.		
			Hodgkin lymphoma	3 rd First@wk 30 Last@wk 36	Bleomycin, Vinblastine	C-section	36	Infant sex NS: 2650g, Apgar scores 8 and 9. Newborn was healthy.		
			Hodgkin lymphoma	1 st , 2 nd , 3 rd First@wk 15 Last@wk 35	Bleomycin, Vinblastine, Dacarbazine	Vaginal	36	Infant sex NS: 2190g, Apgar scores 6 and 9. Newborn was healthy.		
			Hodgkin lymphoma	2 nd First@wk 24 Last@wk 27	Bleomycin, Vinblastine, Dacarbazine	C-section	37	Infant sex NS: 2850g, Apgar scores 8 and 8. Newborn was healthy.		
			Hodgkin lymphoma	2 nd First@wk 24 Last@wk 26	Bleomycin, Vinblastine, Dacarbazine	C-section	37	Infant sex NS: 2450g, Apgar scores 9 and 9. Newborn was healthy.		
			Non-	2 nd , 3 rd	Bleomycin,	C-section	35	Infant sex NS: 1980g, Apgar scores 8		

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Hodgkin lymphoma	First@wk 24 Last@wk 37	Vincristine, Etoposide, Cytarabine, Cyclophosphamide			and 8. Newborn was healthy.		
Doxorubicin (50 mg/m ² , 6 cycles, 14 days apart)	Case report	1	Non-Hodgkin lymphoma	1 st , 2 nd	Cyclophosphamide, Vincristine, Rituximab	Vaginal	33	Spontaneous preterm labor and delivery. Female infant: weight within 50 th -90 th percentile, Apgar scores 8, 10 and 10. Newborn was healthy, but B-cells were severely diminished at birth (recovery began at 6 weeks, complete by 12 weeks).	Normal immunological response to vaccinations at 8 and 16 weeks. At 16 months, no physiological or developmental abnormalities.	(Decker <i>et al.</i> 2006)
Doxorubicin (25 mg/m ² for 3 days, one cycle)	Case report	1	Leukemia (AML)	2 nd	6-Thioguanine, Cytarabine	C-section	28	Intrauterine growth restriction and was non-responsive to nonstress test at 28 weeks gestation. Male infant: 1140g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal; placental pathology showed multiple infarcts but no leukemic infiltration.	At 14 months, normal chromosomal study. At 20 months, in good health.	(D'Emilio <i>et al.</i> 1989)
Doxorubicin (Dose/schedule NS, 4 cycles)	Case report	1	Breast	2 nd	Cyclophosphamide	Vaginal	NS	Male infant: weight and Apgar scores NS. Newborn was healthy.	No	(Diamond <i>et al.</i> 2009)
Doxorubicin (Dose/schedule NS)	Case series	4 of 21 (Pt 7, 10, 11 and 13; Pt 7 had 2 pregnancies)	Hodgkin lymphoma	1 st	Bleomycin, Vinblastine, Dacarbazine	Vaginal	NS	Male infant: 2500g, Apgar scores NS. Newborn had no hematological abnormalities. [Pt 7, 1st pregnancy]	No	(Dilek <i>et al.</i> 2006)
				2 nd , 3 rd	Bleomycin, Vinblastine, Dacarbazine	NA	8 th month	Fetal death [No fetal autopsy data provided; Pt7, 2nd pregnancy]		
			Hodgkin lymphoma	1 st	Bleomycin, Vinblastine, Dacarbazine	Vaginal	NS	Female infant: 2500 g, Apgar scores NS. Newborn had growth retardation and partial agenesis of a metacarpal bone and hypoplasia of two phalanges (floating thumb malformation) on the left hand.		

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Hodgkin lymphoma	1 st	Cyclophosphamide, Vincristine	Vaginal	Term	Female infant: 3000 g, Apgar scores NS. Newborn had no pathological findings.		
			Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine	Vaginal	Term	Male infant: 2500 g, Apgar scores NS. Newborn had no hematological abnormalities.		
Doxorubicin (40 mg, one dose)	Case report	1	Hodgkin lymphoma	2 nd First@wk17	Bleomycin, Vinblastine, Dacarbazine	NA	NA	Induced abortion after first dose. [No fetal autopsy data provided.]	NA	(D'Incalci <i>et al.</i> 1983)
Doxorubicin (50 mg/m ² on day 2, 5 cycles, 4 weeks apart)	Case report	1	Breast	2 nd , 3 rd	Cyclophosphamide, 5-Fluorouracil	C-section	~38	Male infant: 5 lb 4 oz [2632 g] . Apgar scores NS. Newborn developed jaundice, but was otherwise healthy with normal blood count and chemistry.	At 4 months, 50 th percentile for weight with normal blood count and chemistry. At 15 and 24 months, excellent health and normal development.	(Dreicer and Love 1991)
Doxorubicin (Dose/schedule NS)	Case series	1 of 2 (Pt 2)	Leukemia (AML)	PC, 1 st Last@wk 8	Cytarabine, Vincristine	Vaginal	NS	Female infant: weight and Apgar scores NS. Newborn had an atrial septum defect and bilateral loss of radius and fifth digit.	No	(Ebert <i>et al.</i> 1997)
Doxorubicin (Dose/schedule NS, 4 cycles)	Case report	1	Vagina (neuroendocrine carcinoma)	2 nd First@wk 17 Last@wk 27	Cyclophosphamide, Vincristine	C-section	29	Male infant: 1100g, Apgar scores 5 and 6 at 1 and 5 minutes. Newborn was viable and, due to prematurity, received intensive care for 55 days at which time he was discharged without complications..	At 6 years, highly functional with no neurodevelopmental delays.	(ElNaggar <i>et al.</i> 2012)
Doxorubicin (Dose/schedule NS, 3 cycles, 3 – 4 weeks apart)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 25	Bleomycin, Vinblastine, Dacarbazine	C-section	38	Serial ultrasounds noted small for gestational age fetus. Male infant: 1650 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 10 months, remained well.	(Fadilah <i>et al.</i> 2006)
Doxorubicin (37.5 – 50 mg/m ² on day 1, 1 cycle)	Case series	3 of 5 (Pt 2, 3 and 4)	Leukemia (AML)	2 nd First@wk 17	Vincristine, Cytarabine	Vaginal	37	Spontaneous preterm labor. Male infant: 2430 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had a normal blood count and no congenital abnormalities.	At 3-4 months, increased leukocyte count and lymphocytic with occasional red blood cells in smear. At 20 and 30 months, normal blood count. At 37 months, normal growth and development.	(Fassas <i>et al.</i> 1984)
			(AML)	3 rd	Vincristine, Cytarabine	NS	~37 – 38	Male infant: 3100 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal with a normal blood count.	At 36 months, normal growth and development with no hematologic abnormality.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			(AML)	3 rd	Vincristine, Cytarabine	C-section	38	Male infant: 3140 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with a normal blood profile.	No	
Doxorubicin (40 mg, schedule NS)	Case series	1 of 5 (Pt 2)	Leukemia (AML)	1 st First and Last@ [~wk6]	6-Mercaptopurine (PC, 1 st), Methotrexate (PC, 1 st), Vincristine (1 st , 3 rd), Daunorubicin (3 rd), Cytarabine (3 rd)	Vaginal	38	Female infant: 2800g, Apgar scores 8 and 10 at 1 and 5 minutes.	At 7 years, normal development.	(Feliu <i>et al.</i> 1988)
Doxorubicin (Dose/schedule NS, 6 cycles, 3 weeks apart)	Case report	1	Breast	2 nd	Rituximab, Cyclophosphamide, Vincristine	C-section	41	Female infant: weight and Apgar scores NS. Newborn was healthy but with complete absence of B cells. A fast B cell recovery was seen in the weeks following birth.	At 26 months, normal growth and development.	(Friedrichs <i>et al.</i> 2006)
Doxorubicin Dose/schedule NS 2 Cycles	Case series	1 of 2 (Pt1)	Large B cell lymphoma (Non-Hodgkin lymphoma)	3 rd First@wk 28 Last@wk 32	Cyclophosphamide Vincristine	Vaginal	33	Male infant: 1645 g, Apgar scores 8 and 9 at 1 and 5 minutes. Developed necrotizing enterocolitis that was successfully treated and leukopenia that resolved in 2 days.	No	(Garcia <i>et al.</i> 1999)
Doxorubicin (45 mg/m ² , 4 cycles, 4 weeks apart)	Case report	1	Non-Hodgkin lymphoma	PC (3 cycles), 1 st (1 cycle)	Cyclophosphamide, Vincristine	Vaginal	NS	Male infant: 3400 g, Apgar score 10 after 10 minutes. Newborn had a normal appearance.	At 2 months, satisfactory condition.	(Garcia <i>et al.</i> 1981)
Doxorubicin (Table 2: Pt 1- 100 m[g]/m ² , Pt2 110 m[g]/m ² , Pt3 – 75 m[g]/m ² , Pt4 – 130 m[g]/m ² , others – dose NS; schedule NS)	Case series, retrospective	7 of 15 [see note in pregnancy outcome column]	Breast	2 nd and/or 3 rd	5-Fluorouracil, Cyclophosphamide	NS	35 (Group average) (Range 32-40)	Individual pregnancy outcomes were not provided. 7 live births with no congenital malformations. No stillbirths, miscarriages or perinatal deaths in any pregnancies treated during the 2 nd and 3 rd . [Only 15 of 17 pts treated with chemotherapy during pregnancy; individual chemotherapy regimen of 4 pts was not provided.]	No	(Garcia-Manero <i>et al.</i> 2009)
		4 of 15	Breast	2 nd and/or 3 rd	Docetaxel	Vaginal	39	Male infant: 3080 g, Apgar scores NS. Newborn was healthy and without malformations.	At 24 months, healthy.	
					Docetaxel (3 rd)	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn was healthy and without malformations.	At 36 months, healthy.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Docetaxel (3 rd)	Vaginal	34	Male infant: 2850 g, Apgar scores were 9/10 [9 and 10 at 5 and 10 minutes]. Newborn was healthy and without malformations.	At 12 months, healthy.	
					Docetaxel	C-section	35	Male infant: 1850 g, Apgar scores NS. Newborn was healthy and without malformations.	At 25 months, healthy.	
Doxorubicin (Dose/schedule NS, 3 cycles)	Case report	1	Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Vincristine	Vaginal	Full term	Female infant: Birth weight and Apgar scores NS. Newborn showed no congenital anomalies. Chromosomal analysis revealed no breaks or translocation.	At 4 weeks, infant weighed 2800 g. At 26 months, doing well.	(Garg and Kochupillai 1985)
Doxorubicin (50 - 100 mg/m ² , 4 cycles (Pt 6 and 8) or 1 cycle (Pt 9 and 15), 15 to 28 days apart)	Survey, retrospective	4 of 20 (Pt 6, 8, 9 and 15)	Breast	2 nd , 3 rd First@wk 24 amenorrhea	Cyclophosphamide, 5-Fluorouracil	Vaginal	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 60 months, alive and well.	(Giacalone <i>et al.</i> 1999)
				2 nd , 3 rd First@wk 26 amenorrhea	Vincristine	Vaginal	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 20 months, alive and well.	
				3 rd First@wk 27 amenorrhea	5-Fluorouracil	C-section	35 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 120 months, alive and well.	
				3 rd First@wk 31 amenorrhea	Cyclophosphamide, 5-Fluorouracil	C-section	34 weeks amenorrhea	Infant sex and weight NS, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 120 months, alive and well.	
Doxorubicin (40 mg, 2 cycles, 3 weeks apart)	Case report	1	Ewing sarcoma	3 rd First@wk 29 Last@wk 32	Actinomycin D, Vincristine, Cyclophosphamide, Radiation therapy	Vaginal, induced	36	Female infant: 5 lb 3 oz [2324 g], Apgar scores 9 and 9. Newborn appeared normal.	At 3 months, no known abnormalities.	(Gililand and Weinstein 1983)
Doxorubicin (60 mg/m ² , 4 cycles)	Case report	1	Breast	1 st , 2 nd	Cyclophosphamide, Paclitaxel (2 nd , 3 rd)	C-section	37	Preeclampsia. Male infant: 5.4 lb [2419 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal, with normal blood counts.	At 12 months, normal physical growth and development.	(Gonzalez-Angulo <i>et al.</i> 2004)
Doxorubicin (Dose/schedule NS)	Case series	1 of 17 (Pt 11)	Leukemia (AML)	2 nd First@wk 24	6-Thioguanine, Vincristine, Cytarabine	NS	31.5	Female infant: 1135 g, Apgar score NS. Newborn had no congenital malformations.	No	(Greenlund <i>et al.</i> 2001)
Doxorubicin	Case report	1	Ewing	2 nd , 3 rd	Actinomycin D,	C-section	34	Female infant: 1750 g, Apgars scores 7	Child progressing normally	(Haerr and

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(Dose/schedule NS)			sarcoma	[First@>wk 25]	Cyclophosphamide, Bleomycin, Vincristine			and 9. Infant required intravenous calcium and was treated for mild respiratory distress syndrome for 2 days. No major problems after 3 days.	[age NS, >4 years later].	Pratt 1985)
Doxorubicin (50 mg/m ² over 72 hours, (group mean = 4 cycles), 3 to 4 weeks apart)	Case series	40 of 57 [Data on pregnancy outcomes available for only 40 pregnancies]	Breast	NS First@wk 11 – 34 (range) 23 (median)	Cyclophosphamide, 5-Fluorouracil	60% C-section; 40% Vaginal	37 (29 – 42, range; n=52)	Individual pregnancy outcomes not provided. Infant sex and Apgar scores NS: group mean birth weight = 2890 g (range = 1289 to 3977g; n=47). No stillbirths, miscarriages, or perinatal deaths (n=55). Pregnancy outcomes provided for 40 infants (number affected): Down Syndrome (1), club foot (1), bilateral ureteral reflux (1), breathing difficulties (11), and neutropenia, thrombocytopenia and subarachnoid hemorrhage (1).	Follow up on children (ages 2 to 157 months; n=39). All children except the one with Down Syndrome were thought to have normal development by their parents. One other school-age child had attention deficit-hyperactivity disorder.	(Hahn <i>et al.</i> 2006)
Doxorubicin (50 mg/m ² on day 3, cycles were 4 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd First@wk 21	Rituximab, Vincristine	C-section	35	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 4 months, developing well with normal B-cell population.	(Herold <i>et al.</i> 2001)
Doxorubicin (Dose/schedule NS)	Cohort, retrospective	7 of 72	Breast	2 nd or 3 rd	Cyclophosphamide, 5-Fluorouracil, Paclitaxel, Cisplatin	NS	NS	Individual pregnancy outcomes were not provided. No congenital malformations were diagnosed in the newborns.	No	(Ibrahim <i>et al.</i> 2000)†
Doxorubicin (Dose/schedule NS, 6 cycles)	Case report	1	Breast	1 st , 2 nd	Cyclophosphamide, Docetaxel (1 st)	C-section	32	Male infant: weight and Apgar scores were within the normal range.	No	(Ibrahim <i>et al.</i> 2006)† (Abstract only)
Doxorubicin (60 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd First@wk 24	Cyclophosphamide	Vaginal	36.5	Female infant: 2530 g, Apgar scores 9 and 10 and 1 and 5 minutes. Newborn was healthy and had no complications.	At 40 months, normal growth and development.	(Inbar and Ron 1996)
Doxorubicin (Dose/schedule NS, 4 cycles)	Survey, retrospective	1 of 49 from Table 4 (Pt 2)	Breast	2 nd and/or 3 rd	Cyclophosphamide	NS	37	Infant sex, weight and Apgar scores NS. Newborn born alive and without malformation.	No	(Ives <i>et al.</i> 2005)
Doxorubicin (Dose/schedule NS, Breast Pts – 2-6 cycles, Hodgkin’s lymphoma Pts –	Case series	6 of 18	Breast	NS First@wk 12-33 22 (mean)	5-Fluorouracil, Cyclophosphamide	NS	NS	Infants’ sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	(Jameel and Jamil 2007)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
7-8 cycles, Sarcoma Pt – 1 cycle)										
		2 of 18	Hodgkin lymphoma		Bleomycin, Vinblastine, Dacarbazine	NS	NS			
		1 of 18	Sarcoma		Cyclophosphamide, Vincristine, Dacarbazine	Vaginal	22	Spontaneous abortion. [No fetal data provided.]	NA	
Doxorubicin (Dose/schedule NS)	Survey, retrospective	NS [10 of 302 pts received chemotherapy while pregnant; the number of pts who received doxorubicin while pregnant was not provided.]	Hodgkin lymphoma	NS	Vinblastine, Bleomycin, Dacarbazine	NS	NS	Individual treatments and pregnancy outcomes are not provided. In the total number of pregnancies there were 4 perinatal deaths (5.7 expected), cancer subsequently developed in 2 (1.2 expected), and 22 infants had low birthweight (13.7 expected). The excess number of low weight births occurred primarily during the period of Hodgkin’s disease diagnosis and treatment.	[Not clear whether infants exposed in utero had follow-up.]	(Janov <i>et al.</i> 1992) [†]
Doxorubicin (45 mg/m ² , 5 cycles (Pt 1) or 1 cycle (Pt 2))	Case series	2 of 2	Leukemia (ALL)	2 nd , 3 rd	Asparaginase, Vincristine, Methotrexate (intrathecal), Radiation therapy	C-section	34	Spontaneous preterm rupture of the membranes and labor. Male infant: 2080g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal at physical exam, and had normal blood counts.	At 30 months, developing normally.	(Karp <i>et al.</i> 1983)
			Breast	3 rd First@wk 31	Vincristine, Radiation Therapy (2 nd , 3 rd)	Vaginal	31	Spontaneous preterm labor. Stillborn female: 1200 g, no abnormalities. Placenta was immature with several small areas of recent infarction, extensive endothelial damage, organizing thrombosis, and occlusion and recanalization of the chorionic vessels.	NA	
Doxorubicin	Survey,	103	Leukemia	NS	Cyclophosphamide,	NS	NS	Individual exposures and pregnancy	No	(Kawamura

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(Dose/schedule NS)	retrospective		(ALL, AML)		Behenoyl-ara-c, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Cytarabine, Cycloctidine, ATRA, Mitoxantrone, Idarubicin, Asparaginase, Vincristine			outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.		<i>et al.</i> 1994)†
Doxorubicin (60 mg/m ² , 6 cycles, 3 weeks apart)	Case report	1	Breast	2 nd First@wk 14	Cyclophosphamide	Vaginal	31	Male infant: 1474 g, Apgar scores 8 and 8 at 1 and 5 minutes. Newborn had apnea, tachypnea, respiratory distress requiring intubation (resolved by day 2 after surfactant therapy), hyperbilirubinemia and hypoglycemia (both resolved after 5 days).	At 1 year, in good health with normal growth and development.	(Kerr 2005)
Doxorubicin (Dose/schedule NS, 2 cycles over 4 weeks)	Case report	1	Leukemia (ALL)	2 nd	Vincristine (2 nd , 3 rd), Asparaginase, 6-Mercaptopurine (2 nd , 3 rd), Cyclophosphamide (2 nd , 3 rd), Methotrexate (2 nd , 3 rd)	C-section	NS [at term]	Female infant: 3800 g, Apgar scores NS. Newborn was clinically normal, with slight leucopenia (resolved after 2 weeks).	At follow up [age NS], child was progressing well with normal blood counts, and no neurological disturbance or congenital abnormality.	(Khurshid and Saleem 1978)
Doxorubicin (Dose/schedule NS, 3 cycles)	Case report	1	Hodgkin lymphoma	3 rd First@wk 27	Bleomycin, Vinblastine, Dacarbazine	C-section	39	Male infant: 2350 g, Apgar scores NS. Newborn was healthy.	At 9 months, clinically well.	(Klepfish <i>et al.</i> 2000)
Doxorubicin (50 mg/m ² , 3 to 4 weeks apart)	Case series	4 of 4	Breast	3 rd First@wk 33	Cyclophosphamide, 5-Fluorouracil	NS	36	Newborn sex, weight and Apgar scores NS.	At 65 months, healthy with normal development.	(Kuerer <i>et al.</i> 2002)
				2 nd , 3 rd First@wk 26	Cyclophosphamide, 5-Fluorouracil	NS	40	Newborn sex, weight and Apgar scores NS.	At 44 months, healthy with normal development.	
				2 nd , 3 rd First@wk 26	Cyclophosphamide, 5-Fluorouracil	NS	35	Preeclampsia. Newborn sex, weight and Apgar scores NS.	At 33 months, healthy with normal development.	
				3 rd First@wk 31	Cyclophosphamide, 5-Fluorouracil	NS	36	Newborn sex, weight and Apgar scores NS.	At 33 months, healthy with normal development.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Doxorubicin (40 mg/m ² on day 1, 2 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd , 3 rd First@wk 26 Last@wk 29	Cyclophosphamide, Vincristine, Cytarabine, Etoposide, Ifosfamide	C-section	32	Male infant: 1731 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no anomalies, but experienced respiratory distress.	At 14 months, mild delayed motor skills, otherwise healthy.	(Lam 2006)
Doxorubicin (50 mg/m ² on day 1, 3 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 22 Last@wk 28	Cyclophosphamide, Teniposide, Bleomycin	C-section	31	Preeclampsia and fetal growth retardation. Male infant: 1380 g, Apgar scores 7 and 9 at 5 and 10 minutes. Newborn had no neurologic or other abnormalities, but experienced transient hyperbilirubinemia. Placenta showed extensive infarction.	At 18 months, normal growth with no signs of damage to any organ system that could be related to the chemotherapy.	(Lambert <i>et al.</i> 1991)
Doxorubicin (Dose/ schedule NS)	Case report	1	Breast	3 rd First@wk 32 Last@wk 35	5-Fluorouracil, Cyclophosphamide	C-section	37.5	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Logue 2009)
Doxorubicin (35 mg/m ² (first 2 cycles) or 50 mg/m ² (last 4 cycles) on day 1, 6 cycles, 2.5 to 3 weeks apart)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd , 3 rd Last@wk37	Cyclophosphamide, Vincristine, Teniposide, Bleomycin (3 rd), Methotrexate (3 rd)	Vaginal	37	Female infant: 3750 g, Apgar score 9. Newborn had a normal heart and blood count, no abnormality was detected.	No	(Lowenthal <i>et al.</i> 1982)
Doxorubicin (60 mg/ m ² every 2 weeks for 4 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 22 Last@wk 28	Cyclophosphamide, Paclitaxel (3 rd)	C-section	38	Transient uterine contractions after 2 nd cycle of chemotherapy. Twin infants, sexes NS: Baby A - 2354 g, Apgar scores 7 and 8 at 1 and 5 minutes; Baby B - 2426 g, Apgar scores 8 and 9 at 1 and 5 minutes. Both newborns were healthy.	At 16 months they were in good health.	(Lycette <i>et al.</i> 2006)
Doxorubicin (Dose/ schedule NS, 6 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 13 + 4 days	Cyclophosphamide, Vincristine, Rituximab, Cytarabine	Vaginal	39	Female infant: 2270 g, Apgar scores 6 and 9. Newborn was viable with low birth weight [small for gestational age].	At 10 months, healthy	(Magloire <i>et al.</i> 2006)
Doxorubicin (60 mg/m ² , 4 cycles)	Case report	1	Breast	2 nd First@wk 13	Cyclophosphamide	C-section	4 weeks prior to due date	Female infant: 5 lb 11 oz [2548 g], Apgar scores NS. Newborn was healthy.	No	(Mahon <i>et al.</i> 2001)
Doxorubicin	Case series	2 of 4 (Pt)	Breast	3 rd	5-Fluorouracil	C-section	34	Female infant: 2600 g, Apgar score 10	At 17 years, normal physical	(Mathelin <i>et</i>

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(50 mg/m ² , 1 cycle (Pt 1); or 60 mg/m ² , 4 cycles (Pt 2))		1 and 2)		First@wk 27				at 1 minute.	and school development.	<i>al.</i> 2005)
				2 nd , 3 rd First@wk 21 Last@wk 31	5-Fluorouracil	Vaginal	34	Female infant: 2820 g, Apgar score 10 at 1 minute.	At 11 years, normal physical and school development.	
Doxorubicin (Moderate for 2 cycles, 20 mg/m ² daily for 3 days for last cycle)	Case report	1	Ewing sarcoma	3 rd	Cyclophosphamide, Vincristine, Methotrexate	C-section	7 months	Spontaneous preterm rupture of membranes and labor. Male infant: 2200 g, Apgar score 9. Newborn was healthy with normal blood counts.	At 10 weeks, normal growth and development.	(Meador <i>et al.</i> 1987)
Doxorubicin (50 mg/m ² , 3 cycles, 3 weeks apart)	Case series	1 of 7 (Pt 6)	Sarcoma	2 nd , 3 rd First@wk 27 Last@wk 33	Ifosfamide	C-section	36	Infant sex NS: 1300 g, Apgar scores NS. Newborn was normal.	[At 2 years, healthy.]	(Merimsky and Le Cesne 1998) [More detailed follow-up on Case 6 was reported in Merimsky <i>et al.</i> (Merimsky <i>et al.</i> 1999)]
Doxorubicin (50 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Ewing sarcoma	3 rd First@wk 27 Last@wk 33	Ifosfamide	C-section	36	Mild intrauterine growth retardation without fetal stress. Female infant: 1300 g, Apgar scores NS.	At 2 years, small healthy baby with no chemotherapy related late effects.	(Merimsky <i>et al.</i> 1999) [†] [This case report is follow-up on Case 6 in Merimsky <i>et al.</i> (Merimsky and Le Cesne 1998), thus this case report was not tallied in the in the text analysis.]

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Doxorubicin (45 mg/m ² , 5 cycles, 4 weeks apart)	Case report	1	Ovary	2 nd First@wk 17	Cyclophosphamide, Vincristine	Vaginal	37	Female infant: 6 lb 13 oz [3052 g], Apgar scores NS. Newborn was normal-appearing.	At one year, developmentally normal.	(Metz <i>et al.</i> 1989)
Doxorubicin (50 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd , 3 rd	Cyclophosphamide	C-section	35	At 30 weeks gestation, idiopathic preterm labor (treated and resolved). At 35 weeks gestation, oligohydramnios. Female infant: 2490 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was in good condition with no myocardial dysfunction.	No	(Meyer-Wittkopf <i>et al.</i> 2001)
Doxorubicin (50 mg/m ² every 3 weeks. 2 cycles except case 5 received on ly 1 cycle)	Case series	5 of 5	Sarcoma	3 rd First@wk 29	Ifosfamide	Vaginal	34	Spontaneous preterm labor. Female infant: 1400 g, Apgar scores 8 and 9 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 8 months.	(Mir <i>et al.</i> 2012)
				3 rd First@wk 30		Vaginal	35	Female infant: 2200 g, Apgar scores 9 and 9 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 5 years.	
				3 rd First@wk 30		Vaginal	36	Female infant: 2200 g, Apgar scores 8 and 10 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 3 years.	
				3 rd First@wk 29		Vaginal	35+5days	Male infant: 2300 g, Apgar scores 10 and 10 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 5 years.	
				2 nd First@wk 26		C-section	29+5 days	Oligohydramnios detected at 29 weeks. Male infant: 1180 g, Apgar scores 10 and 10 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 5 months.	
Doxorubicin (40 mg/m ² , 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine, Etoposide,	Vaginal	35.5	Spontaneous preterm labor after last chemotherapy dose.	At 11 months, alive and well.	(Moore and Taslimi 1991)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Bleomycin			Male infant: weight was in the 75 th percentile for gestational age, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no apparent physical anomalies.		
Doxorubicin (60 mg/m ² , 5 cycles (Pt A and B) or 4 cycles (Pt C), 3 weeks apart)	Case series	3 of 5 (Pt A, B and C)	Breast	2 nd , 3 rd	Cyclophosphamide	C-section	36	Infant sex, weight and Apgar scores NS. All newborns were healthy with no abnormalities.	No	(Morris <i>et al.</i> 2009)
				2 nd , 3 rd	Cyclophosphamide	C-section	35			
				2 nd , 3 rd	Cyclophosphamide	C-section	35			
Doxorubicin (325 mg total, schedule NS)	Case report	1	Breast	1 st , 2 nd	Cyclophosphamide, Radiation therapy (Cobalt)	NS	NS	Female infant: 2980 g, Apgar score 9. Newborn had an imperforate anus and a rectovaginal fistula; chromosomal analysis was normal.	At follow up, small but otherwise normal [age NS].	(Murray <i>et al.</i> 1984)
Doxorubicin (50 mg/m ² over 2 days, 3 cycles, 3 weeks apart)	Case report	1	Ewing Sarcoma	2 nd , 3 rd First@wk 25 Last@wk 30	Ifosfamide	C-section	32	At 28 weeks gestation, mild intrauterine growth retardation and decrease in amniotic fluid. Male infant: 1245 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was small for gestational age (10 th percentile); no dysmorphic features or anomalies were found. Newborn required intubation for irregular respiration (resolved after 3 days) and was tube-fed for one month. He was treated for hyperbilirubinemia on day 2 and became anemic by day 22 (recovered after one month).	At 8 months, growing adequately with no known abnormalities.	(Nakajima <i>et al.</i> 2004)
Doxorubicin, (Dose/schedule NS, 12 cycles over 13 weeks)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First @wk 18	Methotrexate, Bleomycin, Cyclophosphamide, Vincristine	C-section	28	Spontaneous preterm labor at 10 th week of chemotherapy. Twin male infants: weights and Apgar scores NS. Newborns were without apparent malformation or bone marrow suppression.	No	(Nantel <i>et al.</i> 1990)
Doxorubicin (80 mg/m ² on day	Case series	1 of 2 (Pt 2)	Leukemia (acute)	1 st , 2 nd , 3 rd [First@	Cytarabine, Vincristine	Vaginal	[39]	Female infant: 2860 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn	At 6 weeks, normal karyotype.	(Newcomb <i>et al.</i> 1978)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
1 of a 10-day cycle, 2 cycles; then same dose for 4 week cycle, 3 cycles total)				wk12]				appeared normal.		
Doxorubicin (50 mg/m ² , 4 cycles, 3 weeks apart)	Case report	1	Breast	2 nd	5-Fluorouracil, Cyclophosphamide, Doxetaxel	Vaginal	39	Male infant: 6.8 lb [3046 g], normal Apgar scores. Newborn was healthy with normal blood counts.	No	(Nieto <i>et al.</i> 2006)
Doxorubicin (10 mg for 3 days, 4 cycles)	Case report	1	Ovary	2 nd First@wk 18	Cisplatin, Cyclophosphamide	C-section	33	Male infant: 1896 g, Apgar scores 9 and 10. Newborn appeared normal with no anomalies or deformities.	At follow up, growth has been normal and there are no functional dysfunctions [age NS].	(Ohara and Teramoto 2000)
Doxorubicin (35 mg/m ² , 2 cycles)	Case report	1	Hodgkin lymphoma	2 nd	Nitrogen Mustard, Vincristine, Procarbazine, Bleomycin, Vinblastine	NS	Term	Female infant: weight and Apgar scores NS. Newborn showed no evidence of intrauterine growth retardation.	At 2 years, expected height and weight.	(Okechukwu and Ross 1998)
Doxorubicin (Dose/schedule NS)	Case report	1	Breast	1 st , 2 nd First PC Last@wk 16	5-Fluorouracil, Cyclophosphamide	Vaginal	38	Male infant: 2400 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn had bilateral ventriculomegaly and colpocephaly, bicuspid aortic valve, flat nasal bridge with bulbous nasal tip, high-arched palate, and multiple hand deformities. The karyotype and clinical pathology were normal.	At 3 years, delayed growth and neuromotor development.	(Paskulin <i>et al.</i> 2005)
Doxorubicin (Dose/schedule NS)	Cohort, retrospective	5 of 14 from Tables 3 and 4 (Pts 4, 6, 7, 13 and 14)	Breast	3 rd First@wk 28	None	NS	31	Infant sex NS: 2070 g, Apgar scores NS. Newborn had respiratory distress syndrome, bronchopneumonia and neonatal sepsis.	At 6 years, normal development.	(Peres <i>et al.</i> 2001)
			Leukemia (CML)	2 nd First@wk 25	Vincristine	NS	35	Infant sex NS: 3195 g, Apgar scores NS. Newborn was jaundiced.	At 4 years, normal development.	
			Breast	1 st , 2 nd First@wk 2 Last@wk 26	5-Fluorouracil, Cyclophosphamide	NS	34	Infant sex NS: 2170 g, Apgar scores NS. Newborn had no neonatal complications.	No	
			Leukemia (ALL)	1 st First@wk 13	Vincristine	NS	17	Spontaneous abortion. [No fetal data provided.]	NA	
			Hodgkin	1 st	Nitrogen mustard,	NS	18	Induced abortion during week 18.	NA	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			lymphoma	First@wk 3 Last@wk 7	Vincristine, Procarbazine, Bleomycin, Vinblastine, Dacarbazine			Fetus had no malformations; toxic degenerative changes were present in the liver and kidneys. The placenta showed villus degeneration and vascular toxic degeneration		
Doxorubicin (75 mg/m ² (Pt 1) or 60 mg/m ² (Pt 2), 3 cycles, 3 weeks apart)	Case series	2	Breast	3 rd First@wk 27	None	Vaginal, induced	36	Female infant: 3200 g, Apgar scores NS. Newborn had a minor ventricular septal defect (resolved without intervention within 2 years - two of her siblings had similar VSDs).	At 30 and 36 months, normal teeth.	(Peretz and Peretz 2003)
				2 nd , 3 rd First@wk 26	Cyclophosphamide	Vaginal, induced	36	Male infant: 3100 g, Apgar scores NS. Newborn had normal blood counts.	At 18 months, normal teeth.	
Doxorubicin (40 mg/m ² on day 1, 3 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd	Cyclophosphamide, Ifosfamide, Etoposide, Cytarabine, Vincristine, Rituximab	Vaginal	26	Decreased amniotic fluid at gestation week 18 and early intrauterine growth restriction at gestation week 22. Stillborn infant. [No fetal autopsy data provided.]	NA	(Peterson <i>et al.</i> 2010)
Doxorubicin (80 mg, schedule NS)	Case series	1 of 9 (Pt 8 from Table 2)	Leukemia (ALL)	1 st , 2 nd , 3 rd	6-Mercaptopurine, Vincristine, Methotrexate	C-section	33	Female infant: 1900 g, Apgar scores NS. Newborn was normal.	At 16 months, alive.	(Pizzuto <i>et al.</i> 1980) [†] [This case series was included in Aviles <i>et al.</i> 1988 (Aviles and Niz 1988), thus we did not include this case series in the text analysis of the table.]
Doxorubicin (60 mg/m ² , 4 cycles, 2 weeks apart (Pt 1) or 6 cycles, 3 weeks apart (Pt 2))	Case series	2	Breast	2 nd First@wk 14	Cyclophosphamide, Docetaxel (2 nd , 3 rd)	Vaginal	34	Infant sex, weight and Apgar scores NS. Newborn had mild hydrocephalus (resolved over several months without intervention).	At 28 months, normal development.	(Potluri <i>et al.</i> 2006)
				2 nd First@wk 14	Docetaxel	C-section	35	Preeclampsia at gestation week 35. Infant sex, weight and Apgar scores NS.	At 9 months, normal development.	

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Newborn was healthy with no detectable malformations.		
Doxorubicin (50 mg/m ² on day 1, 5 cycles)	Case report	1	[Non-Hodgkin lymphoma] Lymphoma (SPTCL)	2 nd , 3 rd First@wk 20	Cyclophosphamide, Vincristine	Vaginal	36	Female infant: 3245 g, Apgar scores 9, 9 and 9. Newborn showed no growth retardation, or physical or neurological deficits.	No	(Reimer <i>et al.</i> 2003)
Doxorubicin (50 to 60 mg/m ² on day 1, cycles were 3 weeks apart)	Survey, retrospective	11 of 28	Breast	2 nd and/or 3 rd First@wk 15 – 33 (group range)	Cyclophosphamide	NS	37 (median); 30 – 40 (group range)	Intrauterine growth restriction due to placental insufficiency was observed in one pregnancy. Individual pregnancy outcomes were not provided. There were no congenital malformations, and none of the infants had a birthweight lower than the 10 th percentile for gestational age. Another child had a hemangioma on his abdomen deemed not causally-related to chemotherapy. Two infants had respiratory distress.	No	(Ring <i>et al.</i> 2005)
Doxorubicin (30 mg/m ² for 3 days)	Case report	1	Malignant granular cell myoblastoma	2 nd First@wk20	None	NA	NA	Mother died 6 weeks after chemotherapy administration. No fetal autopsy was conducted.	No	(Roboz <i>et al.</i> 1979)
Doxorubicin (50 mg/m ² , 6 cycles, 2 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Vincristine, Etoposide, Bleomycin	NS	37	Male infant: 3200 g, Apgar scores NS. Newborn was healthy.	At 21 months, well with no evidence of iatrogenic complications.	(Rodriguez and Haggag 1995)
Doxorubicin (Dose/schedule NS)	Case report	1	[Non-Hodgkin lymphoma] T-cell leukemia-lymphoma	3 rd	Cyclophosphamide, Vincristine	C-section	~28	Male infant: weight and Apgar scores NS. Newborn was healthy.	No	(Safdar <i>et al.</i> 2002)
Doxorubicin (50 mg/m ² on day 1, 3 cycles, 4 weeks apart)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 25	Etoposide, Vinblastine	C-section	36	Female infant: 2190 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 17 months, normal psychomotor development.	(Sagan <i>et al.</i> 2010)
Doxorubicin (Dose NS, every 2	Case report	1	Breast	2 nd , 3 rd First@wk 24	Cyclophosphamide, Paclitaxel (3 rd)	C-section	36	Oligohydramnios noted in 3 rd trimester following the 4 th treatment with	No	(Shieh and Mehta 2011)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
weeks, 4 cycles)								paclitaxel. Infant: 5 lb 4 oz [2382 g], sex and Apgar scores NS. Newborn was healthy; echocardiogram and blood count were normal.		
Doxorubicin Dose/schedule NS 5 Cycles	Case report	1	Sarcoma	1 st	Ifosfamide X-rays	Vaginal	40	Infant sex NS; 3300 g, Apgar scores NS. Newborn was normal.	No	(Shufaro <i>et al.</i> 2002)
Doxorubicin (Dose/schedule NS)	Case report	1	Breast	3 rd	Cyclophosphamide,	Vaginal	37	Male infant: 3130 g, Apgar scores NS. Newborn was healthy.	At 12 months, healthy.	(Skrablin <i>et al.</i> 2007)
Doxorubicin (Dose NS, 3 cycles, 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Vincristine	Vaginal	36	Female infant: 2400 g, Apgar scores NS. Newborn was healthy without congenital anomalies	No	(Soliman <i>et al.</i> 2007)
Doxorubicin (68 mg, schedule NS)	Case report	1	Hodgkin lymphoma	1 st (between 4 th and 12 th week)	Nitrogen mustard, Vincristine, Procarbazine	NA	NS	Induced abortion: fetus had one missing toe (unilateral), karyotype was normal.	NA	(Thomas and Andes 1982) † (abstract only)
Doxorubicin (90 mg, 2 cycles, 3 weeks apart (Pt 1) or 6 weeks apart (Pt 2))	Case series	2 of 2	Leukemia (AML)	2 nd	6-Thioguanine, Cytarabine, Daunorubicin	Vaginal	32	Spontaneous preterm labor and delivery. Female infant: 2000 g, Apgar scores NS. Newborn had a premature appearance, but was normal with no obvious abnormalities.	At 13 months, normal developmental milestones.	(Tobias and Bloom 1980)
			Breast	2 nd , 3 rd First@wk 22 Last@wk 28	Vincristine	Vaginal	31	Spontaneous preterm labor and delivery. Male infant: 1990 g, Apgar score 10 at 5 minutes. Newborn had a premature appearance, but was healthy with no obvious abnormalities.	At 4 months, satisfactory clinical condition.	
Doxorubicin (60 mg, 3cycles)	Case report	1	Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Vincristine	Vaginal	Full term	Infant sex NS: 2860 g, Apgar score 9 at 1 minute. Newborn appeared normal; the placenta was small.	At 3 years, normal development, no physical or mental abnormalities.	(Toki <i>et al.</i> 1990)
Doxorubicin (420 mg over 6 cycles, 3 weeks apart)	Case series	1 of 2 (Pt 2)	Breast	1 st , 2 nd , 3 rd First@wk 11	5-Fluorouracil, Cyclophosphamide, Methotrexate (3 rd)	C-section	35	Elevation of blood pressure to 150/100. Female infant: 2260 g, Apgar scores 6	At 24 months, normal growth and development.	(Turchi and Villasis 1988)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								and 8 at 1 and 5 minutes. Newborn had normal T-cell activity and no evidence of abnormality.		
Doxorubicin (68 mg, schedule NS, 1 to 4 cycles)	Survey, retrospective	10 of 17 (Pt 1, 3, 5, 15, 16, 17, 18, 19 20 and 24 from Table 1)	Breast	3 rd First@wk 32	Cyclophosphamide, 5-Fluorouracil	C-section	36	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.	No	(Ustaalioglu <i>et al.</i> 2010)
			Breast	3 rd First@wk 34	Cyclophosphamide	C-section	39	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Breast	2 nd First@wk 24	Cyclophosphamide	Vaginal	35	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Hodgkin lymphoma	2 nd First@wk 24	Bleomycin, Vinblastine, Dacarbazine	C-section	36	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Hodgkin lymphoma	3 rd First@wk 27	Bleomycin, Vinblastine, Dacarbazine	Vaginal	35	Intrauterine growth restriction. Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Non-Hodgkin lymphoma	3 rd First@wk 29	Cyclophosphamide, Vincristine	Vaginal	35	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Non-Hodgkin lymphoma	3 rd First@wk 29	Rituximab, Cyclophosphamide, Vincristine	Vaginal	35	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Non-Hodgkin lymphoma	3 rd First@wk 32	Cyclophosphamide, Vincristine	Vaginal	40	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Non-Hodgkin lymphoma	2 nd First@wk 27	Rituximab, Cyclophosphamide, Vincristine	Vaginal	35	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
			Sarcoma	3 rd First@wk 32	Cyclophosphamide, Vincristine, Dacarbazine	C-section	33	Infant sex, birth weights, and Apgar scores NS. Newborn did not have a congenital malformation.		
Doxorubicin (Pt 1 - 60 mg/m ² , 3	Survey, retrospective	4 of 62 [62 pts	NS	2 nd , 3 rd First@wk 26	Cyclophosphamide	NS	NS	Infant sex, birth weights, and Apgar scores NS. Hip subluxation.	No	(Van Calsteren <i>et</i>

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
cycles; Pt 2 – 25 mg/m ² , 3 cycles; Pt 3 - 25 mg/m ² , 2 cycles; Pt4 – 60 mg/m ² , 2 or 3 cycles		received chemotherapy while pregnant; the number of pts who received Doxorubicin while pregnant was not provided.]								<i>al.</i> 2010)
				2 nd , 3 rd First@wk25	Nitrogen mustard, Vincristine, Procarbazine, Bleomycin, Vinblastine	NS	NS	Infant sex, birth weights, and Apgar scores NS. Pectus excavatum.		
				2 nd , 3 rd First@wk26	Nitrogen mustard, Vincristine, Procarbazine, Bleomycin, Vinblastine, Radiation therapy (2 nd)	NS	NS	Infant sex, birth weights, and Apgar scores NS. Bilateral partial syndactyly digits II-III.		
				2 nd , 3 rd First@wk22	Radiation therapy (1 st , 2 nd), 5-Fluorouracil, Cyclophosphamide	NS	NS	Infant sex, birth weights, and Apgar scores NS. Doubled cartilage ring in both ears.		
Doxorubicin (35 mg/m ² (1 st cycle) or 50 mg/m ² (2 nd cycle) on days 1-2, 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Cytarabine, 6-Thioguanine	C-section	29	Fetal suffering per ultrasonography and cardiocography at week 29. Female infant: 1000 g, Apgar score 6 at 1 minute. Newborn had hyaline membrane disease and moderate meningeal hemorrhage, haemogram was normal.	At 3.5 years, well and of normal weight; no neurological damage, normal hematological parameters.	(Veneri <i>et al.</i> 1996)
Doxorubicin (Dose/schedule)	Case report	1	Sarcoma	3 rd First@wk 28	Vincristine, Cyclophosphamide	Vaginal	32.5	Spontaneous preterm rupture of membranes and labor.	At 2.5 years, normal neurological and physical	(Webb 1980)

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
NS)								Female infant: 2 lb 14 oz [1305 g], Apgar scores 9 and 9. Newborn was viable with no respiratory distress or difficulty feeding.	development.	
Doxorubicin (60 mg/m ² , 3 cycles, 3 weeks apart)	Case report	1	Breast	3 rd First@wk 30 Last@wk 33	Vincristine, Methotrexate	Vaginal	33	Spontaneous preterm labor. Female infant: 2000g, Apgar score 8. Newborn had apnea and asystole immediately after birth. At 3 days, diagnosed with hyaline membrane disease and sepsis (resolved by day 30).	At 2 years, functioning normally.	(Willemse <i>et al.</i> 1990)
Doxorubicin (Dose/schedule NS)	Cohort, retrospective	4 of 21 (Pt 15, 16, 18 and 21 from Table 1)	Leukemia (AML)	2 nd	Cytarabine	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was alive and well.	No	(Zemlickis <i>et al.</i> 1992)
			Leukemia (AML)	2 nd	Cytarabine, 6-Thioguanine	NS	26	Stillborn. [No fetal data provided.]	NA	
			Breast	3 rd	5-Fluorouracil, Cyclophosphamide, Tamoxifen	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was alive and well.	No	
			Ovary	3 rd	Cyclophosphamide, Cisplatin	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was alive and well.	No	
Doxorubicin (Dose/schedule data limited - Table 1: Pt 31 – 1 cycle Table2: Pt 41 – 3 cycles)	Survey, retrospective	2 of 48 (Table 1: Pt 31; Table 2: Pt 41)	Non-Hodgkin lymphoma	PC, 1 st	Cyclophosphamide, Vincristine	NS	NS	Induced abortion. [No fetal data provided.]	NA	(Zuazu <i>et al.</i> 1991)
			Non-Hodgkin lymphoma	2 nd First@wk22	Cyclophosphamide, Vincristine	C-section	37	Infant: sex, weight and Apgar scores NS. Newborn was normal.	No	

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Doxorubicin timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA= Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphocytic leukemia. AML = acute myeloid leukemia. AMML = acute myelomonocytic leukemia. APL = acute promyelocytic leukemia. CML = chronic myeloid leukemia.

Appendix C Table 15. Doxorubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
<p>†Papers not included in text analysis. In order to avoid counting the same cases more than once, we did not include the following studies: (Pizzuto <i>et al.</i> 1980, Aviles <i>et al.</i> 1990, Merimsky and Le Cesne 1998, Aviles and Neri 2001). The cases in Aviles <i>et al.</i> (Aviles <i>et al.</i> 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles <i>et al.</i> 1991). Patient #8 from Table 2 in (Pizzuto <i>et al.</i> 1980) was not included because this case series was reported in Aviles <i>et al.</i> (Aviles and Niz 1988). The retrospective case series Aviles <i>et al.</i> (Aviles and Neri 2001) was not included because it included both new cases and long-term follow-up on previously reported case series (Aviles and Niz 1988, Aviles <i>et al.</i> 1991) without individual pregnancy outcomes. The case report by Merimsky <i>et al.</i> (Merimsky <i>et al.</i> 1999) was not included in the text tally because this patient (Case 6) was included in a case series by the authors (Merimsky and Le Cesne 1998); the text analysis did include the detailed follow-up data for this infant reported only in the case report (Merimsky <i>et al.</i> 1999). Three studies were not included in the text analysis due to lack of individual data on timing of exposure, co-treatments and pregnancy outcomes (Janov <i>et al.</i> 1992, Kawamura <i>et al.</i> 1994, Ibrahim <i>et al.</i> 2000). Finally, we did not include abstracts in the text analysis (Thomas and Andes 1982, Cardonick <i>et al.</i> 2007).</p>										

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Epirubicin (90 mg/m ² every 3 weeks for 5 cycles)	Case report	1	Breast	PC, 1 st , 2 nd	Tamoxifen (2 nd , 3 rd), 5-Fluorouracil, Cyclophosphamide	C-section	35	Signs of premature delivery [spontaneous preterm labor]. Female infant: 2070 g, Apgar scores 10 at 1 and 5 minutes. Newborn was healthy. All hematological and biochemistry parameters were in normal range.	At 12 months there was no disorder, congenital abnormality, or disease of the infant.	(Andreadis <i>et al.</i> 2004)
Epirubicin (Dose/schedule NS)	Case series, retrospective	4 of 18 from Table III (Pts 8,16,17, 18)	Non-Hodgkin lymphoma	1 st [see note in reference column]	Cyclophosphamide, Vincristine, Bleomycin, Cytarabine, Etoposide, Methotrexate	Vaginal	37	Male infant: 2850 g, Apgar scores NS. Newborn had no malformations.	Alive at 8 years with normal development.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
				3 rd	Cyclophosphamide, Vincristine, Bleomycin	Vaginal	39	Male infant: 3100 g, Apgar scores NS. Newborn had no malformations.	Alive at 4 years with normal development.	
				1 st	Cyclophosphamide, Vincristine, Bleomycin, Methotrexate, Etoposide, Cytarabine	Vaginal	40	Male infant: 2800 g, Apgar scores NS. Newborn had no malformations.	Alive at 3 years with normal development.	
				1 st	Cyclophosphamide, Vincristine, Bleomycin, Cytarabine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no malformations.	Alive at 3 years with normal development.	
Epirubicin (Dose/schedule NS)	Case series, retrospective	4 of 26 from Table 2	Hodgkin lymphoma	NS	Bleomycin, Vincristine, Dacarbazine	NS	NS	Birth weight, group range: 2800 – 4300 g. Infant sex and Apgar scores NS. Individual pregnancy outcomes were not provided.	At 6 to 29 years, learning and educational performances were normal. No congenital, cytogenic, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001)†
Epirubicin	Case report	1	Breast	2 nd , 3 rd	None	C-section	34	Female infant: 2200 g, Apgar	At 12 months she had normal	(Azim and

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant											
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference	
(35 mg/m ² weekly for 10 weeks)				First@wk 17 Last@wk 29				scores 9 and 10 at 1 and 5 minutes. Newborn was healthy, heart and skull ultrasounds appeared normal. The baby was placed in the intensive care unit for 2 days and was sent home after 22 days in normal condition.	physical and behavioral development. Repeated cardiac ultrasound did not demonstrate any apparent abnormality.	Peccatori 2008)	
Epirubicin (Dose/schedule NS)	Case series	23 of 26	Breast	2 nd	None	NS	28-40 (group range)	Individual pregnancy outcomes were not provided. Of the 23 infants exposed to epirubicin, all were normal except one with polycystic kidney.	Follow up at 0 – 84 months (median=27 months), showed no significant remote adverse events.	(Azim <i>et al.</i> 2008)	
Epirubicin (Dose/schedule NS)	Case series	3 of 5 (Pt 1, 2, 3)	Breast	3 rd	5-Fluorouracil, Cyclophosphamide	C-section	36	Infant, sex NS: 2920 g, Apgar scores greater than 7 at 1 and 5 minutes. Newborn showed normal fetal development with no congenital malformations or intrauterine growth restriction.	No	(Bodner-Adler <i>et al.</i> 2007)	
				2 nd , 3 rd	5-Fluorouracil, Cyclophosphamide	Vaginal	38	Infant, sex NS: 2940 g, Apgar scores greater than 7 at 1 and 5 minutes. Newborn showed normal fetal development with no congenital malformations or intrauterine growth restriction.			
				NS	5-Fluorouracil, Cyclophosphamide	C-section	36	Infant, sex NS: 2530 g, Apgar scores greater than 7 at 1 and 5 minutes. Newborn showed normal fetal development with no congenital malformations or intrauterine growth restriction.			
Epirubicin(Dose/schedule NS)	Survey, registry	5 of 104 infants from Table 2 [The number of pregnant pts was not provided]	Breast	2 nd , 3 rd	5-Fluorouracil, Cyclophosphamide, Docetaxel	NS	35.9 (group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS. Four newborns were normal; one had a hemangioma of the left eye and talipes [clubfoot] .	At 0.4 to 3.8 years (n=4), three children were normal phenotype; the newborn with the hemangioma had "eye squinting", but was otherwise normal. At 42 months (group mean, n=93), group mean weight was 48 th percentile.	(Cardonick <i>et al.</i> 2010)	
Epirubicin (75 mg/m ² at 14 day	Case series	1 of 3 (Pt 1)	Breast	2 nd [First@wk 25]	Vinorelbine, 5-Fluorouracil,	C-section	34	Female infant: 2320 g, Apgar scores 8, 3, and 10 at 1, 3, and 5	At 35 months, growth and development were normal.	(Cuvier <i>et al.</i> 1997)	

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
intervals, 6 cycles)					Cyclophosphamide			minutes. Newborn was normal with no dysmorphic features. At 21 days, newborn had anemia.		
Epirubicin (Dose/schedule NS)	Case series	1 of 32 (Pt 30)	Non-Hodgkin lymphoma	3 rd First@wk 34	Cyclophosphamide, Etoposide, Cytarabine, Bleomycin, Vincristine	Vaginal	36	Infant, sex NS: 3020 g, Apgar scores 9 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
Epirubicin (Dose/schedule NS)	Case report	1	Breast	2 nd , 3 rd First@wk 23 Last@wk 32	None	Vaginal (induced)	34	Male infant: 2510 g, Apgar scores 9 and 10. Neonate was in good condition but spent 3 days in the neonatal unit with hypoglycemia and feeding difficulties. Examination did not detect any chemotherapy related effects.	No	(Eedarapalli <i>et al.</i> 2007)
Epirubicin (120 mg/m ² every 3 weeks for 4 cycles)	Case report	1	Breast	2 nd First@wk 14 Last@wk 25	Paclitaxel (2 nd , 3 rd)	C-section	36	Female infant: 2280 g, Apgar score 9 at 5 minutes. Newborn was normal. Blood count, chest X-ray, echocardiography, electrocardiogram, brain ultrasound, and electroencephalogram were all normal.	At 36 months, the baby showed normal development and growth.	(Gadducci <i>et al.</i> 2003)
Epirubicin (mean=70 mg/m ² range 50-100)	Survey, retrospective	10 of 20 (Pt 1, 2, 3, 11, 12, 16, 17, 19, 20)	Breast	1 st First@wk 4 amenorrhea	5-Fluorouracil, Cyclophosphamide	Vaginal	NS	Spontaneous abortion. [No fetal data provided.]	No	(Giacalone <i>et al.</i> 1999)
				1 st First@wk 6 amenorrhea	Vincristine, Methotrexate	Vaginal	NS	Spontaneous abortion. [No fetal data provided.]	No	
				2 nd First@wk 23 amenorrhea	Cyclophosphamide	Vaginal	[~28]	Stillborn. [No fetal data provided.]	No	
				3 rd First@wk 28 amenorrhea	5-Fluorouracil, Cyclophosphamide	C-section	31	Infant sex and weight NS: Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal with no malformations but died at 8 days; cause was not determined.	No.	

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				3 rd First@wk 29 amenorrhea	5-Fluorouracil, Cyclophosphamide	C-section	35	Infant sex and weight NS: Apgar scores 6 and 10 at 1 and 5 minutes. Newborn was normal with no malformations, but was leukopenic.	At 18 months, alive and well.	
				3 rd First@wk 31 amenorrhea	5-Fluorouracil, Cyclophosphamide	C-section	34	Infant sex and weight NS: Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal.	At 10 months, alive and well.	
				3 rd First@wk 31 amenorrhea	5-Fluorouracil, Cyclophosphamide	C-section	33	Infant sex and weight NS: Apgar scores 6 and 10 at 1 and 5 minutes. Newborn was normal with no malformations.	At 6 months, alive and well.	
				3 rd First@wk 31 amenorrhea	5-Fluorouracil, Cyclophosphamide	C-section	34	Infant sex and weight NS: Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal with no malformations.	At 16 months, alive and well.	
				3 rd First@wk 32 amenorrhea	Cyclophosphamide	C-section	37	Infant sex and weight NS: Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with no malformations.	At 6 months, alive and well.	
				3 rd First@wk 35 amenorrhea	5-Fluorouracil, Cyclophosphamide	Vaginal	37	Infant sex and weight NS: Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with no malformations.	At 50 months, alive and well.	
Epirubicin (60 mg/m ² every 3 weeks for 4 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 23	5-Fluorouracil, Cyclophosphamide	C-section	35	Premature rupture of fetal membranes. Female infant: 3420 g, Apgar score 8. No congenital malformations were noted. Mild, transient tachypnea required oxygen support. All blood exams were in normal range.	No	(Ginopoulos <i>et al.</i> 2004)
Epirubicin (100 mg on days 1, 15, 30, and 45)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 21 Last@wk 28	Vincristine	Vaginal (induced)	34	Female infant: 2320 g, Apgar scores 8 and 8 at 1 and 5 minutes. Newborn appeared normal.	At 4 years, the child appeared normal.	(Goldwasser <i>et al.</i> 1995)
Epirubicin (Dose/schedule NS)	Survey, retrospective	2 of 16 (Pt 2, 4)	Breast	2 nd , 3 rd	None	C-section	35	Infant, sex NS: 2540 g, Apgar score NS. Newborn had rectal atresia.	No	(Halaska <i>et al.</i> 2009)

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				2 nd , 3 rd	None	Vaginal	39	Infant, sex NS: 3740 g, Apgar score NS. Newborn was normal.		
Epirubicin (Dose/schedule NS, 2 cycles)	Case report	1	Breast	1 st First@wk 2 Last@wk 5	Cyclophosphamide (1 st , 2 nd), 5-Fluorouracil (1 st , 2 nd), Methotrexate (2 nd), Radiation therapy (1 st)	NA	19	Induced abortion: Male fetus: 280 g (50 th percentile for gestational age). Fetal examination revealed micrognathia, skin syndactyly of the 1 st and the 2 nd fingers of both hands, shortened 2 nd and 3 rd fingers and clinodactyly of the 5 th finger; both feet had a broad forefoot with a short 1 st toe and osseous syndactyly of the 4 th and the 5 th metatarsal bones.	NA	(Leyder <i>et al.</i> 2010)
Epirubicin (75 mg/m ² every 3 weeks for 3 cycles)	Case series	2 of 4 (Pt 3, 4)	Breast	2 nd , 3 rd First@wk 21 Last@wk 27	5-Fluorouracil	C-section	34	Female infant: 2790 g, Apgar score 10 at 1 minute. Newborn had no congenital anomalies or intrauterine growth retardation.	No	(Mathelin <i>et al.</i> 2005)
				2 nd , 3 rd First@wk 25 Last@wk 32	5-Fluorouracil	Vaginal	35	Female infant: 3690 g, Apgar score 10 at 1 minute. Newborn had no congenital anomalies or intrauterine growth retardation.	At 3.5 years, physical development was normal with normal neurological, psychological, and hematological functions.	
Epirubicin (50 mg/m ² 2 cycles)	Case report	1	Breast	3 rd	Cyclophosphamide, 5-Fluorouracil	C-section	35	Eclamptic seizures at week 35 Infant sex NS: 1650 g, Apgar scores NS. Newborn had no malformations.	No	(Muller <i>et al.</i> 1996)Added 4-26-12 mds
Epirubicin (35 mg/m ² , median of 12 weekly doses)	Case series	20 of 20	Breast	NS	None	NS	35 (group median) 28-40 (group range)	Individual pregnancy outcomes were not provided. Of the 20 infants exposed to epirubicin, all were normal except one with polycystic kidney.	Follow up at 0 -4 years (median=2 years), all 20 showed normal neurological and immunological development.	(Peccatori <i>et al.</i> 2009)† [This case series was included in (Azim <i>et al.</i> 2008)]
Epirubicin (Dose/schedule NS)	Cohort, retrospective	1 of 14 (Pt 9)	Leukemia (ALL)	2 nd First@wk 19	Vincristine	NS	30	Fetal death. [No further information.]	NA	(Peres <i>et al.</i> 2001)
Epirubicin (60-100 mg/m ² on	Survey, retrospective	5 of 28	Breast	2 nd and/or 3 rd First@wk 15 –	Cyclophosphamide	NS	37 (median);	Intrauterine growth restriction due to placental insufficiency	No	(Ring <i>et al.</i> 2005)

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
day 1, every 3 weeks)				33 (group range)			30 – 40 (group range)	was observed in one pregnancy. Individual pregnancy outcomes were not provided. There were no congenital malformations, and none of the infants had a birthweight lower than the 10 th percentile for gestational age. Another child had a hemangioma on his abdomen deemed not causally-related to chemotherapy. Two infants had respiratory distress.		
Epirubicin (100 mg, 2 cycles, 3 weeks apart)	Case report	1	Breast	3 rd First@wk 31 Last@wk 34	5-Fluorouracil, Cyclophosphamide, Radiation therapy	Vaginal	36	Spontaneous preterm labor. Female infant: 1889 g, Apgar score 9 at 5 minutes. Newborn had no congenital anomalies.	At 6 weeks, she was doing well.	(Sharma <i>et al.</i> 2009)
Epirubicin (Dose/schedule NS, 3 cycles)	Survey, retrospective	1 of 27 (Pt 2)	Breast	3 rd First@wk 32	5-Fluorouracil Cyclophosphamide	C-section	40	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
Epirubicin (1 st pt = 100 mg/m2, 6 cycles, 2 nd pt = Dose NS, 4 cycles)	Survey, retrospective	2 of 62 [62 pts received Chemotherapy while pregnant; the number of pts who received Epirubicin while pregnant was not provided.]	NS	2 nd , 3 rd First@wk 20 Last@wk 35	5-Fluorouracil, Cyclophosphamide	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had bilateral small protuberance on phalanx 5.	No	(Van Calsteren <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 23 Last@wk 32	None	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had rectal atresia.		

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified,

Appendix C Table 16. Epirubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
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the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Epirubicin timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA= Not Applicable. NS = Not Specified. Pt = patient.

†This paper was not included in the tally of pregnancy outcomes. The 20 cases in Peccatori et al. (Peccatori *et al.* 2009) were also reported among the 23 cases in Azim et al. (Azim *et al.* 2008); thus, we did not count Peccatori et al. (Peccatori *et al.* 2009)

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Etoposide (100 mg/m ² 3 times a day per cycle, 4 28 day cycles)	Case report	1	Neuroblastoma	2 nd , 3 rd	Cisplatin	C-section	35	Intrauterine growth restriction at 35 weeks gestation. Male infant: 1825 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn showed no evidence of neutropenia or other post-chemotherapy sequelae. A brainstem auditory-evoked response was normal.	No	(Arango <i>et al.</i> 1994)
Etoposide (Dose/schedule NS)	Case series, retrospective	4 of 18 from Table III (Pts 3,8,14,17)	Non-Hodgkin lymphoma	2 nd [see note in reference column]	Cyclophosphamide, Doxorubicin, Vincristine, Methotrexate	Vaginal	40	Male infant: 3200 g Apgar scores NS. Newborn had no congenital malformations.	At 15 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration]
				1 st	Cyclophosphamide, Epirubicin, Vincristine, Bleomycin, Cytarabine, Methotrexate	Vaginal	37	Male infant: 2850 g Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Doxorubicin, Vincristine, Bleomycin, Cytarabine, Methotrexate	Vaginal	40	Female infant: 4000 g Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Epirubicin, Vincristine, Bleomycin, Methotrexate, Cytarabine	Vaginal	40	Male infant: 2800 g Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Etoposide (Treatment schedules NS.)	Case series	5 of 16 (Pt 5, 8, 12, 13,	Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Vincristine, Doxorubicin,	NS	35 to 39 (group range)	Individual pregnancy outcomes are not provided. Birth weights were 2200 g to 3900 g (group	Authors state that at ages ranging from 3 to 11 years, all showed normal growth	(Aviles <i>et al.</i> 1990)†

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Pt 5, 700 mg Pt 8, 600 mg Pt 12, 450 mg Pt 13, 700 mg Pt 14, 650 mg)		14)			Bleomycin, Methotrexate			range). All babies were born alive and none of the newborns showed apparent congenital malformations.	and development.	
				3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Methotrexate	NS				
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Methotrexate, Cytarabine	NS				
				3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Methotrexate	NS				
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Methotrexate	NS				
Etoposide (Dose/schedule NS)	Case series, retrospective	1 of 20 pregnancies [1 of 18 Pts] (Case 20)	Leukemia (ALL)	1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, 6-Mercaptopurine, Methotrexate	NS	NS	Female infant: 2500g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	(Aviles and Niz 1988)
Etoposide (100 mg/m ² daily for 5 days, 4 cycles)	Case report	1	Ovary	2 nd	Bleomycin, Cisplatin	C-section	36	Intrauterine growth restriction. At 36 weeks, severe preeclampsia. Male infant: 1560 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no gross malformations.	At 21 months, no evidence of minor or major malformations and normal growth and development.	(Benjapibal <i>et al.</i> 2010)

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Etoposide (Dose NS. Given on days 1 and 2 of an 8 day regimen. 4 cycles.)	Case report	1	Choriocarcinoma, uterine	NS [First @ >20 weeks]	Methotrexate, Actinomycin D, Cyclophosphamide, Vincristine	Vaginal	32	Spontaneous preterm delivery [spontaneous preterm labor]. Female infant: 1383g, Apgar scores 8 and 9. Newborn was developmentally normal.	At 42 months, normal development.	(Brudie <i>et al.</i> 2011)
Etoposide (100 mg/m ² daily for 5 days at 3-4 week intervals)	Case series	1 of 3	Ovary	2 nd , 3 rd First@wk 26	Cisplatin	Vaginal, induced	38	Oligohydramnios and probable intrauterine growth retardation at 38 weeks gestation. Female infant: 2320 g, Apgar scores NS. Newborn was healthy. Placenta had foci of villous edema.	At 9 months, developing normally.	(Buller <i>et al.</i> 1992)
Etoposide (Dose/schedule NS)	Survey, registry	1 of 31 from Table 3	Non-Hodgkin lymphoma	3 rd	Cytarabine, Cisplatin	NS	34.0 (group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. Newborn was normal.	At 2 months, normal phenotype. At 34 to 82 months (group range, n=6), one child in the group had a speech delay; group mean weight was 46 th percentile.	(Cardonick <i>et al.</i> 2010)
		3 of 9 from Table 4	Ovary	2 nd , 3 rd	Bleomycin, Cisplatin	NS	38.1 (group mean)	Infant sex NS: 2639 g (group mean), Apgar scores NS. Two newborns were normal and one newborn had a genetic hearing loss (both parents were carriers), intrauterine growth retardation, and a spontaneous mutation for neurofibromatosis.	At 63.3 months (group mean, n=7), one child had motor/language delay; group mean weight was 35 th percentile.	
Etoposide (Dose/schedule NS)	Survey, retrospective	1 of 37 (Pt 12)	Leukemia (AML)	2 nd (Diagnosis @wk 16)	Daunorubicin, Cytarabine	NA	NS	Induced abortion. [No fetal autopsy data provided.]	NA	(Chelghoum <i>et al.</i> 2005)
Etoposide (Dose/schedule NS)	Case series	2 of 32 (Pt 20, 30)	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 24	Doxorubicin, Cyclophosphamide, Cytarabine, Bleomycin, Vincristine	C-section	35	Infant, sex NS: 1980 g, Apgar scores 8 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
				3 rd First@wk 34	Epirubicin, Cyclophosphamide, Cytarabine,	Vaginal	36	Infant, sex NS: 3020 g, Apgar scores 9 and 9. Newborn was healthy.	No	

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
					Bleomycin, Vincristine					
Etoposide (100 mg/m ² for 5 days of week 1 of 3 week cycle)	Case report	1	Ovary	2 nd First@wk 25+5 days	Cisplatin, Bleomycin	C-section	28 + 1	Mild to moderate bilateral ventriculomegaly at 26 weeks gestation + 5 days. Female infant: 1085 g, Apgar scores 7 and 8. Newborn had mild to moderate respiratory distress syndrome and apnea of prematurity. Newborn also had profound ventriculomegaly and cerebral atrophy.	No	(Elit <i>et al.</i> 1999)
Etoposide (100 mg/m ² 5 days per week for 3 cycles)	Case report	1	Ovary	NS (Later than week 21)	Bleomycin, Cisplatin	C-section	36	Oligohydramnios and estimated fetal weight <5 th percentile observed 2 weeks after last dose [age NS]. Male infant: 2000 g, Apgar score 9-10 at 15 minutes. Newborn had a normal appearance with a mild glandular hypospadias.	At 1 month, ultrasound of the brain and kidney were normal, as were hearing studies and eudiometry. At 8 months, normal physical and neurological development.	(Ghaemmaghami <i>et al.</i> 2009)
Etoposide (100 mg/m ² for 5 days every 21 days, 5 cycles)	Case series	1 of 3 (Pt 2)	Ovary	2 nd , 3 rd First@wk 18	Bleomycin, Cisplatin	C-section	35	Premature rupture of membranes. Infant, sex NS: 2400 g, Apgar scores 7 and 9 at 1 and 5 minutes.	At 1 year, the infant was developmentally normal.	(Ghaemmaghami and Hasanzadeh 2006)
Etoposide (100 mg/m ² for 5 days every 4 weeks, 5 cycles) (2 nd patient the same but for 2 cycles)	Case series	2 of 2	Ovary	2 nd , 3 rd First@wk 22	Bleomycin, Cisplatin	Vaginal	40	Small for gestational age fetus. Male infant: 2610 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no gross malformations. Brain and kidneys were normal by ultrasound at 1 month.	At 6 years, the child had normal physical and neurological development.	(Han <i>et al.</i> 2005)
				3 rd First@wk 30	Bleomycin, Cisplatin	Vaginal, induced	38	Male infant: 2970 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no evidence of gross malformations.	At 7.5 months, he had an intussusception; at 26 months, normal physical and neurological development.	
Etoposide	Case report	1	Ovary	2 nd , 3 rd	Bleomycin,	Vaginal,	39	Mild preeclampsia.	Normal development as	(Horbelt <i>et</i>

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(100 mg/m ² (or 170 mg) on days 1-3 of a 28-day cycle, 3 cycles)				First@wk 21 Last@wk 29	Cisplatin	induced		Female infant: 2769 g, Apgar scores 4 and 7 at 1 and 5 minutes. Newborn was anemic; no fetal anomalies were identified.	assessed by the Child Development Assessment Team [age NS].	<i>al.</i> 1994)
Etoposide (100 mg/m ² daily for 5 days)	Case report	1	Leukemia (AML)	2 nd	Daunorubicin, Cytarabine, Mitoxantrone	C-section	36	Intrauterine growth restriction. Intermittent sinusoidal fetal heart rate patterns at 36 weeks of gestation [fetal distress]. Male infant: 1046 g, Apgar scores 2 and 7 at 1 and 5 minutes. Newborn was underweight and pancytopenic.	At 2 months, child is in good health.	(Hsu <i>et al.</i> 1995)
Etoposide (100 mg/m ² for 5 days every 3 weeks, 2 cycles)	Case report	1	Ovary	3 rd First@wk 29	Bleomycin, Cisplatin	C-section	39	Female infant: 3100 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no abnormalities. At 1 month brain and kidneys were normal by ultrasound.	At 1.5 years the infant showed normal physical and neurological development.	(Karimi Zarchi <i>et al.</i> 2008)
Etoposide (100 mg/m ² for 3 days every 3 weeks, 4 cycles)	Case report	1	Lung	3 rd	Cisplatin	C-section	34	Male infant: weight not NS, Apgar scores 9 and 9. Newborn was normal.	No	(Kluetz and Edelman 2008)
Etoposide (Dose/schedule NS, 4 cycles)	Case series	3 of 27	Ovary	2 nd and/or 3 rd First@wk22. 8 to 30.6 (group range)	Bleomycin, Cisplatin	NS	Full term	Individual pregnancy outcomes NS. Newborns were healthy with no congenital malformations.	No	(Kwon <i>et al.</i> 2010)
Etoposide (60 mg/m ²)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	3 rd First@wk 29	Cyclophosphamide, Vincristine, Doxorubicin, Cytarabine, Ifosfamide	C-section	32	Male infant: 1731 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was cyanotic and active and was admitted to the neonatal intensive care unit. Other than respiratory distress there were no anomalies. Renal and liver functions were normal. Hearing tests and brain ultrasound were unremarkable.	At 14 months he was healthy with mildly delayed motor skills, thought to result from premature birth.	(Lam 2006)
Etoposide (Dose/schedule NS)	Case series	2 of 15 (Pt 9, 15)	Ovary	2 nd	Cisplatin	NS	NS	Infant sex NS: 3190 g, Apgar scores NS. Newborn was healthy	No	(Machado <i>et al.</i> 2007)

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								with no malformations.		
				2 nd	Cisplatin	NS	NS	Infant sex NS: 2200 g, Apgar scores NS. Newborn was healthy with no malformations.	No	
Etoposide (Dose/schedule NS)	Case series	1 of 2 (Pt 2)	Ovary	2 nd First@wk 20	Bleomycin, Cisplatin	C-section	31	Infant, sex, weight, Apgar scores NS. Newborn required intensive care for hyaline membrane disease [respiratory distress syndrome].	No	(Malhotra and Sood 2000)
Etoposide (180 mg, 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd Last@wk 35	Cyclophosphamide, Doxorubicin, Vincristine, Bleomycin, Methotrexate	Vaginal	35.5	Spontaneous preterm labor after last chemotherapy dose. Male infant: weight NS, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no apparent physical anomalies.	At 11 months, the infant was alive and well.	(Moore and Taslimi 1991)
Etoposide (400 mg/m ² for 3 days, 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Cytarabine, Daunorubicin	C-section	32	No fetal growth from 30-32 weeks gestation. Female infant: 1460 g, Apgar scores NS. Newborn was very pale and required active resuscitation and was anemic and neutropenic. She required ventilation for 10 hours. With treatment, the hematological abnormalities resolved by day 4. Cerebral ultrasound was normal as was the rest of her neonatal course.	At 1 year, she remained well with normal peripheral blood counts.	(Murray <i>et al.</i> 1994)
Etoposide (Dose/schedule NS)	Cohort, retrospective	2 of 14 (Pt 1, 11)	Hodgkin lymphoma	2 nd First@wk 26	Cisplatin, Cytarabine	NS	36	Infant sex and Apgar scores NS: 2540 g. Newborn complications limited to jaundice and non-hemolytic anemia.	No	(Peres <i>et al.</i> 2001)
			Non-Hodgkin lymphoma	2 nd First@wk 22	Cisplatin	NS	26	Fetal death, no malformations.	No	
Etoposide (60 mg/m ² for 5 days, 2 cycles)	Case report	1	Burkitt lymphoma	2 nd First@wk 16	Cyclophosphamide, Doxorubicin, Ifosfamide, Cytarabine, Vincristine	Vaginal	26	Fetal ultrasounds noted decreased amniotic fluid at gestation week 18 and early intrauterine growth restriction at gestation week 22.	No	(Peterson <i>et al.</i> 2010)

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
					Rituximab			Stillborn. [No fetal autopsy data provided.]		
Etoposide (Dose/schedule NS, 2 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 23 Last@wk 31 (weeks amenorrhea)	Cisplatin	C-section	39 weeks amenorrhea	Male infant: 3130 g, Apgar scores 10, 10, and 10. Newborn had a normal aspect [no malformations] and clinical examinations were normal.	No	(Poujade <i>et al.</i> 2008)
Etoposide (165 mg per day for 3 days)	Case report	1	Adenocarcinoma (Primary not located)	2 nd First@wk 26	Bleomycin, Cisplatin	Vaginal	27	Spontaneous preterm labor. Female infant: 1190 g, Apgar scores 3 and 8 at 1 and 5 min. Infant developed severe respiratory distress and pneumothorax, (on room air by day 10). Infant developed a profound leucopenia with neutropenia by day 3 (resolved by day 13). Blood transfusions for anemia associated with immaturity were required twice. Platelet count fell but the infant never became frankly thrombocytopenic. No demonstrable neurological abnormality and cerebral ultrasound remained normal throughout the neonatal period. At the age of 10 days, infant was noted to be losing her scalp hair and there was an associated rapid loss of lanugo.	At 1 year, neurodevelopmental progress was normal, but there was moderate sensorineural hearing loss.	(Raffles <i>et al.</i> 1989)
Etoposide (125 mg/m ² every other week of 2 week cycle, 6 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Vincristine, Bleomycin	NS	37	Male infant: 3200 g, Apgar scores NS. Newborn was healthy.	At 21 months, well with no evidence of iatrogenic complications.	(Rodriguez and Haggag 1995)
Etoposide (110 mg/m ² daily for 2 days, 3 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 25	Vinblastine, Doxorubicin	C-section	36	Female infant: 2190 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 17 months, in good clinical condition with normal psychomotor development and no malignancies.	(Sagan <i>et al.</i> 2010)
Etoposide	Case report	1	Leukemia	2 nd or 2 nd , 3 rd	Daunorubicin,	C-section	32	Serial ultrasounds detected	No	(Scherf and

Appendix C Table 17. Etoposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(400 mg/m ² for 3 days per cycle, number of cycles NS)			(AML)	[First@ <wk25]	Cytarabine			reduced amniotic fluid and no fetal growth gain at 32 weeks gestation. Female infant: 1460 g, Apgar scores NS. Newborn was very pale and required active resuscitation, also exhibited myelosuppression. She made good progress and was discharged at 46 days.		Price 1996)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Etoposide timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoblastic leukemia. AML = acute myeloblastic leukemia.</p> <p>†Papers not included in text analysis. The cases in Aviles et al. (Aviles <i>et al.</i> 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles <i>et al.</i> 1991).</p>										

Appendix C Table 18. Hydroxyurea – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 18. Hydroxyurea – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Hydroxyurea (Dose/schedule NS)	Case series	3 of 10 (Pt 1, 5, 7)	Leukemia (CML)	2 nd or 3 rd	Imatinib (PC, 1 st),	Vaginal	37	Male infant: 6 lb 13 oz [3540 g], Apgar scores NS. Newborn had hypospadias at birth (surgically corrected later), but otherwise healthy.	At 53 months, growth and development were normal.	(Ault <i>et al.</i> 2006)† [These cases are included in Pye <i>et al.</i> (2008).]
			Leukemia (CML)	PC, 1 st	Imatinib	Vaginal	40	Female infant: 6 lb 12 oz [3477 g]. Newborn was healthy.	At 16 months, growth and development were normal.	
			Leukemia (CML)	PC, 1 st	Imatinib	C-section	36	Twin female infants: 5 lb, 13 oz [3086 g] and 5 lb, 5 oz [2586 g]. Apgar scores NS. Newborns were healthy.	At 18 months, growth and development were normal.	
Hydroxyurea (1500 mg/day)	Case report	1	Leukemia (CML)	2 nd , 3 rd	Interferon-alpha (3 rd)	C-section	37	Female infant: 2450 g, Apgar scores NS. Newborn was normal and physically healthy.	No	(Baykal <i>et al.</i> 2000)
Hydroxyurea (0.5 g twice/day, 1 st dose; increased to 0.5g thrice/day on 1 st wk)	Case report	1	Leukemia (CML)	2 nd , 3 rd	None	C-section	38	Female infant: 3400 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn white blood count, erythrocyte and thrombocyte counts were normal	At 4 months, infant was healthy.	(Celiloglu <i>et al.</i> 2000)
Hydroxyurea (Dose/schedule NS)	Case report	1	Leukemia (CML)	2 nd , 3 rd	Imatinib (PC, 1 st)	Vaginal	34	Stillborn fetus with meningocele.	NA	(Choudhary <i>et al.</i> 2006)
Hydroxyurea (Dose/schedule NS)	Case series	1 of 32 (Pt 1)	Leukemia (CML)	3 rd	Interferon-alpha (2 nd , 3 rd)	C-section	36	Twin infants, sex NS: 2390 g and 2250 g, Apgar scores 8 and 9 for both infants. Newborns were healthy.	No	(De Carolis <i>et al.</i> 2006)
Hydroxyurea (1500 mg/day)	Case series	2 of 3 (Pt 2, 3)	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	NS	26	Eclampsia at week 26. Stillborn male fetus with normal phenotype.	NA	(Delmer <i>et al.</i> 1992)
			Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn was healthy with a normal phenotype.	No	
Hydroxyurea	Case series	1 of 18	Leukemia	PC, 1 st , 2 nd , 3 rd	None	C-section	28	Vaginal bleeding due to	NA	(Dilek <i>et al.</i>

Appendix C Table 18. Hydroxyurea – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(Dose/schedule NS)		(Pt 6)	(CML)					detachment of the placenta at week 28. Male infant: 1800 g, Apgar scores NS. Newborn had no abnormalities and hematological values were normal. He died at 10 days of intracranial bleeding.		2006)
Hydroxyurea (Dose/schedule NS)	Case report	1	Leukemia (CML)	2 nd , 3 rd	Imatinib (PC, 1 st , 2 nd)	NS	37	Infant sex NS: 3120 g, Apgar scores 9 and 10. Newborn was healthy and without birth defects.	At 26 months, no late side effects.	(Dolai <i>et al.</i> 2009)
Hydroxyurea (8 g [one time])	Case series	2 of 3 (Pt 2, 3)	Leukemia (AML)	2 nd	Daunorubicin, Cytarabine, Vincristine, 6-Thioguanine	NA	21	Induced abortion. Male fetus: 307.8 g. Fetus had no external defects or gross abnormalities in organogenesis, and had normal organ weights, except for an enlarged spleen.	NA	(Doney <i>et al.</i> 1979)
				3 rd	Daunorubicin, Cytarabine, Vincristine, 6-Thioguanine	Vaginal	31	Spontaneous preterm labor at 4 weeks after admission. Male infant: 2130 g, Apgar scores 7 and 8 at 1 and 5 minutes. During the first 2 days the premature newborn was hyponatremic, hyperkalemic, hypocalcemic, and hypoglycemic – resolved within 7 months.	At 4 months, experiencing mild infections. At 4.5 and 13.5 months, Denver Developmental Screening tests were normal. At 13.5 months, complete blood count and general physical examination were unremarkable, but growth parameters were depressed (< 3 rd percentile).	
Hydroxyurea (4 g/day for 3 weeks, then 1.5 to 3 g/day)	Case report	1	Leukemia (CML)	3 rd	None	Vaginal	38	Male infant: 2680 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was healthy with no abnormality	At 1 month, continued to do well.	(Fadilah <i>et al.</i> 2002)
Hydroxyurea (Dose/schedule NS)	Case report	1	Leukemia (CML)	2 nd , 3 rd (1 month prior to due date)	None	C-section	Term	Male infant: 3400 g, Apgar scores NS. Newborn had no perinatal complications.	Growth and development appeared normal to date [age NS].	(Fitzgerald and McCann 1993)

Appendix C Table 18. Hydroxyurea – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Hydroxyurea (Dose/schedule NS)	Case report	1	Leukemia (CML)	3 rd	Imatinib (PC, 1 st)	Vaginal	38	Female infant: 2820 g, Apgar scores NS. Newborn was healthy and morphologically normal. Pyloric stenosis developed at 8 wk (resolved with surgery).	At 25 months, healthy and developing normally.	(Heartin <i>et al.</i> 2004)
Hydroxyurea (0.5 to 1.5 g/day, increased to 3.0 g/day at 20 wk)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	C-section	37	Female infant: 2850 g, Apgar score 9 at 5 minutes. Newborn had no perinatal complications and no abnormalities.	At 5 months, development was normal.	(Jackson <i>et al.</i> 1993)
Hydroxyurea (Dose/schedule NS)	Case series	4 of 32	Leukemia (CML)	NS First@wk 12-33 22 (mean)	None	NS	NS	Infants' sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	(Jameel and Jamil 2007)
Hydroxyurea (1000 to 3000 mg/day)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd First@wk 12	Dasatinib (1 st), Cytarabine	Vaginal, induced	34	Female infant: 2470 g, Apgar scores NS. Newborn was healthy.	At 11 months, she was healthy without structural or functional anomalies or developmental delay.	(Kroll <i>et al.</i> 2010)
Hydroxyurea (500 mg 4 times a day, later increased to 5 times a day.)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd First@wk 10 Last@wk 37	Imatinib (PC, 1 st)	Vaginal (induced)	37	Female infant: 2500g, Apgar scores NS. Newborn had no congenital abnormalities.	At 1 year, normal growth and development	(Martin <i>et al.</i> 2011)
Hydroxyurea (0.5- 1.0 g/day)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	36	Spontaneous preterm labor. Male infant: 2670 g, Apgar scores NS. Newborn was healthy with normal blood counts and no perinatal complications.	At 26 months, he was physically and developmentally normal.	(Patel <i>et al.</i> 1991)
Hydroxyurea (Dose/schedule NS)	Cohort, retrospective	2 of 14 (Pt 5, 6)	Leukemia (CML)	2 nd First@wk 22	None	NS	39	Infant sex and Apgar scores NS: 3800 g. Newborn had no complications.	At 4 years, development was normal.	(Peres <i>et al.</i> 2001)
				1 st	Vincristine, Doxorubicin (2 nd)	NS	35	Infant sex and Apgar scores NS: 3195 g. Newborn had no complications apart from jaundice.	At 4 months, development was normal.	

Appendix C Table 18. Hydroxyurea – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Hydroxyurea (Dose, schedule NS)	Survey retrospective	6 of 180 [only 125 pts reported pregnancy outcomes; did not include co-treatments of normal pregnancies]	Leukemia (CML)	PC, 1 st (n=2 pts)	Imatinib	[Vaginal]	[40]	One normal infants. [Reported in. (Ault <i>et al.</i> 2006).]	[At 16 months, normal growth and development.]	(Pye <i>et al.</i> 2008) [3 cases presented by Ault <i>et al.</i> (Ault <i>et al.</i> 2006) are included in this report.]
				PC, 1st	Imatinib	C=section	[36]	Twins, normal. [Twins were first reported in Ault <i>et al.</i> (Ault <i>et al.</i> 2006).]	[At 16 months, normal growth and development.]	
				2 nd and/or 3rd	Imatinib (1 st)	NS	34	Stillbirth. Meningocele.	NA	
				1 st	Imatinib	NS	NS	Live birth. Premature closure of skull sutures.	No	
				[2 nd or 3 rd]	Imatinib	NS	[37]	Live birth. Hypospadias. [First reported in (Ault <i>et al.</i> 2006)]	[At 16 months, normal growth and development.]	
				2 nd and/or 3rd	Imatinib (1 st)	NS	NS	Live birth. Pyloric stenosis.	No	
Hydroxyurea (1 g, schedule NS)	Case report	1	[Non-Hodgkin lymphoma] Adult T-cell leukemia-lymphoma believed secondary to HTLV-1	3 rd	Cyclophosphamide, Doxorubicin, Vincristine	C-section	26	Male infant: weight and Apgar scores NS. Newborn was healthy.	No	(Safdar <i>et al.</i> 2002)
Hydroxyurea (0.5 g twice daily)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd	Imatinib (PC, 1 st)	Vaginal	38	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 12 months, the infant was healthy.	(Suppiah and Kalaycio 2006)
Hydroxyurea (1-3 g/day)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd Last@wk 37	None	C-section	38	Male infant: 3100 g, Apgar scores NS. Newborn had normal clinical status. Hematological assessments of umbilical cord and fetal blood were normal.	At 32 months, growth and development were normal.	(Tertian <i>et al.</i> 1992)
Hydroxyurea (0.5-6 g/day)	Case series	31 of 31 [only 6 pts had cancer; see Cancer Type column]	Leukemia (CML, n=6 pts; non-cancerous conditions: Essential thrombocythemia (n=22 pt),	1 st (n=5 pts)	NS	NS	NS	5 induced abortions. [No fetal data provided.]	No	(Thauvin-Robinet <i>et al.</i> 2001)
				NS	NS	NS	NS	One spontaneous abortion. [No fetal data provided.]		
				1 st , 2 nd (n=2 pts)	NS	NS	NS	Two stillbirths due to placental ischemia. Fetal		

Appendix C Table 18. Hydroxyurea – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
			Chronic myeloid splenomegaly (n=2 pt), sickle cell anemia (n=1 pt)					autopsy revealed no malformations.		
				1 st (n=15 pts, including one twin pregnancy)	NS	NS	NS	Intrauterine growth restriction (n=2 pregnancies).		
				1 st , 2 nd (n=2 pts)	NS	NS	NS	Individual data were not provided. 23 normal pregnancies yielding 24 live infants [one set of twins] . 9 were premature and 5 had respiratory distress. Three infants had minor abnormalities: hip dysplasia, unilateral renal dilatation and pilonidal sinus.		
				3 rd (n=2 pts)	NS	NS	NS			
				1 st , 2 nd , 3 rd (n=3 pts)	NS	NS	NS			
				NS (n=1 pt)	NS	NS	NS			
Hydroxyurea (Dose/schedule NS, 3 cycles)	Survey, retrospective	1 of 27 (Pt 13)	Leukemia (CML)	2 nd , 3 rd First@wk 25	None	Vaginal	37	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
Hydroxyurea (Dose NS, 9 days)	Cohort, retrospective	1 of 21 (Table 1, Pt 12)	Leukemia (CML)	1 st	Daunorubicin, 6-Thioguanine, Cytarabine	NA	NS	Induced abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Hydroxyurea timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA = Not Applicable. NS = Not Specified. Pt = patient. CML = chronic myelocytic leukemia. AML = acute myelocytic leukemia

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Idarubicin (9 mg/m ² on days 1,2,3, and 8)	Case report	1	Leukemia (ALL)	2 nd	Cyclophosphamide, Vincristine	C-section	28	Male infant: 1024 g, Apgar scores of 6, 8, and 8 at 1, 5, and 10 minutes. Newborn had no growth restriction or gross malformations. He had complications linked to prematurity, e.g., respiratory distress, necrotizing enterocolitis, ventricular hemorrhage. Acute cardiac failure, authors attributed to Idarubicin, occurred during the first 3 days after birth. He was treated with dopamine and glycerol nitrate and cardiac function returned to normal after 3 days.	At 18 months, neurological status was normal but he showed a slight delay in language acquisition.	(Achtari and Hohlfeld 2000)
Idarubicin (Dose/schedule NS)	Case series, retrospective	4 of 29 from Table 1	Leukemia, acute	NS	Cytarabine	NS	NS	Birth weight: 3085 (median), 2500-2500-3675 (range). Infants' sex and Apgar scores NS. Individual pregnancy outcomes were not provided.	In this long-term follow-up, ranging from 6 to 29 years, learning and educational performances were normal, and no congenital, cytogenetic, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001)
Idarubicin (10 mg/m ² on days 2, 3, 4; 1 cycle)	Case report	1	Leukemia (AML)	3 rd First@wk 28	Cytarabine, Fludarabine, Gemtuzumab-ozogamicin, Mitoxantrone	C-section	33	Fetus developed cardiomyopathy, transient cerebral ventriculomegaly, and intrauterine growth restriction after initiation of chemotherapy. Male infant: 1695 g, Apgar scores 8 and 9 and 5 and 10 minutes. Newborn had no clinical signs of dysmorphia but was anemic and required bag mask ventilation; transcranial ultrasound and echocardi-	At 6 months, he showed no residual signs of cardiomyopathy or hydrocephalus.	(Baumgartner et al. 2009)

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								graphy detected no abnormalities.		
Idarubicin (12 mg/m ² on days 2,4,6,8 in the first cycle, 5 mg/m ² on days 1,2,3,4 in the second cycle)	Case report	1	Leukemia (APL)	2 nd , 3 rd	ATRA, Cytarabine	C-section	34	Female infant: 1950 g, Apgar score NS. Newborn showed no abnormalities following physical examination and routine laboratory tests.	No	(Breccia <i>et al.</i> 2002)
Idarubicin (Dose and schedule NS)	Case report	1	Leukemia (APL)	2 nd	ATRA	C-section	28	<p>Ultrasound measured fetal ascites, oligohydramnios and high umbilical artery resistance indicating placental insufficiency and intrauterine growth retardation. Premature rupture of membranes.</p> <p>Female infant: 1475 g, Apgar scores 2, 4, and 6 at 1, 5, and 10 minutes. Newborn was in poor condition with pulmonary hypoplasia, bilateral pneumothoraces and patent ductus arteriosus; this closed after indomethacin was given.</p>	At 6 months, the baby continued on nasal oxygen and diuretics with significant respiratory effort and poor overall growth.	(Carradice <i>et al.</i> 2002)
Idarubicin (Dose and schedule NS)	Survey, retrospective	3 of 37 from Table 1 (Pt 3, 5, 27) [see note in reference column]	Leukemia (AML)	2 nd (Diagnosis @wk 15) (pt 3)	Cytarabine	NS	NS	Induced abortion. [No fetal data provided.]	NA	(Chelghoum <i>et al.</i> 2005) [Pts 6 and 24 were not included because it was not possible to determine if they received chemotherapy during pregnancy.]
				1 st (Diagnosis @wk 6) (pt 5)		NA	NA	Induced abortion. [No fetal data provided.]	NA	
				2 nd (Diagnosis @wk 17) (pt 27)		NA	NA	Induced abortion. [No fetal data provided.]	NA	
Idarubicin (10 mg/m ² on days 1, 3, 5; 1 cycle)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 21	Cytarabine	C-section	33+4 days	Intrauterine growth retardation and variable decelerations on fetal tocogram.	No	(Claahsen <i>et al.</i> 1998)

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								Female infant, 1408 g, Apgar scores 4, 7, 10 at 1, 5, and 10 minutes. Newborn had hyperbilirubinemia but no dysmorphic features or major anomalies. Amniotic fluid was meconium-stained.		
Idarubicin (Dose and schedule NS)	Case series	1 of 32 (Pt 15)	Leukemia (AML)	2 nd First@wk 21 Last@wk 25	ATRA	C-section	34	Infant, sex NS: 1950 g, Apgar scores 8 and 9. Newborn was healthy	No	(De Carolis <i>et al.</i> 2006)
Idarubicin (Dose and schedule NS)	Case report	1	Leukemia (APL)	2 nd	ATRA	C-section	31+2 days	Male infant: 1742 g, Apgar scores 5 and 7 at 1 and 5 minutes. Newborn had respiratory distress that required support, as well as jaundice that required phototherapy.	At 2 months, his general health and neurologic condition were good.	(Ganzitti <i>et al.</i> 2010)
Idarubicin (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-ara-c, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Cytarabine, Cycloctidine, ATRA, Mitoxantrone, Vincristine, Asparaginase	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994) †
Idarubicin (12 mg/m ² on days 1-3, 1 cycle)	Case report	1	Leukemia (AML)	3 rd First@wk 30	Cytarabine (2 nd , 3 rd), Daunorubicin (2 nd)	C-section	32	Oligohydramnios at 32 weeks gestation. Female infant: 1820 g, Apgar scores 6, 6, and 8 at 1, 5, and 10 minutes. Newborn showed no sign of cardiac failure, and no cerebral ultrasound revealed no abnormalities. Newborn developed myelosuppression that required supportive treatment, also hepatopathy and elevated creatinine kinase. These values normalized within	No	(Matsuo <i>et al.</i> 2004)

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								a week. The baby was healthy at time of discharge.		
Idarubicin (12 mg/m ² on days 1-3, 1 cycle)	Case report	1	Leukemia (AML)	2 nd First@wk 21	Cytarabine (2 nd , 3 rd)	C-section	37	Female infant: 1710 g, Apgar scores 5 and 9 at 1 and 5 minutes. Newborn showed intrauterine growth restriction, cyanosis of the extremities, shallow sacral dimple, short digits and limbs, dysplastic fingernails, and prominent frontal skull with mild macrognathia, and a ventricular septal defect.	At 3 months, fetal defects [other than the heart] seen at birth seemed to have resolved. At 5 months, child recovered quickly from surgery to correct ventricular septal defect.	(Niedermeier <i>et al.</i> 2005)
Idarubicin (12 mg/m ² daily for 3 days, 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 16	Cytarabine, Fludarabine	NS	Month 8	Fetal death. [No fetal autopsy data provided.]	NA	(Paşa <i>et al.</i> 2009)
Idarubicin (Dose/schedule NS)	Cohort, retrospective	2 of 14 (Pt 2, 10)	Leukemia (ALL)	2 nd First@wk 24 Last@wk 28	Vincristine, Asparaginase	NS	36	Infant sex and Apgar scores NS. Newborn had no complications.	At 2 years, development was normal.	(Peres <i>et al.</i> 2001)
			Leukemia (AML)	NS	Cytarabine	NS	NS	Intrauterine growth restriction and oligohydramnios. Fetal death. No malformations.	NA	
Idarubicin (10 mg/m ² on days 1 and 2)	Case report	1	Leukemia (AML)	3 rd	Cytarabine (2 nd , 3 rd), Daunorubicin (2 nd), Mitoxantrone (2 nd , 3 rd)	Vaginal	NS	Stillborn, sex NS: 2200 g. No obvious congenital malformations. No fetal autopsy was performed.	NA	(Reynoso and Huerta 1994)
Idarubicin (12 mg/m ² on days 1-3, 4 cycles)	Case report	1	Leukemia (APL)	2 nd , 3 rd First@wk 14 Last@wk 32	ATRA	C-section	36.7	Early signs of preeclampsia at 36.7 weeks gestation. Female infant: 2720 g, Apgar scores 6 and 9 at 1 and 5 minutes. Newborn was not malformed. Bag-mask ventilation was required for a brief period for dusky skin and failure to cry. Infant had moderate dilation of right atrium and right ventricle, 2 small secundum atrial septal defects and a small patent	At 1.5 months, there was adequate somatic growth and no clinical signs of congestive heart failure.	(Siu <i>et al.</i> 2002)

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								ductus arteriosus.		
Idarubicin (Dose NS, 1 cycle)	Case report	1	Leukemia (AML)	3 rd First@wk 30	Cytarabine	C-section	33-34	Mild uterine contractions [spontaneous preterm labor] and fetal distress. Male infant: 2200 g, Apgar scores 2 and 6 at 1 and 5 minutes. Amniotic fluid was meconium stained.	No	(Yucebilgin <i>et al.</i> 2004)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Idarubicin timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoblastic leukemia. AML = acute myeloblastic leukemia. APL = acute promyelocytic leukemia. ATRA = all-<i>trans</i> retinoic acid. Behenoyl araC = behenoyl cytosine arabinoside.</p> <p>†Paper not included in tally for text summary. Kawamura <i>et al.</i> (Kawamura <i>et al.</i> 1994) was not included because it did not include individual treatment, timing of exposure and pregnancy outcomes.</p>										

Appendix C Table 20. Ifosfamide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Ifosfamide (5 g per day on two consecutive days, 2 cycles 4 weeks apart)	Case report	1	Rhabdomyosarcoma	2 nd	Vincristine, Actinomycin D	C-section	29	Anhydramnios and fetal growth restriction at four weeks after chemotherapy administration. Female infant: 720 g, Apgar scores 3, 7, and 7 at 1, 5, and 10 minutes. Newborn exhibited anuria and didn't pass urine for 7 days, at which time she died. Postnatal cerebral ultrasound detected bilateral intraventricular hemorrhage and left occipital menigeal hematoma. Autopsy found extensive cerebral lesions associated with prematurity but revealed no renal lesions or chromosome abnormality. Placenta revealed large areas of ischemic necrosis without chorioamnionitis.	NA	(Fernandez <i>et al.</i> 1989)
Ifosfamide (1500 mg/m ² /day for 5 days)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	3 rd First@wk 29	Cyclophosphamide, Vincristine, Doxorubicin, Cytarabine, Etoposide (2 nd , 3 rd)	C-section	32	Male infant: 1731 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was cyanotic and active and was admitted to the neonatal intensive care unit. Other than respiratory distress there were no anomalies. Renal and liver functions were normal. Hearing tests and brain ultrasound were unremarkable.	At 9 months, he was healthy with mildly delayed motor skills, thought to result from premature birth.	(Lam 2006)
Ifosfamide (5 g/m ² every 3 weeks for 3 cycles)	Case series	1 of 7 (Pt 6)	Sarcoma	2 nd , 3 rd First@wk 27 Last@wk 33	Doxorubicin	C-section	36	Infant sex NS: 1300 g, Apgar scores NS. Newborn was normal.	[At 24 months, normal.]	(Merimsky and Le Cesne 1998) [More detailed follow-up on Case 6 was reported in Merimsky <i>et al.</i> (Merimsky <i>et al.</i> 1999)]

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Ifosfamide (5 mg/m ² every 3 weeks, 3 cycles)	Case report	1	Sarcoma	2 nd , 3 rd First@wk 27 Last@wk 33	Doxorubicin	C-section	36	Mild intrauterine growth retardation without fetal stress. Female infant: 1300 g, Apgar scores NS. Newborn was a small, healthy baby.	At 24 months she showed no chemotherapy-related late effects.	(Merimsky <i>et al.</i> 1999)† [This case report is follow-up on Case 6 in Merimsky <i>et al.</i> (Merimsky and Le Cesne 1998), thus this case report was not tallied in the in the text analysis.]
Ifosfamide (5 g/m ² over 48 hours/cycle, 2 cycles except case 5 received only 1 cycle)	Case series	5	Sarcoma, Ewing	3 rd First@wk 29	Doxorubicin	Vaginal	34	Female infant: 1400 g, Apgar scores 8 and 9 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 8 months.	(Mir <i>et al.</i> 2012)
			Osteosarcoma	3 rd First@wk 30		Vaginal	35	Female infant: 2200 g, Apgar scores 9 and 9 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 5 years.	
			Sarcoma, Ewing	3 rd First@wk 30		Vaginal	36	Female infant: 2200 g, Apgar scores 8 and 10 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 3 years.	
			Sarcoma, high-grade	3 rd First@wk 29		Vaginal	35+5 days	Male infant: 2300 g, Apgar scores 10 and 10 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 5 years.	
			Sarcoma, high-grade	2 nd First@wk 26		C-section	29+5 days	Oligohydramnios detected at 29 weeks. Male infant: 1180 g, Apgar scores 10 and 10 at 1 and 5 minutes. Condition of the newborn was considered “favorable”.	Normal at 5 months.	

Appendix C Table 19. Idarubicin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Ifosfamide (2 g/m ² every 3 weeks, 3 cycles)	Case report	1	Sarcoma	2 nd , 3 rd First@wk 25 Last@wk 30	Doxorubicin	C-section	32	At 28 weeks gestation, mild intrauterine growth retardation and decrease in amniotic fluid. Male infant: 1245 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn showed no dysmorphic features or anomalies. He was intubated for 1 day for irregular respiratory effort. He received nasal continuous positive airway pressure for 3 days, phototherapy for hyperbilirubinemia, and erythropoietin for low hemoglobin.	At 8 months he was growing adequately with no known abnormalities.	(Nakajima <i>et al.</i> 2004)
Ifosfamide (1500 mg/m ² /day, days 25-29 and 70-74)	Case report	1	[Non-Hodgkin lymphoma] Burkitt Lymphoma	2 nd First@wk 16	Cyclophosphamide, Doxorubicin, Etoposide, Cytarabine, Vincristine, Rituximab	Vaginal	26	Fetal ultrasounds noted oligohydramnios at gestation week 18 and early intrauterine growth restriction at gestation week 22. Stillborn. [No fetal autopsy reported.]	NA	(Peterson <i>et al.</i> 2010)
Ifosfamide (Dose/schedule NS, 5 cycles)	Case report	1	Sarcoma	PC, 1 st	Doxorubicin, X-rays	Vaginal	40	Infant, sex NS: 3300 g, Apgar scores NS. Newborn was normal.	No	(Shufaro <i>et al.</i> 2002)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Ifosfamide timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA = Not Applicable. NS = Not Specified. Pt = patient.

†Paper not included in text analysis. The infant born to case 6 in Merimsky et al. (Merimsky and Le Cesne 1998) was not included because the pregnancy outcome and follow-up data were described in more detail in (Merimsky *et al.* 1999).

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Imatinib (Dose/schedule NS)	Case series	2 of 13 (Pt 12, 13)	Leukemia (CML)	1 st	None	NS	41	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)
				3 rd	None	NS	40	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.		
Imatinib (400 mg/day)	Case report	1	Leukemia (CML)	2 nd , 3 rd First@wk 21 Last@wk 39	Hydroxyurea (NS)	Vaginal, induced	39	Male infant: 2740 g, Apgar score 5. Newborn was healthy with blood count and biochemical analyses in normal limits.	At 10 months, growth and development were normal.	(Ali <i>et al.</i> 2009b)
Imatinib (400 mg/day)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 8	None	Vaginal, induced	38	Female infant: 3200 g, Apgar score 9. Newborn was healthy. General examination, blood count, ultrasonography (transfontanel, abdominal and hip), echocardiography and chromosomal analysis were normal.	No	(Ali <i>et al.</i> 2005)
Imatinib (Pt 1 – 400 mg/day, Pt 2 – 200 mg/day)	Case series	2 of 2 (Pt 1 had 2 pregnancies)	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	NS	NS	Infant: 1870 g, Apgar score was “good”. Newborn was healthy, but small. Normal complete blood count. [Pt1, 1st pregnancy]	Infant [age NS] was healthy with normal growth, milestones and blood counts. (Pt 1, 1 st pregnancy)	(AlKindi <i>et al.</i> 2005)
				PC, 1 st	None	Vaginal	NA	Spontaneous abortion. [No fetal data.] [Pt 1, 2nd pregnancy]	NA	
				PC, 1 st , 2 nd , 3 rd	None	NS	NS	Infant sex and Apgar scores NS: 2540 g. Newborn was healthy, but small with normal complete blood count.	No	
Imatinib (Pt: 1-300 mg/day 2- 400 mg/day 3-600 mg/day 4-400 mg/day 5-400 mg/day 6-400 mg/day 7-400 mg/day 8-800 mg/day 9-400 mg/day 10-400 mg/day)	Case series	10 of 18 (Pt 1 to 10)	Leukemia (CML)	PC, 1 st	Hydroxyurea (NS)	Vaginal	37	Male infant: 6 lb, 13 oz [3540 g], Apgar scores NS. Newborn was healthy but with hypospadias (surgically corrected later).	At 53 months, growth and development were normal.	(Ault <i>et al.</i> 2006) [†] [These cases are included in Pye et al. (Pye <i>et al.</i> 2008).]
				PC, 1 st	None	NA	4	Induced abortion. [No fetal data provided.]	NA	
				PC, 1 st	None	NA	4	Spontaneous abortion. [No fetal data provided.]	NA	
				PC, 1 st	Interferon (NS)	Vaginal	36	Male infant: 5 lb, 2 oz [2398 g], Apgar scores NS. Newborn was healthy.	At 30 months, growth and development were normal.	
				PC, 1 st	Hydroxyurea (NS)	Vaginal	40	Female infant: 6 lb, 12 oz [3477 g], Apgar scores NS. Newborn was healthy.	At 16 months, growth and development were normal.	
				PC, 1 st	None	Vaginal	36	Female infant: 5 lb, 6 oz [2648 g],	At 11 months, growth and	

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Apgar scores NS. Newborn was healthy.	development were normal.	
				PC, 1 st	Hydroxyurea (NS)	C-section	36	Female infants (twins): 5 lb, 13 oz [3086 g] and 5 lb, 5 oz [2586 g]. Newborns were both healthy.	At 18 months, growth and development were normal.	
				PC, 1 st	None	C-section	36	Female infant: 6 lb, 11 oz [3415 g], Apgar scores NS. Newborn was healthy.	At 5 months, growth and development were normal.	
				PC, 1 st	None	NS	9	Spontaneous abortion. [No fetal data provided.]	NA	
				PC, 1 st	None	C-section	39	Male infant: 7 lb, 6 oz [3557 g], Apgar scores NS. Newborn was healthy.	At 3 months, growth and development were normal.	
Imatinib (400 mg daily)	Case report	1	Leukemia (CML)	PC, 1 st	Dasatinib	NA	17	Induced abortion. Male fetus: 166 g, Apgar scores NA. Fetus had hydrops with subcutaneous edema, plural effusion, and ascites.	NA	(Berveiller <i>et al.</i> 2012)
Imatinib (400 mg/ day)	Case report	1	Leukemia (CML)	2 nd , 3 rd Last@wk 9	None	Vaginal	39	Female infant: 3200 g, Apgar scores NS. Newborn was healthy with normal complete blood count.	No	(Buyukbayrak <i>et al.</i> 2008)
Imatinib (400 mg/ day)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 6	Hydroxyurea (2 nd , 3 rd)	NS	34	Stillborn infant with meningocele.	NA	(Choudhary <i>et al.</i> 2006)
Imatinib (400 mg/d, 1 st pregnancy and 800 mg/ day , 2 nd pregnancy)	Case report	1 (2 pregnancies in same Pt)	Leukemia (CML)	PC, 1 st , 2 nd Last@wk 16	Hydroxyurea (2 nd , 3 rd)	NS	37	Infant sex NS: 3120 g, Apgar scores 9 and 10. Newborn was healthy with no birth defects, normal total blood count.	At 26 months, no apparent late side effects.	(Dolai <i>et al.</i> 2009)
				PC, 1 st , 2 nd , 3 rd	None	Vaginal	37	Infant sex NS: 2980 g, Apgar scores 10 and 10. Newborn was healthy with no birth defects, normal total blood count.	At 9 months, no apparent late side effects.	
Imatinib (600 mg/ day)	Case report		Leukemia (CML)	PC, 1 st , 2 nd Last@wk 17	None	C-section	38	Preeclampsia. Female infant: 2,980 g, Apgar score 9. Newborn was healthy with normal physical examination, white blood count, hemoglobin, platelet count and cranial ultrasonography.	Normal growth and development [age NS] .	(Fogliatto and Brum 2005)+ Abstract only
Imatinib (400 mg/ day)	Case report	1 (1 Pt, 2 pregnancies)	Leukemia (CML)	PC, 1 st Last@wk 4	None	Vaginal	38	Female infant: 3180 g, Apgar scores 10 and 10. Newborn was healthy with normal total blood count.	At 3 years, she was healthy.	(Garderet <i>et al.</i> 2007)
				PC, 1 st Last@wk 3	Interferon (3 rd)	Vaginal	39	Female infant: 2950 g, Apgar scores 9 and 10. Newborn was healthy.	At 10 months, she was healthy.	
Imatinib (400 mg/ day)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 7	Hydroxyurea (3 rd)	Vaginal, induced	38	Female infant: 2820 g, Apgar scores NS. Newborn was healthy. Pyloric	At 25 months, she was healthy and developing normally.	(Heartin <i>et al.</i> 2004)

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								stenosis at 8 weeks (resolved with surgery).		
Imatinib (Clinical study: all 400 mg/day, except one case of 600 mg/day resulting in a normal infant) (Spontaneous reports: ranged from 200-600 mg/day and 2 unknown)	Survey, retrospective	13 of 15 (Clinical trial)	Leukemia (CML)	PC, 1 st or 1 st , 2 nd , or 1 st , 2 nd , 3 rd Pregnancy detected@5 to 22 wks (group range)	None	NS	NS	9 induced abortions 1 Spontaneous abortion 3 Live-born infants: 2 normal pregnancies and one newborn had hypospadias – infant sex, weight and Apgar scores NS. [2 pregnancies were ongoing at time of publication and were not included in the table due to lack of pregnancy outcomes.]	No	(Hensley and Ford 2003)† [These cases are included in Pye et al. (Pye et al. 2008).]
		6 of 11 (Spontaneous reports)		PC, 1 st or 1 st , 2 nd Last@5 to 23 wks (group range)	None	NA	NA	2 induced abortions - one fetus had hydrocephalus, congenital heart defect and 2-vessel cord. 4 spontaneous abortions [3 pregnancies were missing information and 2 pregnancies were ongoing at time of publication. They were not included in the table due to lack of pregnancy outcome.]		
Imatinib (Dose/schedule NS)	Case series	1 of 5 (Pt 3)	Leukemia (CML)	PC, 1 st , 2 nd	Interferon [alpha]	NS	38 or 39	Male infant: weight and Apgar scores NS. Newborn was completely healthy.	All children had normal growth and development at 11-96 months.	(Klamova et al. 2009)
Imatinib (600 mg/day)	Case series	1 of 3 (Pt 1)	Leukemia (CML)	PC, 1 st Last@wk 12	Interferon alpha (2 nd , 3 rd)	C-section	38	Female infant: 3280 g, Apgar scores NS. Newborn was healthy.	At 44 months, growth and development were normal.	(Koh and Kanagalingam 2006)
Imatinib (400 mg/day)	Case report	1	Leukemia (CML)	PC, 1 st First@conception Last@wk 10	Hydroxyurea (1 st , 2 nd , 3 rd)	Vaginal (induced)	37	Female infant: 2500g, Apgar scores NS. Newborn had no congenital abnormalities.	At 1 year, normal growth and development	(Martin et al. 2011)
Imatinib (400 mg/day)	Case series	1 of 2 (Pt 2)	Leukemia (CML)	PC, 1 st	None	NS	Term	Infant sex, weight, and Apgar scores NS. Newborn was normal.	No	(Mauro et al. 2004)
Imatinib (400 mg/day)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 8	None	Vaginal	30	Spontaneous preterm labor. Twin female infants: 1200 g and 1600 g, Apgar scores NS. Twin A died at 5 days apparently due to low birth weight; no apparent deformities, dysmorphogenesis or pseudohermaphroditism. Twin B had	At 2 years, twin B showed normal growth and development, ultrasound of abdomen, CT-chest, peripheral blood smear, blood counts and hemoglobin electrophoresis were normal.	(Meera et al. 2008)

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								normal growth and development.		
Imatinib (400 mg/day, both cases)	Case series	2 of 2	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	NS	Infant: sex, weight, and Apgar scores NS. Newborn was healthy.	No	(Prabhash <i>et al.</i> 2005)
				PC, 1 st , 2 nd , 3 rd	None	Vaginal	NS	Infant: sex, weight, and Apgar scores NS.	Newborn was normal at 1 month.	
Imatinib (300 or 400 mg/day)	Survey, retrospective	125 of 180 [Only 125 of 180 cases reported pregnancy outcomes]	Leukemia (CML)	1 st or 1 st , 2 nd , 3 rd or NS	NS	Vaginal	NS	18 spontaneous abortions. Exposure occurred during the (number of pregnancies): 1 st trimester (8) and 1 st , 2 nd , 3 rd (7) and NS (3). [No fetal data provided.]	No	(Pye <i>et al.</i> 2008) [10 cases presented by Ault <i>et al.</i> 2006] are included in this report. Likewise, Hensley <i>et al.</i> (Hensley and Ford 2003) is an earlier report of this database.]
				1 st or 1 st , 2 nd , 3 rd or NS	NS	NS	NS	32 induced abortions with normal fetuses. Exposure occurred during the (number of pregnancies): 1 st trimester (20), 1 st , 2 nd , 3 rd (5), and NS (7).		
				1 st	None	NS	NS	Induced abortion. Abnormal ultrasound, elevated alpha fetoprotein.		
				1 st , 2 nd , 3 rd	None (Potential cofounding non-chemotherapy treatment: Warfarin)	NS	NS	Induced abortion. Warfarin embryopathy, depressed nasal bridge, choanal stenosis, Dandy Walker cyst, ventricular septal defect, coarctation of the aorta, gastroschisis.		
				NS	None	NS	NS	Induced abortion. Cleft palate, polydactyly.		
				1 st	Hydroxyurea (after 1 st)	NS	34	Stillbirth. Meningocele.		
				1 st , or 1 st , 2 nd , or 1 st , 2 nd , 3 rd or after 1 st , or NS	NS	NS	NS	63 live births with 64 normal infants. Exposure occurred during the (number of infants): 1 st trimester (37, due to twin pregnancy), 1 st , 2 nd (4), 1 st , 2 nd , 3 rd (18), after 1 st (1), and NS (4).		
				1 st	Hydroxyurea	NS	NS	Live birth. Premature closure of skull sutures.		
				1 st	None	NS	NS	Live birth. Scoliosis, small exomphalos.		
				1 st	NS	NS	30	Live birth. Premature; infant died at 45 minutes. Communicating hydrocephalus, cerebellar hypoplasia,		

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestation al age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								atrial septal defect, overriding aorta, ascites, and pericardial effusion.		
				1 st	Hydroxyurea	NS	NS	Live birth. Hypospadias.		
				1 st	None	NS	NS	Live birth. Hypospadias.		
				1 st	Hydroxyurea (after 1 st)	NS	NS	Live birth. Pyloric stenosis.		
				1 st	None	NS	NS	Live birth. Hypoplastic lungs, exomphalos, left duplex kidney, right absent kidney, hemivertebrae, and right shoulder anomaly.		
				NS	Interferon	NS	NS	Live birth. Exomphalos, right renal agenesis, hemivertebrae.		
Imatinib (400 mg/day, both cases)	Case series	2 of 2	Leukemia (CML)	3 rd	None	Vaginal	Term	Female infant: 3,600 g, Apgar scores NS. Newborn was healthy with normal examination, clinical course and hematologic indices.	No	(Russell <i>et al.</i> 2007)
			Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal, induced	Term	Female infant: 2,955 g, Apgar scores NS. Newborn examination, clinical course, and hematologic indices were normal, except for non-patent mid-line perineal pit.	No	
Imatinib (400 mg/day)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd Last@wk 18	Interferon alpha (2 nd , 3 rd)	Vaginal, induced	39	Signs of placental insufficiency. Male infant: 3,160 g, Apgar scores 10, 10, and 10. Newborn was healthy, no postnatal complications, clinical examination and blood count within physiological values.	Growth and development were normal at follow-up [age NS].	(Skoumalova <i>et al.</i> 2008)
Imatinib (400 mg/day)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 8	None	C-section	39	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Sora <i>et al.</i> 2009)
Imatinib (400 mg/day)	Case report	1 (1 Pt, 2 pregnancies)	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	26	Preterm [spontaneous labor and] birth. Male and female infants (twins): weights and Apgar scores NS. Newborns died 48 hr after birth due to prematurity. No abnormalities; all parameters normal for age.	No	(Sotiropoulos and Adamidou 2004) [†] Abstract only
				PC, 1 st , 2 nd , 3 rd	None	Vaginal	37	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 2 months, she was healthy with normal laboratory tests.	
Imatinib	Case report	1	Leukemia	PC, 1 st	Hydroxyurea	Vaginal	38	Female infant: weight and Apgar scores	At 12 months, she was healthy.	(Suppiah and

Appendix C Table 21. Imatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(400 mg/day)			(CML)	Last@wk 6	(1 st , 2 nd , 3 rd)			NS. Newborn was healthy.		Kalaycio 2006)
Imatinib (400 mg/day, all cases)	Case series	3 of 3	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	Term	Infant: sex and Apgar scores NS, 2.8 kg [2800 g]. Newborn was healthy. Polymorphic variation of heterochromatic region of chromosome 9 (qh+) in all cells – inherited; pathogenic nature uncertain.	No	(Yilmaz <i>et al.</i> 2007)
			Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	NS	Infant: sex, weight, and Apgar scores NS. Newborn was healthy.	No	
			Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	Term	Infant sex NS: 3100 g, Apgar score “good”. Newborn was healthy.	No	

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Imatinib timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA = Not Applicable. NS = Not Specified. Pt = patient. CML = chronic myeloid leukemia.
 † Papers not included. The 10 cases from Ault *et al.* (Ault *et al.* 2006) and 13 cases from Hensley *et al.* (Hensley and Ford 2003) were not included in the text analysis because they were included in the retrospective survey by Pye *et al.* (Pye *et al.* 2008). In addition, abstracts were not included in the text analysis (Sotiropoulos and Adamidou 2004, Fogliatto and Brum 2005).

Appendix C Table 22. Interferon alpha – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 22. Interferon alpha – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Interferon alpha (Pt 1 - 3 million IU every other day, increased to 9 million IU daily Pt 2 - 6 million IU daily)	Case series	2 of 2	Leukemia (CML)	2 nd , 3 rd First@wk 16	None	Vaginal	40	Male infant: 2760 g, Apgar scores NS. Newborn was healthy.	No	(Al Bahar <i>et al.</i> 2004)
				1 st , 2 nd , 3 rd First@wk 7	None	Vaginal	40	Female infant: 3100 g, Apgar scores NS. Newborn was healthy.		
Interferon alpha (Dose/schedule NS)	Case series	1 of 18 (Pt 4)	Leukemia (CML)	NS	Imatinib	Vaginal	36	Male infant: 5 lbs 2 oz [2326 g], Apgar scores NS. Newborn was healthy.	At 30 months, growth and development were normal.	(Ault <i>et al.</i> 2006)† [included in Pye <i>et al.</i> 2008].]
Interferon alpha (4 million IU/m ² every other day)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	Hydroxyurea (PC), Busulfan (PC)	Vaginal	40	Female infant: 3486 g, Apgar scores NS. Newborn was healthy.	At 15 months, the infant showed normal growth and development.	(Baer 1991)
Interferon alpha (Pt 1 – 5 million IU/m ² every other day, reduced to 4 million IU/m ² ; Pt2 – 1 million IU/m ² every other day, increased to daily; Pt3 – 3.4 million IU 3 times a week; Pt 4 – 2 million IU daily, then 5 million IU 3 times a week)	Case series	4 of 4	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd First@ PC	Hydroxyurea (PC), Busulfan (PC)	Vaginal	40	Female infant: 3487 g, Apgar scores NS. Newborn was healthy.	At 2 years, the child showed normal growth and development.	(Baer <i>et al.</i> 1992)
			Leukemia (CML)	1 st , 2 nd , 3 rd	None	C-section	40	Female infant: 3714 g, Apgar scores NS. Newborn was healthy.	At 6 months, the infant showed normal growth and development.	
			Leukemia (Hairy cell)	2 nd , 3 rd First@wk 31	None	C-section	40	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 3 yrs 8 months, growth and development were normal.	
			Leukemia (Hairy cell)	2 nd , 3 rd First@wk 22	None	Vaginal	34	Female infant: 1587 g, Apgar scores NS. Newborn was healthy.	At 1 year, growth and development were normal.	
Interferon alpha (3 million IU/day)	Case report	1	Leukemia (CML)	3 rd First@wk 28 Last@wk 31	Hydroxyurea	C-section	37	Female infant: 2450 g, Apgar scores NS. Newborn was healthy.	No	(Baykal <i>et al.</i> 2000)
Interferon alpha (3 million IU/day 5 days a week)	Case report	1	Leukemia (CML)	2 nd First@wk16	None	C-section	38	Infant (sex, body weight and Apgar scores NS). Newborn was normal. [1 st pregnancy]	No	(Conchon <i>et al.</i> 2009)
Interferon alpha (9 million IU/day)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd	Dasatinib (PC, 1 st)	C-section	33	Male infant: 2100 g, Apgar score 9 at 10 minutes. Newborn was	No	(Conchon <i>et al.</i> 2010)

Appendix C Table 22. Interferon alpha – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								healthy with no sequelae or malformations.		
Interferon alpha (3.5 million IU/day)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	40	Male infant: 3450 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no congenital anomalies.	At 8 months, growth was at the 50 th percentile for height, weight, and head circumference.	(Crump <i>et al.</i> 1992)
Interferon alpha (Dose/schedule NS)	Case series	2 of 32 (Pt 1, 22)	Leukemia (CML)	2 nd First@wk 20 Last@wk 27	Hydroxyurea (2 nd)	C-section	36	Twin infants, sex NS: 2390 and 2250 g, Apgar scores of 8 and 9 for both. Both newborns were healthy.	No	(De Carolis <i>et al.</i> 2006)
			Melanoma	2 nd , 3 rd First@wk 26 Last@wk 30	None	C-section	30	Infant, sex NS: 1630 g, Apgar scores 7 and 7. Newborn was healthy.		
Interferon alpha (3 million IU/day)	Case series	1 of 3 (Pt 1)	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	40	Male infant: 3500 g, Apgar scores NS. Newborn had normal phenotype.	No	(Delmer <i>et al.</i> 1992)
Interferon alpha-2b (3 million IU 3 times a week)	Case report	1	Melanoma	1 st , 2 nd , 3 rd	None	Vaginal, induced	36	Twin infants: sex, weight, and Apgar scores NS. Both newborns were healthy.	No	(Egberts <i>et al.</i> 2006)
Interferon alpha (3 million IU 3 times a week)	Case report	1	Hodgkin lymphoma	PC, 1 st , 2 nd	None	Vaginal	NS, near term	Male infant: 3200 g, Apgar scores NS.	At 2 years, the child had developed normally.	(Ferrari <i>et al.</i> 1995)
Interferon alpha (3 million IU 3 times a week)	Case report	1	Leukemia (CML)	3 rd	Imatinib PC, 1 st	Vaginal	39	Female infant: 2950 g, Apgar scores 9 and 10. Newborn was healthy.	At 10 months she was perfectly healthy.	(Garderet <i>et al.</i> 2007)
Interferon alpha-2b (Dose/schedule NS)	Case report	1	Melanoma	PC, 1 st	Dacarbazine (2 nd), Cisplatin (2 nd), Radiation therapy (2 nd , 3 rd) [Calendar dates and weeks of gestation are inconsistent.]	C-section	28+3 days	Intrauterine growth retardation (fetal growth at 3 rd percentile) at 28 weeks gestation. Male infant: 735 g, Apgar scores 6, 8, and 8. Newborn was healthy.	Uneventful age-appropriate development [age NS].	(Gottschalk <i>et al.</i> 2009)
Interferon alpha (Pt1 – 8 million IU 3 times a week; Pt 2- 5 million IU 3 times a week, increased to 8 million IU)	Case series	2 of 2	Leukemia (CML)	2 nd , 3 rd	None	C-section	At term	Infant sex, weight, and Apgar scores NS. Newborn was healthy.	No	(Haggstrom <i>et al.</i> 1996)
				2 nd , 3 rd	None	Vaginal	At term	Infant sex, weight, and Apgar scores NS. Newborn was healthy.		
Interferon beta (2500 IU)	Case report	1	Melanoma	2 nd , 3 rd First@wk 26	Dacarbazine, Nimustine, Vincristine	Vaginal	35	Male infant: 2208 g, Apgar scores NS. Newborn was healthy.	At 32 months, he had no signs of melanoma.	(Ishida <i>et al.</i> 2009)

Appendix C Table 22. Interferon alpha – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Interferon alpha (Pts 1, 3, 4 and 5 – 3 million IU daily; Pt 2 – 3 to 5 million IU daily)	Case series	5 of 5	Leukemia (CML)	2 nd , 3 rd	None	Vaginal	38 or 39	Female infant: birth weight and Apgar scores NS. Newborn was healthy.	At 11 to 96 months, all had normal growth and development	(Klamova <i>et al.</i> 2009)
					None	Vaginal	38 or 39	Female infant: birth weight and Apgar scores NS. Newborn was healthy.		
					Imatinib	Vaginal	38 or 39	Male infant: birth weight and Apgar scores NS. Newborn was healthy.		
					None	Vaginal	38 or 39	Female infant: birth weight and Apgar scores NS. Newborn was healthy.		
					None	Vaginal	38 or 39	Female infant: birth weight and Apgar scores NS. Newborn was healthy.		
Interferon alpha (Pt 1 – 3 million IU, 3 times a week increase to 6 million IU 5 times a week; Pt 2 – 5 million IU, 3 times a week; Pt 3 – Dose/schedule NS)	Case series	3 of 3	Leukemia (CML)	1 st , 2 nd , 3 rd	Imatinib (1 st)	C-section	38	Female infant: 3280 g, Apgar scores NS. Newborn was healthy.	At 44 months, growth and development were normal.	(Koh and Kanagalingam 2006)
				PC, 1 st , 2 nd , 3 rd	None	Vaginal	38	Female infant: 3200 g, Apgar scores NS. Newborn was healthy.	At 46 months, growth and development were normal.	
				2 nd , 3 rd	None	C-section	37	Male infant: 3215 g, Apgar scores NS. Newborn was healthy.	At 4 months, growth and development were normal.	
Interferon alpha (3 million IU a day, increased to 6 million IU a day)	Case report	1	Leukemia (CML)	2 nd , 3 rd First@wk 25	None	Vaginal	37	Male infant: 2630 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy with no congenital anomalies.	At 30 months, growth and development were normal.	(Kuroiwa <i>et al.</i> 1998)
Interferon alpha-2b (4 million IU a day)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	C-section	40 + 3 days	Male infant: 3540 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn was healthy	No	(Lipton <i>et al.</i> 1996)
Interferon alpha (7.5 million IU a day)	Case series	1 of 2 (Pt 1)	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	38	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 1 year, growth and development were normal.	(Mesquita <i>et al.</i> 2005)
Interferon alpha (Pt 1 - 3 million IU 3 times a week; Pt 2 - 2- 6 million IU every other day, increased to daily; Pt 3 - 5 million IU every other day, increased	Case series	3 of 3	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	40	Female infant: 3100 g, Apgar scores NS. Newborn was normal with transient thrombocytopenia.	At 2.5 years, development was normal.	(Mubarak <i>et al.</i> 2002)
				1 st , 2 nd , 3 rd	None	Vaginal	40	Female infant: 3200 g, Apgar scores NS. Newborn was in good condition with no congenital malformations.	She was developing normally [age NS].	
				1 st , 2 nd , 3 rd	None	C-section	35	Fetal growth retardation and	At 4 months, she was in good	

Appendix C Table 22. Interferon alpha – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
to daily								severe oligohydramnios. Female infant: 2150 g, Apgar scores NS. Newborn was normal.	general condition.	
Interferon alpha (Dose, schedule NS)	Survey retrospective	2 of 180 [Only 125 of 180 cases reported pregnancy outcomes]	Leukemia (CML)	NS	Imatinib	NS	NS	Infant: sex, weight, and Apgars NS. Exomphalos, right renal agenesis, hemivertebrae.	No	(Pye <i>et al.</i> 2008) Normal infant (of pt4) was first reported in (Ault <i>et al.</i> 2006)
			Leukemia (CML)	NS	Imatinib	[Vagina]	[36]	Live birth of normal infant. [First reported as infant of pt4 in {Ault, 2006 #53}.	[At 30 months, growth and development were normal.]	
Interferon alpha-2a (3 million IU daily, increased to 4.5 million)	Case report	1	Leukemia (CML)	1 st , 2 nd , 3 rd First@wk 13	None	Vaginal	Term	Male infant: weight and Apgar scores NS. Newborn was healthy with a normal blood count.	No	(Regierer <i>et al.</i> 2006)
Interferon alpha-2c (5 million IU 5 to 7 times a week)	Case report	1	Leukemia (CML)	PC, 1 st , 2 nd , 3 rd	None	Vaginal	Term	Male infant: 3280 g, Apgar score 10 at 5 minutes. Newborn was normal.	At 3 years, growth and neurological development were normal.	(Reichel <i>et al.</i> 1992)
Interferon alpha (3 million IU 3 times a week)	Case report	1	Multiple myeloma	PC, 1 st	None	Vaginal	38	Male infant: 8 lbs 4 oz [3744 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was healthy and showed no fetal abnormalities or abnormal function.	No	(Sakata <i>et al.</i> 1995)
Interferon alpha (9 million IU a day)	Case report	1	Leukemia (CML)	2 nd , 3 rd	Imatinib (PC, 1 st , 2 nd)	Vaginal	39	Male infant: 3160 g, Apgar scores 10, 10, and 10. Newborn was healthy without postnatal complications.	Growth and development have been normal [age NS].	(Skoumalova <i>et al.</i> 2008)
Interferon [assumed to be alpha, but not clear] (Dose/ schedule NS)	Survey, retrospective	1 of 27 (Pt 27)	Melanoma	3 rd First@wk 28	None	C-section	36	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Interferon alpha timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient. IU = international units. CML = chronic myeloid leukemia.</p>										

Appendix C Table 22. Interferon alpha – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
†This case series was not included. Patient 4 from Ault et al. (Ault <i>et al.</i> 2006) was not counted separately in the text tally because it was subsequently reported in Pye et al. (Pye <i>et al.</i> 2008).										

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Methotrexate (intrathecal; dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma (Burkitt)	2 nd	Cyclophosphamide	Hysterectomy	4 th month	Induced abortion: Fetus weighed 1070 g and was without gross abnormality.	NA	(Armitage <i>et al.</i> 1977)
Methotrexate (Dose/schedule NS)	Case series, retrospective	4 of 7 from Table I (Pt 1, 3, 5 and 6)	Leukemia (ALL)	1 st [see note in reference column]	Vincristine, Doxorubicin, 6-Mercaptopurine, Cyclophosphamide	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 19 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration]
			(AML)	1 st	Doxorubicin, 6-Mercaptopurine, Cytarabine	Vaginal	36	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(ALL)	2 nd	Vincristine, Doxorubicin, 6-Mercaptopurine, Cyclophosphamide	Vaginal	38	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			(ALL)	1 st	Vincristine, Doxorubicin, 6-Mercaptopurine, Cyclophosphamide	Vaginal	37	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		6 of 18 from Table III (Pt 3, 8, 12, 13, 14 and 17)	Non-Hodgkin Lymphoma	2 nd	Cyclophosphamide, Doxorubicin, Vincristine, Etoposide	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 15 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Epirubicin, Vincristine, Etoposide, Cytarabine, Bleomycin	Vaginal	37	Male infant: 2850g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				3 rd	Cyclophosphamide, Doxorubicin, Vincristine, Cytarabine	Vaginal	39	Female infant: 3100g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Doxorubicin, Vincristine, Etoposide	Vaginal	37	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Cyclophosphamide, Doxorubicin, Vincristine, Etoposide, Cytarabine, Bleomycin	Vaginal	40	Female infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Cyclophosphamide, Epirubicin, Vincristine, Bleomycin, Cytarabine, Etoposide	Vaginal	40	Male infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Methotrexate (100 – 750 mg/schedule NS)	Case series	9 of 16 (Pt 1, 3, 5, 7, 8, 10, 12, 13 and 14)	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin	NS	35-39 (group range)	Individual pregnancy outcomes were not provided. None of the newborns showed congenital malformations.	At ages ranging from 3 to 11 years, all had normal growth and development.	(Aviles <i>et al.</i> 1990)†
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin					
				3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Etoposide					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin					
				3 rd	Cyclophosphamide, Vincristine, Doxorubicin,					

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				2 nd , 3 rd	Etoposide Cyclophosphamide, Vincristine, Doxorubicin, Cytarabine					
				2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Etoposide, Cytarabine					
				3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Etoposide					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Vincristine, Bleomycin, Etoposide, Cytarabine					
Methotrexate (Dose/schedule NS)	Case series, retrospective	11 of 20 pregnancies [10 of 18 pts] (Pregnancies 2, 3, 6, 7, 8, 10, 12, 13, 15, 16 and 20; 10 and 16 are pregnancies of same pt)	Leukemia (ALL)	1 st , 3 rd	6-Mercaptopurine, Cyclophosphamide	NS	[38]	Male infant: 3000 g, Apgar scores NS. Newborn had no malformations.	At 13 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	(Aviles and Niz 1988)
			(ALL)	1 st , 2 nd , 3 rd	Vincristine, Cyclophosphamide, 6-Mercaptopurine, Cytarabine	NS	[40]	Female infant: 2300 g, Apgar scores NS. Newborn had no malformations.	At 12 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	[This paper included 5 pts (2, 3, 6, 7, and 8) that were first reported in (Pizzuto et al. 1980). We counted them only once using Aviles et al. (Aviles and Niz 1988).]
			(ALL)	1 st , 2 nd , 3 rd	Cytarabine, Vincristine, Cyclophosphamide, 6-Mercaptopurine	NS	[34]	Male infant: 1000 g, Apgar scores NS. Newborn had pancytopenia and no malformations. At 21 days, died of septicemia; blood counts were normal at time of death	No	
			(ALL)	2 nd , 3 rd	Cytarabine, Vincristine, 6-Mercaptopurine	NS	[38]	Female infant: 2400 g, Apgar scores NS. Newborn had no malformations. At 90 days, died of gastroenteritis.	No	

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			(ALL)	1 st , 2 nd , 3 rd	Vincristine, 6-Mercaptopurine, Doxorubicin	NS	NS	Female infant: 1800 g, Apgar scores NS. Newborn had no malformations.	At 8 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			(ALL)	1 st , 2 nd , 3 rd	Vincristine, 6-Mercaptopurine, Doxorubicin	NS	NS	Female infant: 2900 g, Apgar scores NS. Newborn had no malformations. [Pt A, pregnancy 1]	At 7 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			(AML)	1 st , 2 nd , 3 rd	Cytarabine, Vincristine, 6-Mercaptopurine, Doxorubicin	NS	NS	Female infant: 3500 g, Apgar scores NS. Newborn had no malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			(ALL)	2 nd , 3 rd	Vincristine, 6-Mercaptopurine, Doxorubicin, Cyclophosphamide	NS	NS	Female infant: 2700 g, Apgar scores NS. Newborn had pancytopenia and no malformations. At 4 weeks, blood counts and bone marrow samples were normal.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			(ALL)	1 st , 2 nd , 3 rd	Vincristine, 6-Mercaptopurine, Doxorubicin	NS	NS	Male infant: 2600 g, Apgar scores NS. Newborn had no malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			(ALL)	1 st , 2 nd	Vincristine, 6-Mercaptopurine, Doxorubicin	NS	NS	Male infant: 2850 g, Apgar scores NS. Newborn had no malformations. [Pt A, pregnancy 2]	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			(ALL)	1 st , 2 nd , 3 rd	Vincristine, 6-Mercaptopurine, Doxorubicin, Etoposide	NS	NS	Female infant: 2500 g, Apgar scores NS. Newborn had no malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
Methotrexate (30 mg weekly, 2 cycles)	Case series	1 of 5 (Pt 1)	Leukemia (ALL)	2 nd First@wk 17	Vincristine, Asparaginase, Cyclophosphamide,	NS	~39	Female infant: 3200 g, Apgar scores NS. Newborn was normal.	At 40 months, normal development and growth.	(Awidi <i>et al.</i> 1983)

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Methotrexate (80 mg weekly, 6 cycles)	Case series	1 of 3 (Pt 2)	Breast cancer	1 st , 2 nd , 3 rd First@wk7.5 Last@wk28.5	6-Mercaptopurine, Fluorouracil, Radiation therapy (2 nd)	NS	29	Male infant: 820g, Apgar scores NS. Newborn was small for gestational age.	At 8.5 years, hypertelorism, frontal hair whorl, an upsweep of the frontal hairline, microcephaly, low-set ears, micrognathia, and right palmar simean crease. He stutters, has verbal expressive difficulties, and has an intelligence quotient of 70.	(Bawle <i>et al.</i> 1998)
Methotrexate (Dose NS, weekly)	Case series	2 of 2	Leukemia (ALL)	PC, 1 st First@wk3 Last@wk4	6-Mercaptopurine, Vincristine	Vaginal	NA [~6 weeks]	Spontaneous abortion. [No fetal data reported.]	NA	(Bergstrom and Altman 1998)
				PC, 1 st , 2 nd	6-Mercaptopurine, Vincristine	Vaginal, induced	32	Preeclampsia at 32 weeks gestation. Female infant: 4 lb 15 oz [2240 g] , Apgar scores NS. Newborn was premature; she had no abnormalities.	Subsequent exams [age NS] showed no abnormalities.	
Methotrexate (intrathecal; 12 mg, schedule NS)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	3 rd [First@ month 7]	Cyclophosphamide, Vincristine	Vaginal	7 th month (10 days after starting chemotherapy)	Spontaneous preterm labor. Female infant: weight and Apgar scores NS. Newborn was premature, but healthy.	At 3 years, general growth was satisfactory. Hematological parameters, bone marrow, immunoglobulin levels, lymphocyte function and karyotype were within normal levels.	(Berrebi <i>et al.</i> 1983)
Methotrexate (Dose/schedule NS)	Case series, retrospective	1 of 18 (Pt 5)	Leukemia (ALL)	3 rd	Vincristine, 6-Mercaptopurine	NS	NS (no births were premature)	Female infant: 6 lb 3 oz [2772 g] , Apgar scores NS.	At 8 years, normal.	(Blatt <i>et al.</i> 1980)
Methotrexate (intrathecal) (Dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd First@wk 24	Vincristine, Daunorubicin, Asparaginase, Cytarabine (intrathecal)	C-section	30	Female infant: 1266 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn physical examination and hematologic parameters were normal.	No	(Bottsford-Miller <i>et al.</i> 2010)
Methotrexate (Dose NS. Given on	Case report	1	Choriocarcinoma, uterine	NS [First @>20	Etoposide, Actinomycin D,	Vaginal	32	Spontaneous preterm [labor and] delivery.	At 42 months, normal development.	(Brudie <i>et al.</i> 2011)

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
day 1 of 8 day regimen, 4 cycles)				weeks]	Cyclophosphamide, Vincristine			Female infant: 1383g, Apgar scores 8 and 9. Newborn was developmentally normal.		
Methotrexate (intrathecal) (Dose/schedule NS)	Survey, registry	1 of 3 from Table 5	Leukemia (ALL)	2 nd , 3 rd	Cyclophosphamide, Daunorubicin, 6-Mercaptopurine, Vincristine, Cytarabine, Asparaginase	NS	35.5 (Group mean)	Infant sex NS: 2341 g (group mean), Apgar scores NS. Newborn was normal.	At 9 years, normal phenotype. At 41 to 109 months (group range, n=2), no long-term complications; group mean weight was 65 th percentile.	(Cardonick <i>et al.</i> 2010)
Methotrexate (2.5 mg daily, ~6 weeks)	Case report	1	Leukemia (AML)	2 nd [First@wk16 Last@wk 22]	Vincristine, 6-Mercaptopurine (2 nd , 3 rd)	C-section	37	Preeclampsia. Male infant: 6 lb [2724 g], Apgar score 7. Newborn was normal.	At 2 years, no deleterious effects of the chemotherapeutic agents.	(Coopland <i>et al.</i> 1969)
Methotrexate (30 mg IV weekly in PC and 1 st ; "high dose" every 3 weeks (dose NS, 3 rd))	Case report	1	Leukemia (ALL)	PC, 1 st , 3 rd	6-Mercaptopurine (PC, 1 st), Vincristine (PC, 1 st , 2 nd , 3 rd), Cytarabine (3 rd), Doxorubicin (2 nd)	C-section	~36-37	Male infant: 2400 g, Apgar scores NS. Newborn had polycythemia and hyperbilirubinemia, with no congenital defects.	At 6 months, normal growth and development.	(Dara <i>et al.</i> 1981)
Methotrexate (2.5 mg twice daily)	Case series	1 of 3 (Pt 1)	Leukemia (AML)	3 rd (last 3 days of pregnancy)	6-Mercaptopurine, Vincristine	NS	~34	Premature rupture of membranes. Female infant: 2350g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had a cushingoid appearance.	At 8 weeks, height and weight were normal for gestational age.	(Doney <i>et al.</i> 1979)
Methotrexate (42 mg)	Survey, retrospective	1 of 14 (Pt 1)	Breast	3 rd First@wk 37 Last@wk 38	NS	NS	41	Infant sex NS: 3350 g, Apgar scores NS. Newborn was healthy.	At 1 month, pneumonia.	(Donnenfeld <i>et al.</i> 1994)
Methotrexate (Dose/schedule NS)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	2 nd , 3 rd First@wk 18/19	Daunorubicin, Cytarabine, 6-Thioguanine	Vaginal	39	Female infant: weight and Apgar scores NS. Newborn was healthy.	No	(Ebert <i>et al.</i> 1997)
Methotrexate (Dose/schedule NS)	Case Series	2 of 5 (Pt 2 and 3)	Leukemia (AML)	PC, 1 st First @PC Last@ [~wk6]	6-Mercaptopurine, Doxorubicin (1 st), Vincristine (1 st , 3 rd), Daunorubicin (3 rd), Cytarabine (3 rd)	Vaginal	38	Female infant: 2800g, Apgar scores 8 and 10 at 1 and 5 minutes.	At 7 years, normal development.	(Feliu <i>et al.</i> 1988)
			(AMML)	PC, 1 st	6-Mercaptopurine,	Vaginal	38	Male infant: 2750g, Apgar	At 7 years, normal	

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				[Last@~month 2]	Cytarabine (2 nd)			scores 6 and 8 at 1 and 5 minutes.	development.	
Methotrexate (25 mg/day for 5 days for 2 cycles)	Case report	1	Choriocarcinoma, vagina	2 nd	Chlorambucil, Actinomycin D	Vaginal	NS	Twin male infants: 1770 and 1880 g, Apgar scores NS. Newborns appeared normal.	At approximately 2 years, no adverse effects of chemotherapy.	(Freedman <i>et al.</i> 1962)
Methotrexate (15 mg/day, one dose)	Case series	1 of 8 (Pt 6)	Leukemia (AGL)	3 rd	6-Mercaptopurine (2 nd , 3 rd)	Vaginal	NS [near term]	Female infant: 5 lb 4 oz [2382 g], Apgar scores NS. Newborn was normal, clinically and hematologically.	At 17 months, normal and doing well.	(Frenkel and Meyers 1960)
Methotrexate (25 mg/m ² , 1 cycle)	Survey, retrospective	1 of 20 (Pt 2)	Breast	1 st First@wk 6	Epirubicin, Vincristine	NA	NA	Spontaneous abortion. [No fetal data reported.]	NA	(Giacalone <i>et al.</i> 1999)
Methotrexate (Dose/schedule NS; 5 cycles)	Case report	1	Breast	1 st , 2 nd First@wk 6 Last@wk 24	Cyclophosphamide, 5-Fluorouracil	Vaginal	30	Spontaneous preterm labor. Male infant: 1000 g, Apgar scores NS. Newborn appeared normal, apart from respiratory distress and an inguinal hernia.	At 22 months, development was normal according to the Denver Developmental Screening Test.	(Giannakopoulos <i>et al.</i> 2000)
Methotrexate Dose/schedule NS	Case series, retrospective	1 of 14 (Pt 11)	Leukemia (ALL)	7 months [3 rd]	Vincristine	NS	38	Infant sex, weight, and Apgar scores NS. Newborn was normal but small for gestational age	At 14 months, under 5 th percentile for height and weight.	(Gulati <i>et al.</i> 1986)
Methotrexate (Intrathecal; dose NS, Day 1, 2 cycles, 4 weeks apart)	Case report	1	Leukemia (ALL)	3 rd First@wk 30 Last@wk 34	Cytarabine, 6-Mercaptopurine, Daunorubicin (2 nd), Cyclophosphamide (2 nd , 3 rd), Vincristine (2 nd , 3 rd), Asparaginase (2 nd , 3 rd)	Vaginal	36	Transient oligohydramnios. [Spontaneous preterm labor.] Male infant: 2150 g, Apgar scores 2 and 8 at 1 and 5 minutes. Newborn was physically normal. Mild meconium aspiration syndrome required positive airway pressure and oxygen therapy for 4 days. Jaundice was treated with phototherapy. Placenta showed mild chorionitis with multiple small infarcts.	No	(Hansen <i>et al.</i> 2001)

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Methotrexate (Dose/schedule NS, 3 cycles)	Survey, retrospective	1 of 49 from Table 4 (Pt 10)	Breast	2 nd , 3 rd	Cyclophosphamide, 5-Fluorouracil	NS	37	Infant sex, weight and Apgar scores NS. Newborn was alive.	No	(Ives <i>et al.</i> 2005)
Methotrexate (Intrathecal; dose/schedule NS)	Case series	1 of 2 (Pt1)	Leukemia (ALL)	2 nd , 3 rd	Asparaginase, Vincristine, Doxorubicin, Radiation therapy	C-section	34	Spontaneous preterm rupture of the membranes and labor. Male infant: 2080g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal at physical exam, and had normal blood counts.	At 30 months, developing normally.	(Karp <i>et al.</i> 1983)
Methotrexate (Dose NS, once every four weeks)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Vincristine, Cyclophosphamide, 6-Mercaptopurine Doxorubicin (2 nd), Asparaginase (2 nd)	C-section	NS [at term]	Female infant: 3800g, Apgar scores NS. Newborn was clinically normal, with slight leucopenia (resolved after 2 weeks).	At follow up [age NS], child was progressing well with normal blood counts and no neurological disturbances or congenital abnormality.	(Khurshid and Saleem 1978)
Methotrexate, (intrathecal: 10 mg, two injections; schedule NS)	Case report	1	Leukemia (ALL)	3 rd	Cytarabine, Cyclophosphamide, Vincristine (2 nd , 3 rd), 6-Mercaptopurine, (2 nd , 3 rd)	Vaginal	38	Male infant: 6 lb 8.5 oz [2962 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was normal.	At 7 months, he continued to thrive and had a normal karyotype.	(Krueger <i>et al.</i> 1976)
Methotrexate (Dose/schedule NS, 3 cycles)	Case report	1	Breast	2 nd First@wk 16 Last@wk 19	Epirubicin (1 st), 5-Fluorouracil (1 st , 2 nd), Cyclophosphamide (1 st , 2 nd), Radiation therapy (1 st)	Vaginal, induced	19	Induced abortion at gestation wk 19. Male fetus: 280 g (50 th percentile for gestational age). Fetal examination revealed micrognathia, skin syndactyly of the 1 st and the 2 nd fingers of both hands, shortened 2 nd and 3 rd fingers and clinodactyly of the 5 th finger; both feet had a broad forefoot with a short 1 st toe and osseous syndactyly of the 4 th and the 5 th metatarsal bones.	NA	(Leyder <i>et al.</i> 2010)
Methotrexate (intrathecal, 12.5 mg every 2 to 4	Case report	1	[Non-Hodgkin Lymphoma]	3 rd First@wk 35 Last@wk 37	Bleomycin, Doxorubicin (2 nd , 3 rd), Vincristine (2 nd , 3 rd),	Vaginal	37	Female infant: 3750 g, Apgar score 9. Newborn had a normal heart and blood	No	(Lowenthal <i>et al.</i> 1982)

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
days, total of 7 doses)			Burkitt lymphoma		Teniposide (2 nd , 3 rd), Cyclophosphamide (2 nd , 3 rd)			count. No abnormality was detected.		
Methotrexate (intrathecal; dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 26	Vincristine, Asparaginase, Daunorubicin	C-section	32.4	Intrauterine growth restriction. Male infant: 1450 g, Apgar scores 4 and 8 at 1 and 5 minutes. Newborn showed no abnormality in physical examination or laboratory tests.	At 28 months, growing normally.	(Matsouka <i>et al.</i> 2008)
Methotrexate (Dose/Schedule NS for first 2 cycles, 12 mg/m ² daily for 2 days between days 43 to 45, 3rd cycle)	Case report	1	Ewing sarcoma	3 rd	Cyclophosphamide, Vincristine, Doxorubicin	C-section	~7 months	Spontaneous preterm rupture of membranes and labor. Male infant: 2200g, Apgar score 9. Newborn was healthy with normal blood counts.	At 10 weeks, normal growth and development.	(Meador <i>et al.</i> 1987)
Methotrexate (intrathecal, dose/schedule NS)	Case series	2 of 2	Leukemia (ALL)	1 st First@wk 6	Vincristine, Asparaginase, Daunorubicin	Vaginal	NS [~11]	Induced abortion. [No fetal data provided.]	NA	(Molkenboer <i>et al.</i> 2005)
				2 nd First@wk15 [Last@wk18-19]	Vincristine, Asparaginase, Daunorubicin, Cytarabine	Vaginal	22	Stillborn: 400 g (sex NS). [No fetal data provided.]		
Methotrexate (180 mg, 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Vincristine, Doxorubicin, Bleomycin, Etoposide	Vaginal	35.5	Spontaneous preterm labor after last chemotherapy dose. Male infant: birth weight was 75 th percentile for gestational age, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no apparent physical abnormalities.	At 11 months, alive and well.	(Moore and Taslimi 1991)
Methotrexate (Dose/schedule NS, 12 doses over 13	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 18	Bleomycin, Doxorubicin, Cyclophosphamide,	C-section	28	Spontaneous preterm labor at 10 th week of chemotherapy.	At 12 months, apparently healthy.	(Nantel <i>et al.</i> 1990)

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
weeks)					Vincristine			Male infants (twins): weights and Apgar scores NS. Newborns were without apparent malformation or hematologic suppression.		
Methotrexate (intrathecal; 10 mg, twice in first week of chemotherapy)	Case report	1	Leukemia (ALL)	1 st First and Last@wk12	Vincristine (1 st , 2 nd); Asparaginase (2 nd), Cyclophosphamide (2 nd), Daunorubicin (2 nd), 6-Mercaptopurine (2 nd), Radiation therapy (2 nd)	C-section	31	Premature rupture of membranes. Female infant: 2380 g, Apgar score 8 at 5 minutes. Newborn was normally developed, but hydropic and had an enlarged liver and spleen. She had a petechial rash on her abdomen and extremities and slight cardiomegaly. She experienced transient severe myelosuppression requiring transfusions (resolved after ~3 weeks). She was treated with digitalis and diuretics for congestive heart failure.	At 1 year, developmental status was normal.	(Okun <i>et al.</i> 1979)
Methotrexate (Dose/schedule NS)	Cohort, retrospective	1 of 14 from Tables 3 and 4 (Pt 12)	Breast	1 st First@wk 5 Last@wk 8	Cyclophosphamide, 5-Fluorouracil	NA	NA	Fetal death at gestation week 25. No malformations.	NA	(Peres <i>et al.</i> 2001)
Methotrexate (Schedule NS, total doses, Pt 2=725 mg, Pt 3=1000 mg, Pt 6=600 mg, Pt 7=600 mg, Pt 8=150 mg)	Case series	5 of 9 from Table 2 (Pts 2,3,6,7,8)	Leukemia (ALL)	1 st , 3 rd	6-Mercaptopurine, Cyclophosphamide	Vaginal	38	Male infant: 3000 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 7 years, alive and healthy.	(Pizzuto <i>et al.</i> 1980)† [This case series is included in Aviles <i>et al.</i> 1988 (Aviles and Niz 1988), thus we did not count the
				1 st , 2 nd , 3 rd	Vincristine, Cyclophosphamide, 6-Mercaptopurine, Cytarabine	Vaginal	40	Female infant: 2300 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 6 years, alive and healthy.	
				1 st , 2 nd , 3 rd	Cytarabine, 6-Mercaptopurine, Vincristine,	C-section	34	Male infant: 1000 g, Apgar scores NS. Newborn had no apparent congenital	At 21 days, died from septicemia.	

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Cyclophosphamide			malformations but was pancytopenic.		original case series separately.]
				2 nd , 3 rd	Cytarabine, 6-Mercaptopurine, Vincristine	Vaginal	38	Female infant: 2400 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 90 days, died from gastroenteritis.	
				1 st , 2 nd , 3 rd	Vincristine, Doxorubicin, 6-Mercaptopurine	C-section	33	Female infant: 1900 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 16 months, alive and healthy.	
Methotrexate (40 mg/m ² days 1 and 8, 4-8 cycles, 4 weeks apart)	Survey, retrospective	1 of 28	Breast	1 st	Cyclophosphamide, 5-Fluorouracil	NA	NA	Spontaneous abortion after 1 st cycle of chemotherapy. No fetal data reported.	NA	(Ring <i>et al.</i> 2005)
		11 of 28	Breast	2 nd and/or 3 rd First@wk 15-30 (group range)	Cyclophosphamide, 5-Fluorouracil	NS	37 (median; 30-40, group range)	Intrauterine growth restriction due to placental insufficiency was observed in one pregnancy. Individual pregnancy outcomes were not provided. There were no congenital malformations, and none of the infants had a birthweight lower than the 10 th percentile for gestational age. Another child had a hemangioma on his abdomen deemed not causally related to chemotherapy. Two infants had respiratory distress.	No	
Methotrexate (intrathecal: 10 mg/m ² on days 31, 28, 45, and 52, then oral: 20 mg/m ² weekly)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Daunorubicin (2 nd), Vincristine (2 nd), Asparaginase (2 nd), Cyclophosphamide, 6-Mercaptopurine, Cytarabine, Radiation therapy	Vaginal	40	Female infant: weight and Apgar scores NS. Newborn showed no abnormalities. Cytogenetic analysis of lymphocytes showed a normal karyotype, but some chromosome breakage and a ring chromosome.	No	(Schleuning and Clemm 1987)
Methotrexate	Case series	2 of 2	Leukemia	2 nd , 3 rd	6-Mercaptopurine,	C-section	37	Male and female infants	At 54 months, both children	(Turchi and

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
(Pt 1: 15 mg oral for 5 days, 7 cycles 2 weeks apart; Pt 2: Dose/schedule NS)			(ALL)	[First@wk27]	Daunorubicin (2 nd), Vincristine, Asparaginase (2 nd)			(twins): 2500g (male) and 2400g (female), Apgar scores NS. Both newborns were normal at physical examination with normal T-cell populations. At 24 hours, both newborns had diarrhea and were lethargic, the female was also hypotonic; full recovery was completed by 2 weeks.	are normal with no evidence of immunologic suppression.	Villasis 1988)
			Breast	3 rd	Doxorubicin (1 st , 2 nd , 3 rd); Cyclophosphamide (1 st , 2 nd , 3 rd), 5-Fluorouracil (1 st , 2 nd , 3 rd)	C-section	35	Elevation of blood pressure to 150/100. Female infant: 2260g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn had normal T-cell activity and showed no evidence of abnormality.	At 36 months, normal growth and development.	
Methotrexate (Intrathecal: 15 mg weekly x 3)	Case report	1	Leukemia (ALL)	2 nd , 3 rd [First@wk 27 Last @wk30]	Cyclophosphamide, Daunorubicin (2 nd), Vincristine (2 nd), Cytarabine, 6-Thioguanine, Amsacrine(3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn's physical exam was unremarkable with normal cerebral ultrasound, hearing, and echocardiography. He exhibited transient neonatal myelosuppression that was treated and resolved by day 20.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
Methotrexate (Intrathecal: 15 mg on days 1,8,15, 29, 43; 5000 mg/m ² intravenous on days	Survey, retrospective	1 of 62 [62 pt received chemotherapy while	NS	2 nd , 3 rd First@wk 24 Last@wk 32	Vincristine, Daunomycin, Cyclophosphamide, Asparaginase, Mercaptopurine	NS	NS	Infant sex, weight, and Apgar scores NS. Hemangioma.	No	(Van Calsteren <i>et al.</i> 2010)

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
29 and 43; 25 mg/m ² oral on day 36)		pregnant; the total number of pts receiving methotrexate was not provided.]								
Methotrexate (40 mg/m ² for 2 days, 2 cycles, 3 weeks apart)	Case report	1	Breast	3 rd First@wk 30 Last@wk 33	Vincristine, Doxorubicin	Vaginal	33	Spontaneous preterm labor. Female infant: 2000 g, Apgar score 8. Newborn was normal but soon developed apnea, asystole and hyaline membrane disease (day 3); these were successfully treated. Chromosomal analysis showed no breaks or excess numerical abnormalities. Placenta had diffuse chorioamnionitis with infiltration by polymorphonucleated cells.	At 12 months, healthy and doing well.	(Willems <i>et al.</i> 1990)
Methotrexate (Dose/schedule NS)	Cohort, retrospective	3 of 21 from Table 1 (Pt 1, 3, and 19)	Breast	1 st	Cyclophosphamide, 5-Fluorouracil	NA	NA	Spontaneous abortion. No fetal data reported.	No	(Zemlickis <i>et al.</i> 1992)
				1 st	Cyclophosphamide, 5-Fluorouracil, Vincristine, Tamoxifen	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was alive and well with no malformations.		
				3 rd	Cyclophosphamide, 5-Fluorouracil	NS	NS	Infant sex, weight and Apgar scores NS. Newborn had intrauterine growth retardation, but was alive and well with no malformations.		

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Methotrexate timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

Appendix C Table 23 Methotrexate – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
<p>NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoblastic leukemia. AML = acute myeloblastic leukemia. AMML = acute myelomonocytic leukemia. †Papers not included in text analysis. In order to avoid counting the same cases more than once, we did not include the following studies: (Pizzuto <i>et al.</i> 1980, Aviles <i>et al.</i> 1990). The cases in Aviles et al. (Aviles <i>et al.</i> 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles <i>et al.</i> 1991). The five patients from Table 2 in Pizzuto et al. (Pizzuto <i>et al.</i> 1980) was not included because they were included Aviles et al. (Aviles and Niz 1988).</p>										

Appendix C Table 24 Mitoxantrone – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

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Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Mitoxantrone (Dose/schedule NS)	Case series, retrospective	3	Leukemia, acute	NS	Cytarabine	NS	NS	Birth weight: 3085 g (median), 2800 – 4300 g (group range). Individual data and outcomes NS.	In this long-term follow-up of 84 children ranging from 6 to 29 years, learning and educational performances were normal, and no congenital, cytogenetic, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001)
Mitoxantrone (Dose/schedule NS, 1 st cycles of consolidation therapy)	Case report	1	Leukemia (APL)	2 nd or 2 nd , 3 rd	Behenoyl –ara-C, Daunorubicin, 6-Mercaptopurine, Cytarabine	C-section	34	Female infant: 2960 g, Apgar scores NS. Newborn was healthy.	At 16 months, no abnormalities.	(Azuno <i>et al.</i> 1995)
Mitoxantrone (10 mg/m ² on days 2 and 3)	Case report	1	Leukemia (AML)	2 nd First@wk 22	Cytarabine, Idarubicin, Fludarabine, Gemtuzumab-Ozogamicin (2 nd , 3 rd)	C-section	33	Fetus developed cardiomyopathy, transient cerebral ventriculomegaly, and intrauterine growth restriction after initiation of chemotherapy. Male infant: 1695 g, Apgar scores 8 and 9 at 5 and 10 minutes. Newborn was anemic and required ventilation but adapted fast and showed no abnormalities and no clinical signs of dysmorphism.	At 6 months, no residual signs of cardiomyopathy or hydrocephalus.	(Baumgartner <i>et al.</i> 2009)
Mitoxantrone (Dose/schedule NS)	Cohort, retrospective	2 of 37 from Table 1 (Pts 25, 28) [see note in reference column]	Leukemia (AML)	1 st (Diagnosis @wk 13)	Daunorubicin, Cytarabine	NS	NS	Spontaneous abortion (fetus had died). [No fetal autopsy data provided.]	NA	(Chelghoum <i>et al.</i> 2005) [In addition, pt 32 was not included because it was not possible to determine if she received chemotherap

Appendix C Table 24 Mitoxantrone – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
										y during pregnancy.]
			Leukemia (AML)	2 nd (Diagnosis @wk 16)	Daunorubicin, Cytarabine	NA	NS	Induced abortion. [No fetal autopsy data provided.]	NA	
Mitoxantrone (Dose/schedule NS)	Case series	1 of 2 (Pt 1)	Leukemia (AML)	3 rd First@wk 28	Daunorubicin, Cytarabine (2 nd , 3 rd)	C-section	29 +3	Oligohydramnios and intrauterine growth restriction noted at 25 weeks gestation and fetal tachycardia at 29 weeks gestation. Female infant: 857 g, Apgar scores 4 and 6 at 1 and 5 minutes. Newborn required resuscitation and, was placed on mechanical ventilation and antibiotics. She showed hyponatremia, hypoglycemia, seizures, neutropenia, anemia, thrombocytopenia, bilateral hydronephrosis with dilation of the proximal ureter of the left kidney, and an intracranial hemorrhage (resolved after 1 month of age). Hematologic derangement resolved after 7 days of therapy.	She developed "failure to thrive", but started to gain weight after 3 months.	(Garcia <i>et al.</i> 1999)
Mitoxantrone (12 mg/m ² , 2 cycles)	Survey, retrospective	2 of 20 (Pt 7, 10)	Breast	2 nd , 3 rd First@wk 25	5-Fluorouracil, Cyclophosphamide	C-section	33	Infant sex and weight NS, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no malformations but suffered respiratory distress.	At 12 months, alive and well.	(Giacalone <i>et al.</i> 1999)
				2 nd , 3 rd First@wk 27	5-Fluorouracil, Cyclophosphamide	C-section	33	Infant sex and weight NS, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn had no malformations but had intrauterine growth restriction.	At 32 months, alive and well.	
Mitoxantrone (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd , 3 rd First@wk 26	6-Thioiguanine (2 nd), Cytarabine, Daunorubicin (2 nd), ATRA (2 nd)	Vaginal, induced	35	Female infant: 2490 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was healthy with no physical abnormalities.	At 4 months, there were no developmental complications.	(Giagounidis <i>et al.</i> 2000)

Appendix C Table 24 Mitoxantrone – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Mitoxantrone (6 mg/m ² daily for 5 days)	Case report	1	Leukemia (AML)	2 nd First@wk 20	6-Mercaptopurine	C-section	35+4 days	Preterm labor at beginning of 3 rd trimester was treated and resolved. Premature rupture of membranes at 35+4 weeks gestation. Male infant: 1882 g, Apgar scores NS. Newborn had no anomalies or chromosome abnormalities but was thrombocytopenic and leukocytopenic.	No	(Gondo <i>et al.</i> 1990)
Mitoxantrone (7.5 mg/m ² daily for 5 days)	Case report	1	Leukemia (AML)	2 nd	Cytarabine, Daunorubicin, Etoposide	C-section	36	Intrauterine growth restriction. Intermittent sinusoidal fetal heart rate patterns at 36 weeks of gestation [fetal distress]. Male infant: 1046 g, Apgar scores 2 and 7 at 1 and 5 minutes. Newborn was underweight and pancytopenic.	At 2 months, he was in good health	(Hsu <i>et al.</i> 1995)
Mitoxantrone (Dose/schedule NS)	Cohort, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-ara-c, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Cytarabine, Cycloctidine, ATRA, Vincristine, Idarubicin, Asparaginase	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†
Mitoxantrone (20 mg/day for 5 days, 3 weeks later, 2 daily doses of 10 mg)	Case report	1	Non-Hodgkin lymphoma	NS [2 nd , 3 rd First @27 wk]	Cyclophosphamide, Vincristine	C-section	31	Low biophysical profile score and abnormal cardiotocogram. Male infant: 1700 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn was viable with no evidence of hematological suppression. Respiratory distress syndrome due to prematurity	At 14 months, fit and well.	(Mavrommati <i>et al.</i> 1998)

Appendix C Table 24 Mitoxantrone – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								was successfully treated.		
Mitoxantrone (12 mg/m ² on days 3 and 12 of 12 day cycle)	Case series	2 of 2	Leukemia (AML)	2 nd , 3 rd First@wk 25	Cytarabine, Thioguanine, Daunomycin	C-section	34	Male infant: 2220 g, Apgar scores 3, 6, and 8 at 1, 5, and 10 minutes. Newborn required intubation for 7 minutes, but was otherwise normal.	Follow up was uneventful [age NS].	(Requena <i>et al.</i> 1995)
				2 nd , 3 rd First@wk 20	Cytarabine, Thioguanine, Daunomycin	C-section	34	Female infant: 2100 g. Apgar scores 6, 7, and 9 at 1, 5, and 10 minutes. Newborn was had no phenotypic anomalies.	Follow-up was satisfactory [age NS].	
Mitoxantrone (12 mg/m ² days 1-3)	Case report	1	Leukemia (AML)	2 nd , 3 rd	Cytarabine, Daunorubicin (2 nd), Idarubicin (3 rd)	Vaginal, induced	NS	Stillborn, sex NS: 2200 g. No obvious congenital malformations. No fetal autopsy performed.	NA	(Reynoso and Huerta 1994)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Mitoxantrone timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphocytic leukemia. AML = acute myeloid leukemia. APL = acute promyelocytic leukemia. ATRA = all-trans retinoic acid. Behenoyl-ara-c = behenoyl cytosine arabinoside.</p> <p>†Paper not included in text analysis. The retrospective cohort study by Kawamura <i>et al.</i> (Kawamura <i>et al.</i> 1994) was not included in the text analysis because it did not include individual data on treatments or pregnancy outcomes.</p>										

Appendix C Table 25. Nitrogen Mustard – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

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Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Nitrogen Mustard (Dose/schedule NS)	Case series, retrospective	7 of 14 from Table II (Pts 1,5,7,8,9,10, 14)	Hodgkin lymphoma	1 st [see note in reference column]	Vincristine, Procarbazine	C-section	38	Male infant: 4500 g. Newborn had no congenital malformations.	At 17 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
				2 nd	Vincristine, Procarbazine	Vaginal	39	Male infant: 4000 g. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Procarbazine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	Vaginal	38	Female infant: 2500 g. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Vincristine, Procarbazine	Vaginal	37	Male infant: 3100 g. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Procarbazine	Vaginal	39	Male infant: 4000 g. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Procarbazine	Vaginal	40	Female infant: 3200 g. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Vincristine, Procarbazine	Vaginal	36	Female infant: 3200 g. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Nitrogen Mustard (0.3 mg/kg, schedule NS)	Case series, retrospective	1 of 84 [Only 1 pt received]	Hodgkin lymphoma	1 st First@month2	Radiation therapy	NS	NS	Infant: sex, weight, Apgar scores NS. Newborn was healthy.	At 2 months, living and well.	(Barry <i>et al.</i> 1962)

Appendix C Table 25. Nitrogen Mustard – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		chemotherapy during pregnancy.]								
Nitrogen Mustard (Dose/schedule NS)	Case series, retrospective	2 of 24 (Pt 15 and 16)	Hodgkin lymphoma	1 st	Radiation therapy, Vincristine, Procarbazine	NA	NA	Induced abortion in 1 st trimester. No fetal data reported.	NA	(Blatt <i>et al.</i> 1980)
			Hodgkin lymphoma	1 st	Vincristine, Procarbazine	NS	No births were premature	Male infant: 7 lb 12 oz [3514 g], Apgar scores NS. Newborn was normal.	No	
Nitrogen Mustard (0.4 mg/kg, 3 cycles)	Case series	1 of 27 [only 1 pregnant pt receiving nitrogen mustard]	Hodgkin lymphoma	PC, 1 st	None	NS	NS [~5th month]	Infant: 1 lb 6 oz [1076 g]; sex and Apgars scores NS. [No malformations reported.] Died 2 days after birth.	No	(Boland 1951)
Nitrogen Mustard (Dose/schedule NS)	Case series	1 of 14	Hodgkin lymphoma	From the 6 th month [2nd, 3rd]	Vincristine, Procarbazine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was premature, but normal.	No	(Carcassonne 1981) [†]
Nitrogen Mustard (Pt 1-0.6 mg/kg, 3 cycles) (Pt 2-0.4 mg/kg, 2 cycles)	Case series	2	Hodgkin lymphoma	2 nd	Radiation therapy	C-section	Term	Male infant: 6 lb 2 oz [2780 g], Apgar scores NS. Newborn was normal.	At 19 months, he showed normal development.	(Deuschle and Wiggins 1953)
				2 nd	Radiation therapy	Vaginal	7 months	Female infant, 4 lb 11 oz [2124 g], Apgar scores NS. Newborn developed jaundice, hepatomegaly, and anemia but progressively improved.	At 10 months, she appeared to have developed normally.	
Nitrogen Mustard (Dose/schedule NS)	Case series	1 of 18 (Pt 8)	Hodgkin lymphoma	PC, 1 st	Vincristine, Procarbazine	NS	NS	Female infant: 3000 g, Apgar scores NS. Newborn was healthy.	At 3 months, the infant died of severe gastroenteritis.	(Dilek <i>et al.</i> 2006)
Nitrogen Mustard (Dose/schedule NS, 6 cycles)	Case report	1	Hodgkin lymphoma	PC, 1 st	Vinblastine, Procarbazine	Vaginal	24	Male infant: weight and Apgar scores NS. Newborn had only 4 toes on each foot with webbing of the third and fourth toes of the right foot. Right pinna appeared to be slightly abnormal and there was bowing of the right tibia. A large hemorrhage was found in the right cerebral hemisphere.	No	(Garrett 1974)
Nitrogen Mustard (Dose/schedule NS)	Case report	1	Leukemia (ALL)	PC, 1 st [First@ conception]	6-Mercaptopurine (1 st)	NA	NA	Spontaneous abortion [within 1 month after treatment initiated]. Fetus was grossly normal, no	NA	(Hoover and Schumacher 1966)

Appendix C Table 25. Nitrogen Mustard – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								histological evaluation performed.		
Nitrogen Mustard (Dose/schedule NS)	Case report	1	Hodgkin lymphoma	3 rd First@wk 28	Vinblastine, Procarbazine	Vaginal	31	Spontaneous preterm labor. Infant: 1420 g, sex and Apgar scores NS. Newborn had mild anemia but otherwise thrived.	No	(Johnson and Filshie 1977)
Nitrogen Mustard (10 mg twice per 4 week cycle, 2 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 26	Vincristine, Procarbazine	Vaginal	38	Male infant: 3110 g, Apgar score 9 at 1 minute. Newborn was normal with a full head of hair.	At 3 months, he showed normal growth and development.	(Jones and Weinerman 1979)
Nitrogen Mustard (Dose/schedule NS)	Cohort, retrospective	1 of 2	Hodgkin lymphoma	1 st	Vincristine, Procarbazine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had hydrocephaly and died at 4 hours.	NA	(Lishner <i>et al.</i> 1992)†
Nitrogen Mustard (4 mg)	Case report	1	Hodgkin lymphoma	1 st	Vincristine, Procarbazine	Hysterotomy	~ 13	Male fetus, 89 g, with no obvious abnormalities. Internal examination revealed that the kidneys were markedly reduced in size and were malpositioned. Other organs were within normal limits.	NA	(Mennuti <i>et al.</i> 1975)
Nitrogen Mustard (6 mg/m ² , 2 cycles)	Case report	1	Hodgkin lymphoma (Pt was also HIV positive)	2 nd	Vincristine, Procarbazine, Doxorubicin, Bleomycin, Vinblastine	Vaginal	NS	Female infant: weight and Apgar score NS. Condition of newborn NS.	At 2 years, she was HIV positive but at expected weight and height for her age. (Mother was HIV positive.)	(Okechukwu and Ross 1998)
Nitrogen Mustard (Dose/schedule NS)	Cohort, retrospective	1 of 14 (Pt 14)	Hodgkin lymphoma	1 st First@wk 3 Last@wk 7	Vincristine, Procarbazine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	NA	18	Induced abortion: Fetus had no malformations but toxic degenerative changes were present in the liver and kidneys; placenta had villus degeneration and vascular toxic degeneration.	NA	(Peres <i>et al.</i> 2001)
Nitrogen Mustard (19.25 mg over 4 days)	Case series	1 of 8 (Pt 7)	Hodgkin lymphoma	1 st	None	Vaginal	Term	Infant, sex, weight, Apgar scores NS. Newborn was normal.	No	(Riva <i>et al.</i> 1953)
Nitrogen Mustard (20 mg iv, 5 doses and 10 mg, 1 dose)	Case series	1 of 4 (Pt 16)	Hodgkin lymphoma	2 nd , 3 rd	Chlorambucil, Radiation therapy	Vaginal	>8 months	Female infant: 5 lb 1 oz [2298 g], Apgar scores NS. Newborn was normal.	At 2 months, she was well.	(Smith <i>et al.</i> 1958)
Nitrogen Mustard	Case report	1	Hodgkin	1 st	Doxorubicin,	NA	14	Induced abortion: Fetus was	NA	(Thomas and

Appendix C Table 25. Nitrogen Mustard – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(12 mg)			lymphoma	First@wk 4 Last@wk 12	Vincristine, Procarbazine (PC, 1 st)			absent 1 digit on the right foot, no cardiac tissue was recoverable, karyotype was normal.		Andes 1982)† (Abstract only)†
Nitrogen Mustard (6 mg/m ² , 2 or 3 cycles)	Cohort, retrospective	2 of 62	NS	2 nd , 3 rd First@wk 25 Last@wk 33	Vincristine, Procarbazine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had pectus excavatum.	No	(Van Calsteren <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 26 Last@wk 30		NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had bilateral partial syndactyly, digits II-III.		
Nitrogen Mustard (Dose/Schedule NS)	Cohort-retrospective	3 of 21 (Pts 4, 5 and 6)	Hodgkin lymphoma	1 st	Procarbazine, Vincristine	NA	NS	Spontaneous abortion. [No fetal data provided.]	NA	(Zemlickis <i>et al.</i> 1992)
				1 st	Procarbazine, Vincristine	NA	NS	Induced abortion. [No fetal data provided.]		
				1 st First@wk 4	Procarbazine Vincristine	NS	NS	Infant, sex, weight, Apgar scores NS. Newborn died at 4 hours with hydrocephalus.		
Nitrogen Mustard (In 1 st trimester -0.1 mg/kg total divided between 2 doses; in 3 rd trimester, second course divided between 3 dose)	Case report	1	Hodgkin lymphoma	1 st , 3 rd	X-rays (1 st , 2 nd , 3 rd)	C-section	>8.5 months	Male infant: 6 lbs 5 oz [2864 g] , Apgar scores NS. Newborn was bronchoscoped for excess mucous and response was sluggish for first few hours. He then progressed very well without any gross stigmata.	At 8 months, he was apparently normal.	(Zoet 1950)
Nitrogen Mustard (Dose/schedule data limited - Table 1: Pt 33 - 4 cycles)	Survey, retrospective	1 of 48 (Table 1 – Pt 33)	Hodgkin lymphoma	PC, 1 st , 2 nd	Vincristine, Procarbazine [paper said cyclophosphamide rather than procarbazine] , Vinblastine (2 nd , 3 rd)	NS	40	Infant: 3400 g, sex and Apgar scores NS. Newborn was normal.	No	(Zuazu <i>et al.</i> 1991)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Nitrogen Mustard timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA = Not Applicable. NS = Not Specified. Pt = patient.

Appendix C Table 25. Nitrogen Mustard – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference

†Papers not included in text analysis of nitrogen mustard: (Carcassonne 1981, Lishner *et al.* 1992) and (Thomas and Andes 1982). The case report by Carcassonne *et al.* (Carcassonne 1981) was not included because the authors provided insufficient detail regarding the individual treatments, timing of exposure and pregnancy outcomes of patients treated for Hodgkin disease while pregnant. The retrospective cohort study by Lishner *et al.* (Lishner *et al.* 1992) was not included because it did not provide individual data on treatment and timing of exposure during pregnancy. Also, the infant born with hydrocephaly reported in Lishner *et al.* (Lishner *et al.* 1992) was previously reported by Zemlickis *et al.* (Zemlickis *et al.* 1992), which is included in our text analysis. We did not include abstracts in the text analysis (Thomas and Andes 1982).

Appendix C Table 26. Paclitaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 26. Paclitaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Paclitaxel (60 mg/m ² weekly for 5+ weeks)	Case report	1	Lung	2 nd	Carboplatin	C-section	30	Spontaneous preterm labor. Male infant: weight and Apgar scores NS. Newborn was healthy with no evidence of metastasis.	At 5 months, development was normal.	(Azim <i>et al.</i> 2009b)
Paclitaxel (175 mg/ m ² two times separated by 3 weeks)	Case report	1	Breast	2 nd , 3 rd First@wk 25+6 days Last@wk 28+5 days	Trastuzumab	C-section	32	Oligohydramnios, fetal renal failure, and cessation of fetal abdominal growth. Male infant: 1460 g, Apgar scores NS. Newborn had bacterial sepsis with hypotension, transient renal failure, respiratory failure requiring mechanical ventilation (until age 6 days), and transient hyperchondensities in renal parenchyma (resolved by age 28 days). Discharged by 6 weeks of age in healthy condition.	At 12 weeks, development was normal.	(Bader <i>et al.</i> 2007b)
Paclitaxel (Dose/schedule NS)	Survey, registry	8 of 104 fetuses from Table 2	Breast	2 nd , 3 rd	Doxorubicin Cyclophosphamide, 5-fluorouracil, Docetaxel	NS	35.9 (group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS. Seven newborns had no malformations and one newborn had pyloric stenosis as well as neutropenia. One infant each had intrauterine growth retardation and hyperbilirubinemia.	At 0.2 to 7.3 years (n=7), all children were normal phenotype. At 42 months (group mean, n=93), no long-term complications; group mean weight was 48 th percentile.	(Cardonick <i>et al.</i> 2010)
Paclitaxel (Pt 1- 175 mg/m ² 3 cycles. Pt 2- 175 mg/m ² , 1 cycle. Pt 3- 175 mg/m ² , 2 cycles)	Case series	3 of 3	Cervix	2 nd , 3 rd First@wk 26 Last@wk 32	Cisplatin	C-section	35+5	Female infant: 2570 g, Apgar scores NS. Newborn showed no signs of toxicity.	At 3 months, well and healthy.	(Chun <i>et al.</i> 2010)
				3 rd Only@wk 30	Carboplatin	C-section	33+3	Male infant: 2190 g, Apgar scores NS. Newborn showed no signs of toxicity.	At 48 months, normal development.	
				3 rd First@wk 31 Last@wk 34	Cisplatin	C-section	36+5	Male infant: 2600 g, Apgar scores NS. Newborn had no abnormalities.	At 5 years, normal development.	

Appendix C Table 26. Paclitaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Paclitaxel (120 mg/m ² biweekly for 5 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 24+5 days	Carboplatin	C-section	36	Female infant: 2062 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn showed no serious effects of chemotherapy.	At 40 months, the infant remained healthy with no serious problems.	(Doi <i>et al.</i> 2009)
Paclitaxel (175 mg/m ² every 3 weeks from 25 th to 32 nd week)	Case report	1	Breast	2 nd , 3 rd First @wk 25 Last@wk 32	Epirubicin (2 nd)	C-section	36	Female infant: 2280 g, Apgar score 9 at 5 minutes. Infant's stay in the neonatal ward was uneventful.	At 36 months, the infant showed normal development and growth.	(Gadducci <i>et al.</i> 2003)
Paclitaxel (175 mg/m ² every 3 weeks for 3 cycles)	Case report	1	Lung	2 nd , 3 rd First@wk 21 Last@wk 27	Cisplatin	C-section	30	Brain metastases led to tonic-clonic seizures. Male infant: 1720 g, Apgar scores 3 and 4 at 1 and 5 minutes. The newborn developed acute respiratory stress syndrome that warranted invasive mechanical ventilation for 24 h. A pediatric evaluation failed to demonstrate any hearing, thyroid, adrenal or congenital abnormalities in the infant.	At 15 months, infant was well with normal development and growth.	(Garcia-Gonzalez <i>et al.</i> 2008)
Paclitaxel (80 mg/m ² weekly for 12 weeks)	Case report	1	Breast	2 nd , 3 rd First@wk 21 Last@wk 33	Doxorubicin (1 st , 2 nd), Cyclophosphamide (1 st , 2 nd)	C-section	37	Preeclampsia. Male infant: 5.4 lbs [2452 g], Apgar scores 9 at 1, 5, and 10 minutes. The newborn was normal.	At 12 months, the infant revealed normal physical development and growth.	(Gonzalez-Angulo <i>et al.</i> 2004)
Paclitaxel (175 mg/m ² every 3 weeks for 3 cycles [Figure 4 suggests every 4 weeks])	Case report	1	Ovary	2 nd , 3 rd First@wk 25 Last@wk 32	Carboplatin	C-section	35	Male infant: 2450 g, Apgar scores 9/10/10. Newborn was healthy. He showed minor respiratory distress and mild anemia, but no neurologic, psychomotor, or developmental abnormalities.	At 20 months, he showed no abnormalities.	(Hubalek <i>et al.</i> 2007)
Paclitaxel (Dose/schedule NS)	Cohort, retrospective	7 of 72	Breast	2 nd or 3 rd	Cyclophosphamide, 5-Fluorouracil, Paclitaxel, Cisplatin	NS	NS	Individual pregnancy outcomes were not provided. No congenital malformations were diagnosed in the newborns.	No	(Ibrahim <i>et al.</i> 2000)†
Paclitaxel (75 mg/m ² , 2 cycles two weeks apart)	Case series	2 of 2	Cervix	3 rd First@wk 28 Last@wk 30	Cisplatin	C-section	34	Preterm labor at 29 weeks gestation+3 days was treated, subsided.	At 21 months, normal development.	(Li <i>et al.</i> 2011)

Appendix C Table 26. Paclitaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Male infant: 2200 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no malformations and no evidence of metabolic or hematologic abnormality.		
				3 rd First@wk 30 Last@wk 32	Cisplatin	C-section	34	Male infant: 2200 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn had no malformations.	At 13 months, in good general condition.	
Paclitaxel (175 mg/ m ² every 2 weeks for 4 cycles)	Case report	1	Breast	3 rd First@wk 30 Last@wk 36	Doxorubicin and Cyclophosphamide (2 nd , 3 rd)	C-section	38	Transient uterine contractions after 2 nd cycle of chemotherapy. Twin infants, sexes not given: 2354 g, 2426 g, Apgar scores 7 and 8 at 1 and 5 minutes, 8 and 9 at 1 and 5 minutes. Newborns were healthy.	At 16 months, they were in good health.	(Lycette <i>et al.</i> 2006)
Paclitaxel (175 mg/ m ² day 1 q 21 [every 3 weeks] for 5 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 22 Last@wk 35	None	C-section	38	Infant, sex NS: 2490 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 16 months, the baby showed no evidence of neurologic, renal, growth, or hematologic sequelae.	(Mantovani <i>et al.</i> 2007)
Paclitaxel (175 mg/ m ² every 3 weeks for 6 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 16-17 Last@wk 32.5	Carboplatin	C-section	35	Infant, sex NS: 2500 g, Apgar scores 9, 9, and 9 at 1, 5, and 10 minutes. Newborn had normal physical examination and laboratory tests.	At 15 months, the baby had no evidence of neurologic, renal, growth, or hematologic sequelae.	(Mendez <i>et al.</i> 2003)
Paclitaxel (dose and schedule NS, 4 cycles)	Case report	1	Ovary	3 rd First@wk 22 Last@wk 35	Carboplatin	C-section	35	Male infant: 2600g, Apgar scores 9 at 1 and 5 minutes. Newborn was healthy.	At 6 months, the baby showed no evidence of neurologic, renal-growth, or hematologic sequel.	(Modares Gilani <i>et al.</i> 2007)
Paclitaxel (90 mg/ m ² on days 1, 8, 15 of a 28 day cycle, 6 cycles)	Case series.	1 of 5 (Pt D)	Breast	3 rd	None	C-section	38	Infant sex, weight, and Apgar scores NS. Newborn was healthy.	No	(Morris <i>et al.</i> 2009)
Paclitaxel (175 mg/mq [?] in a single treatment)	Case report	1	Cervix	2 nd	Cisplatin (2 nd , 3 rd)	C-section	35	Female infant: 2400 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn in good health and showed no sign of any metabolic or hematologic abnormality. The auditory brain stem evoked potential test was	At 10 months, the infant was in good general health.	(Palaia <i>et al.</i> 2007)

Appendix C Table 26. Paclitaxel – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								normal.		
Paclitaxel (135 mg/m ² every 4 weeks for 5 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 14 Last@wk 30	Cisplatin	C-section	34	Persistent pregnancy-induced hypertension at 32 weeks gestation. Male infant: 1750 g, Apgar scores NS. Newborn cried soon after birth and did well postnatally.	At 18 months, the infant showed normal growth and development and had normal milestones.	(Raghunath and Shashi 2006)
Paclitaxel (175 mg/m ² , every 3 weeks for 2 cycles)	Case report	1	Ovary	3 rd	Cisplatin	C-section	34	Female infant: 1900 g, Apgar score 8 at 5 minutes. Newborn was healthy.	At 73 months, normal growth and development.	(Serkes <i>et al.</i> 2011)
Paclitaxel (Dose NS. Weekly, 4 cycles)	Case report	1	Breast	3 rd	Cyclophosphamide (2 nd , 3 rd) Doxorubicin (2 nd , 3 rd)	C-section	36	Oligohydramnios noted in 3 rd trimester following the 4 th treatment with paclitaxel. Sex and Apgar scores NS, 5 lb 4 oz [2382 g]. Newborn was healthy, echocardiogram and blood count were normal.	No	(Shieh and Mehta 2011)
Paclitaxel (135 mg/m ² every 3 weeks for 3 cycles)	Case report	1	Ovary	3 rd First@~wk 29 Last@~wk 35	Cisplatin	C-section	37	Female infant: 2800 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had normal blood counts with no evidence of hearing, thyroid, adrenal, hematological, or congenital abnormalities.	At 30 months, normal growth and development.	(Sood <i>et al.</i> 2001)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Paclitaxel timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA= Not Applicable. NS = Not Specified. Pt = patient.

†Paper not included in text analysis. The cohort retrospective by Ibrahim *et al.* (Ibrahim *et al.* 2000) was not included because individual patient data on timing of exposure and treatments were not provided.

Appendix C Table 27. Procarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 27. Procarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Procarbazine (Dose/schedule NS)	Case series, retrospective	7 of 14 from Table II (Pt 1, 5, 7,8, 9, 10, 14)	Hodgkin lymphoma	1 st [see note in reference column]	Nitrogen mustard, Vincristine	C-section	38	Male infant: 4500 g, Apgar scores NS. Newborn had no congenital malformations.	At 17 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
				2 nd	Nitrogen mustard, Vincristine	Vaginal	39	Male infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				1 st	Vincristine, Nitrogen mustard, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	Vaginal	38	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				3 rd	Nitrogen mustard, Vincristine	Vaginal	37	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Nitrogen mustard, Vincristine	Vaginal	39	Male infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Nitrogen mustard, Vincristine	Vaginal	40	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
				2 nd	Nitrogen mustard, Vincristine	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Procarbazine (Dose/schedule NS)	Case series, retrospective	12 of 26 (Table 2)	Hodgkin lymphoma	NS	Nitrogen mustard, Vincristine, Doxorubicin,	NS	NS	Individual pregnancy outcomes, birth weights and Apgar scores were not provided. Birth	In this long-term follow-up, ranging from 5 to 26 years, learning and educational	(Aviles and Neri 2001)†

Appendix C Table 27. Procarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
					Bleomycin, Vinblastine, Dacarbazine			weight: 3201 g (group median), 2800-4300 (group range).	performances were normal, and no congenital, cytogenetic, neurological, or psychological abnormalities were observed.	
Procarbazine (Dose/schedule NS)	Case series, retrospective	2 of 18 (Pt 15 and 16)	Hodgkin lymphoma	1 st	Radiation therapy, Nitrogen mustard, Vincristine	NA	NS	Induced abortion in 1 st trimester. [No fetal data reported.]	NA	(Blatt <i>et al.</i> 1980)
				1 st	Nitrogen mustard, Vincristine	NS	No births were premature	Male infant: 7 lb 12 oz [3514 g] , Apgar scores NS. Newborn was normal.	No	
Procarbazine (Dose/schedule NS)	Case series	1 of 14	Hodgkin lymphoma	From the 6 th month [2 nd , 3 rd]	Nitrogen mustard, Vincristine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was premature, but normal.	No	(Carcassonne 1981) [†]
Procarbazine (100 mg/m ² on days 1-14 of a 28 day cycle, through remainder of pregnancy)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 18	Cyclophosphamide, Vincristine	Vaginal	37	Female infant: 2000 g. Apgar scores NS. Newborn had no abnormalities.	At 1 year, there were no abnormalities.	(Daly <i>et al.</i> 1980)
Procarbazine (Dose/schedule NS)	Case series	1 of 18 (Pt 8)	Hodgkin lymphoma	PC, 1 st	Nitrogen mustard, Vincristine	Vaginal	NS	Female infant: 3000 g, Apgar scores NS. Newborn was healthy.	At 3 months, died of gastroenteritis.	(Dilek <i>et al.</i> 2006)
Procarbazine (Dose/schedule NS)	Case report	1	Hodgkin lymphoma	1 st	Nitrogen mustard, Vinblastine	NS	24	Male infant: weight and Apgar scores NS. Newborn had only 4 toes on each foot with webbing of the third and fourth toes of the right foot. Right pinna appeared to be slightly abnormal and there was bowing of the right tibia. A large hemorrhage was found in the right cerebral hemisphere.	No	(Garrett 1974)
Procarbazine (Dose/schedule NS)	Case report	1	Hodgkin lymphoma	3 rd First@wk 28	Vinblastine, Nitrogen mustard	Vaginal	31	Spontaneous preterm labor. Infant sex and Apgar scores NS: 1420 g. Newborn had mild anemia but otherwise thrived.	No	(Johnson and Filshie 1977)
Procarbazine (150 mg daily for 2 weeks followed by	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 26	Nitrogen mustard, Vincristine	Vaginal	38	Male infant: 3110 g, Apgar score 9 at 1 minute. Newborn was normal with a full head of hair.	At 3 months, growth and development were normal.	(Jones and Weinerman 1979)

Appendix C Table 27. Procarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
2 weeks rest, 2 cycles)										
Procarbazine (Dose/schedule NS)	Cohort, retrospective	1 of 50	Hodgkin lymphoma	1 st	Nitrogen mustard, Vincristine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had hydrocephaly and died at 4 hours.	NA	(Lishner <i>et al.</i> 1992)†
Procarbazine (100 mg per day for 7 days)	Case report	1	Hodgkin lymphoma	1 st	Nitrogen mustard, Vincristine	Hysterotomy	~ 13	Male fetus, 89 g. No obvious external abnormalities. Internal examination revealed that the kidneys were markedly reduced in size and were malpositioned. Other organs were within normal limits.	NA	(Mennuti <i>et al.</i> 1975)
Procarbazine (10 g [total] during gestation weeks 1-6, schedule NS)	Survey, retrospective	1 of 27 [27 pts received chemotherapy while pregnant; the total number of pts who received Procarbazine while pregnant was not provided.]	Hodgkin lymphoma	1 st	Lomustine, Vincristine, Vinblastine (1 st , 2 nd , 3 rd)	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had cleft lip and cleft palate.	No	(Mulvihill <i>et al.</i> 1987)
Procarbazine (100 mg/m ² , 2 cycles)	Case report	1	Hodgkin lymphoma	2 nd	Vincristine, Nitrogen mustard, Doxorubicin, Bleomycin, Vinblastine	Vaginal	NS	Female infant: weight and Apgar score NS. Condition of newborn NS.	At 2 years, she was HIV positive but at expected weight and height for her age. (Mother was HIV positive)	(Okechukwu and Ross 1998)
Procarbazine (Dose/schedule NS)	Cohort, retrospective	1 of 14 (Pt 14)	Hodgkin lymphoma	1 st First @wk3 Last@wk7	Nitrogen mustard, Vincristine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	NA	18	Induced abortion. Fetus had no malformations; toxic degenerative changes in liver and kidneys, placenta with villus degeneration and vascular toxic degeneration.	No	(Peres <i>et al.</i> 2001)
Procarbazine (100 mg /m ² daily on days 1- 10 of 4 week cycle, 5 cycles)	Case report	1	Diffuse histiocytic lymphoma	PC, 1 st , 2 nd First@wk 4 Last@wk 20	Carmustine, Streptozotocin (2 nd , 3 rd)	Vaginal	35	Male infant: 2340 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was normal by physical examination.	At 18 months, he was alive and well.	(Schapira and Chudley 1984)

Appendix C Table 27. Procarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Procarbazine (Total 1050 mg, schedule NS)	Case series	2 of 2 (Table 3)	Hodgkin lymphoma	PC, 1 st	Vinblastine, Vincristine	Vaginal	NS	Male infant: 4 lb 2 oz [1872 g], Apgar scores NS. On day 2, developed respiratory distress and died. Post-mortem found a small secundum atrial septal defect.	NA	(Thomas and Peckham 1976)
					Vinblastine	NA	NS	Induced abortion. [No fetal data reported.]		
Procarbazine (1500 mg [total dose], schedule NS)	Case report	1	Hodgkin lymphoma	1 st First@wk 4 Last@wk 12	Doxorubicin, Nitrogen mustard, Vincristine	NS	12 [?]	Induced abortion: Fetus was missing 1 digit on the right foot. No cardiac tissue was recoverable.	NA	(Thomas and Andes 1982) [†] (Abstract)
Procarbazine (100 mg/m ² per cycle)	Survey, retrospective	2 of 62 [62 pts received chemotherapy while pregnant; the number of pts who received Vincristine while pregnant was not provided.]	NS	2 nd , 3 rd First@wk 25 Last@wk 33	Nitrogen Mustard, Vincristine, Doxorubicin, Vinblastine, Bleomycin	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had pectus excavatum.	No	(Van Calsteren <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 26 Last@wk 30	Radiation therapy (1 st , 2 nd), Nitrogen Mustard, Vincristine, Doxorubicin, Vinblastine, Bleomycin	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had bilateral syndactyly of digits II and III.		
Procarbazine (100-150 mg/m ² daily)	Case report	1	Hodgkin lymphoma	PC, 1 st (conception through ~day 38)	None	Vaginal	39	Male infant: 4096 g, Apgar scores NS. Newborn was normal apart from a few hemangiomas on the skin.	At 13 months, growth and development were normal.	(Wells <i>et al.</i> 1968)
Procarbazine (Dose/schedule NS)	Cohort-retrospective	3 of 21 (Pts 4, 5, and 6)	Hodgkin lymphoma	1 st	Nitrogen mustard, Vincristine	NS	NS	Spontaneous abortion. [No fetal data reported.]	NA	(Zemlickis <i>et al.</i> 1992)
				1 st	Nitrogen mustard, Vincristine	NA	NS	Induced abortion. No fetal data provided.	NA	
				1 st First@wk 4	Nitrogen mustard, Vincristine	NS	NS	Infant, sex, weight, Apgar scores NS. Newborn died at 4 hours with hydrocephalus.	NA	
Procarbazine (Dose/schedule data limited - Table 1: Pt 33 – 4 cycles [paper said cyclophosphamide	Survey, retrospective	4 of 48 (4 of 56 total pregnancies) (Table 1: Pt 33; Table 2: Pt 43, 6, 34)	Hodgkin lymphoma	PC, 1 st , 2 nd	Nitrogen Mustard, Vincristine, Vinblastine (2 nd , 3 rd)	NS	40	Infant: 3400 g, sex and Apgar scores NS. Newborn was normal.	No	(Zuazu <i>et al.</i> 1991)

Appendix C Table 27. Procarbazine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
rather than procarbazine]; Table 2: Pt 43 – 3 cycles, Pt 6 – 1 cycle, Pt 34 – 1 cycle)										
			Hodgkin lymphoma	1 st	Cyclophosphamide, Vinblastine	C-Section	38	Infant: sex, weight and Apgar scores NS. Newborn was normal.	No	
			Non-Hodgkin lymphoma	1 st First@wk12 Last@wk12	Cyclophosphamide, Vincristine, Triethylene-melamine	NA	14	Induced abortion. [No fetal data reported. Pt 6, 1st pregnancy]	NA	
			Hodgkin lymphoma	3 rd First and Last@wk30	Cyclophosphamide, Vinblastine	C-section	NS	Infant: sex, weight and Apgar scores NS. Newborn with anemia that resolved.	At 3 years, normal at follow-up.	

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Procarbazine timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA = Not Applicable. NS = Not Specified. Pt = patient.

†Aviles #10, Carcassone and Lishner. †Papers not included in text analysis. In order to avoid counting the same cases more than once, we did not include the following studies: (Lishner *et al.* 1992, Aviles and Neri 2001). The retrospective case series of Aviles *et al.* (Aviles and Neri 2001) was not included because it included both new cases and long-term follow-up on previously reported case series (Aviles *et al.* 1991) without individual pregnancy outcomes. The retrospective cohort study by Lishner *et al.* (Lishner *et al.* 1992) was not included because it did not provide individual data on treatment and timing of exposure during pregnancy. The infant born with hydrocephaly reported by Lishner *et al.* (Lishner *et al.* 1992) was previously reported by Zemlickis *et al.* (Zemlickis *et al.* 1992). Carcassone *et al.* (Carcassone 1981) was omitted from the text analysis because too few details were provided in the paper regarding the individual treatments, timing of exposure and pregnancy outcomes of patients treated for Hodgkin disease while pregnant. Finally, we did not include abstracts in the text analysis (Thomas and Andes 1982).

Appendix C Table 28. Rituximab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 28. Rituximab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Rituximab (Dose/schedule NS)	Survey, registry	2 of 31 from Table 3	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Vincristine, Cyclophosphamide	NS	34.0 (group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. One fetus died at 30 weeks, autopsy was normal. One newborn had jaundice and transient tachypnea.	At 3 years, normal phenotype. At 34 to 82 months (group range, n=6), one child with expressive speech delay, improving with intervention; group mean weight was 46 th percentile.	(Cardonick <i>et al.</i> 2010)
Rituximab (Dose/schedule NS)	Survey, retrospective – utilizing data from the Rituximab global drug safety database	8 of 20 from Table 2 [only included cancer patients]	Hodgkin lymphoma	3 rd First@wk 33	NS	NS	39	Male infant: weight and Apgar scores NS. Newborn was normal.	No	(Chakravarty <i>et al.</i> 2011) [This entry excludes three published case reports that are already included in our table: (Herold <i>et al.</i> 2001, Kimby <i>et al.</i> 2004, Decker <i>et al.</i> 2006). The three case reports included detail on the cases than Chakravarty <i>et al.</i> (Chakravarty <i>et al.</i> 2011).]
			Non-Hodgkin lymphoma	3 rd First@wk 28	NS	NS	32	Female infant: weight and Apgar scores NS. Newborn had leukopenia and anemia.		
				2 nd First@wk 18	Cyclophosphamide, Doxorubicin, Vincristine	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal.		
				2 nd First@wk 21	Cyclophosphamide, Doxorubicin, Vincristine	NS	33	Preeclampsia. Female infant: weight and Apgar scores NS. Newborn was normal.		
				3 rd	NS	NS	NS	Female infant: weight and Apgar scores NS. Newborn was normal.		
			[Non-Hodgkin lymphoma] B-cell lymphoma	3 rd	Cyclophosphamide, Doxorubicin, Vincristine	NS	35	Male infant: weight and Apgar scores NS. Newborn was premature.		
			[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@after wk 16	NS	NS	NS	Female infant: weight and Apgar scores NS. Newborn was healthy.		
				1 st First@wk 13	"Multiagent chemotherapy"	NS	39	Female infant: weight and Apgar scores NS. Newborn was normal.		
		4 of 70 from Supplemental Data [only included]	[Non-Hodgkin] lymphoma	1 st	NS	NS	41	Infant: sex, weight and Apgar scores NS. Newborn was normal.		
				1 st and/or 2 nd	NS	NS	35	Male infant: weight and Apgar scores NS. Newborn was normal.		
				1 st	NS	Vaginal	<10 weeks	Spontaneous abortion. [No fetal data provided.]		
				1 st	NS	NS	38	Male infant: weight and Apgar scores NS. Newborn had		

Appendix C Table 28. Rituximab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		cancer patients]						ventricular septal defect, patent foramen ovale, and patent ductus arteriosus.		
Rituximab (dose NS, 5 days)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	3 rd First@wk 28	Vincristine, Cyclophosphamide	C-section	29	Female infant: 1263 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn had respiratory distress and omphalitis, but no myelosuppression. Discharged at 46 days in adequate condition.	No	(Cordeiro <i>et al.</i> 2009)
Rituximab (375 mg/m ² on days 1-5 in a 14 day cycle, 6 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd	Vincristine, Doxorubicin, Cyclophosphamide	Vaginal	33	Spontaneous preterm labor. Female infant: weight within 50 th -90 th percentile, Apgar scores 8, 10 and 10. Newborn was healthy, but B-cells were severely diminished at birth; recovery began at 6 weeks.	B-cell recovery complete by 12 weeks. At 8 months, normal immunological response to vaccinations. At 16 months, no physiological or developmental abnormalities.	(Decker <i>et al.</i> 2006)
Rituximab (375 mg/m ² 4 weekly cycles followed by 4 cycles at 3 week intervals)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd , 3 rd First@wk 16	Vincristine, Doxorubicin, Cyclophosphamide	C-section	41	Female infant: weight and Apgar scores NS. Newborn was healthy but with complete absence of B cells. A fast B cell recovery was seen in the weeks following birth.	At 26 months, normal growth and development.	(Friedrichs <i>et al.</i> 2006)
Rituximab (375 mg/m ² on day 1 of 4 week cycles, 4 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd First@wk 21	Vincristine, Doxorubicin	C-section	35	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 4 months, normal development and B cell population was normal.	(Herold <i>et al.</i> 2001)
Rituximab (375 mg/m ² once weekly for 4 weeks)	Case report	1	Non-Hodgkin lymphoma	PC, 1 st	None	Vaginal	40	Female infant: 3610 g, Apgar scores NS. Newborn was healthy with transient granulocytopenia and lymphopenia.	At 18 months, normal immunity and no major infections.	(Kimby <i>et al.</i> 2004)
Rituximab (Dose/schedule NS, 6 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 13	Cyclophosphamide, Vincristine, Doxorubicin	Vaginal	39	Female infant: 2270 g, Apgar scores 6 and 9. Newborn was viable with low birth weight [small for gestational age].	At 10 months, healthy.	(Magloire <i>et al.</i> 2006)
Rituximab (375 mg/m ² on days 13, 18, 39, 42, 59, 62, and 89 of an 89 day course)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 16	Cyclophosphamide, Vincristine, Doxorubicin, Cytarabine, Etoposide, Ifosfamide	Vaginal	26	Decreased amniotic fluid at 18 weeks gestation, and early intrauterine growth retardation at 22 weeks gestation; similar effects at 23.5 weeks gestation. At 68 days of treatment, vaginal	NA	(Peterson <i>et al.</i> 2010)

Appendix C Table 28. Rituximab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								bleeding, spontaneous preterm labor, and no fetal heart tones. Stillborn. [No fetal data provided.]		
Rituximab (375 mg/m ² on day 1 of 3 week cycles, 3 cycles)	Case report	1	[Non-Hodgkin lymphoma] Diffuse large B-cell lymphoma	2 nd	Vincristine, Doxorubicin, Cyclophosphamide	C-section	33	Infant, sex NS: 2500 g, Apgar scores 10, 10, and 10. Newborn was healthy.	At 35 months, completely normal growth.	(Rey <i>et al.</i> 2009)
Rituximab (Dose/schedule NS, 2 cycles)	Survey, retrospective	2 of 27 (Pt 18, 20)	Non-Hodgkin lymphoma	3 rd First@wk 29	Cyclophosphamide, Doxorubicin, Vincristine (2 nd , 3 rd)	Vaginal	35	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.	No	(Ustaalioglu <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 27	Cyclophosphamide, Doxorubicin, Vincristine (2 nd , 3 rd)	Vaginal	35	Infant sex, weight, and Apgar scores NS. Newborn had no malformations.		
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Rituximab timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA= Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix C Table 29. Tamoxifen – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 29. Tamoxifen – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Tamoxifen (20 mg daily)	Case report	1	Breast	2 nd , 3 rd First@wk 20 Last@wk 35	5-Fluorouracil, Epirubicin, Cyclophosphamide, (PC, 1 st , 2 nd , 3 rd) Radiation diagnostics and therapy (2 nd)	C-section	35	Signs of premature delivery [spontaneous preterm labor]. Female infant: 2070 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was healthy with normal hematological and biochemistry parameters.	At 12 months, she showed no disorder, congenital abnormality, or disease.	(Andreadis <i>et al.</i> 2004)
Tamoxifen (Dose NS, daily)	Case report	1	Breast	PC, 1 st , 2 nd	Trastuzumab Pt had history of opioid use. She was taking prescription methadone, and cigarette smoking.	C-section	31	Oligohydramnios noted from week 23. Male twins, fraternal: Twin A was 1590 g, Apgar scores 5, 8 and 9 at 1, 5 and 10 minutes; and twin B was 1705 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn twin A had large (but otherwise normal) kidneys and dilated ureter at birth, intubation on first day of life only, then maintained on oxygen after extubation; chronic renal failure at 12 weeks of age; and postnatal death at 13 weeks of age by respiratory arrest. Newborn twin B needed oxygen at birth, but was self ventilating by day 3; renal ultrasound scan was normal.	No	(Beale <i>et al.</i> 2009)
Tamoxifen (20 mg daily)	Case report	1	Breast	PC, 1 st Last@wk 6	None	Vaginal	32	Gestational diabetes, severe preeclampsia, spontaneous pre-term labor. Male infant: 1983 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn was dysmorphic with severe micro-retrognathia, cleft palate, and glossoptosis (diagnostic of Pierre Robin sequence); also clubfoot, acetabular and sacral dysplasia, and hypoplastic mandible and thin	No	(Berger and Clericuzio 2008)

Appendix C Table 29. Tamoxifen – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								mandibular condyles. Karyotype was normal. Airway obstruction developed and the infant underwent tracheotomy. Family history revealed several paternal relatives with a baseline small mandible, but no clefting.		
Tamoxifen (20 mg daily)	Case report	1	Breast	PC, 1 st , 2 nd	None (Mother may have smoked marijuana/cocaine one or two times per week during first 6 weeks of pregnancy.)	C-section	26	Spontaneous preterm labor, chorioamnionitis, abnormal lie of the fetus. Infant, sex NS: 896 g, Apgar scores NS. Newborn had right-sided microtia, preauricular skin tags, and hemifacial microsomia consistent with Goldenhar syndrome. Karyotype was normal.	No	(Cullins <i>et al.</i> 1994)
Tamoxifen (80 mg twice daily for 7 days, 2 cycles)	Case report	1	Melanoma	2 nd First@wk 23 Last@wk 26.5	Carmustine, Cisplatin, Dacarbazine	C-section	30	Female infant: 1520 g, Apgar scores NS. Newborn was healthy. Pathology revealed malignant melanoma in the placenta.	At 17 months, normal muscle tone and reflexes and other age appropriate evaluations.	(DiPaola <i>et al.</i> 1997)
Tamoxifen (20 mg daily)	Case report	1	Breast	PC, 1 st , 2 nd , 3 rd	None	C-section	31	Male infant: 1940 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was healthy with preauricular skin tags and no other malformations. He required treatment for moderate hyaline membrane disease and enterocolitis.	At 24 months, well with normal developmental progress.	(Isaacs <i>et al.</i> 2001)
Tamoxifen (20 mg daily)	Case report	1	Breast	1 st First 4 wks	None	C-section	39	Female infant: 3150 g, Apgar scores NS. Newborn was healthy with no congenital malformations, clinical and laboratory evaluations were normal.	At 66 months, healthy.	(Koca <i>et al.</i> 2010)
Tamoxifen (40 mg daily)	Case report	1	Melanoma	1 st , 2 nd	Carmustine, Dacarbazine, Cisplatin	C-section	34	Male infant: 2750 g, Apgar scores 10 and 10 at 1 and 5 minutes. No dysmorphism was detected on clinical examination.	At 1 year, social, hearing, and gross and fine motor assessments were normal, however, he was diagnosed with microphthalmos and severe hypermetropia.	(Li <i>et al.</i> 2007)
Tamoxifen (Dose/schedule NS)	Case report	1	Breast	PC, 1 st	None	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was healthy.	At 27 months, the child was apparently healthy.	(Oksuzoglu and Guler

Appendix C Table 29. Tamoxifen – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
										2002)
Tamoxifen (Dose/schedule NS)	Case report	1	Breast	PC, 1 st , 2 nd	None	C-section	38	Male infant: 3205 g, Apgar scores NS. Newborn was healthy without any anomalies.	At 3 years, there were no problems associated with Tamoxifen exposure.	(Simsek and Sever 2008)
Tamoxifen (20 mg daily)	Case report	1	Breast	PC, 1 st , 2 nd Last@wk 20	None	Vaginal	29	Female infant: 1360 g, Apgar scores 8 and 8 at 1 and 5 minutes. Newborn had ambiguous genitalia. The clitoris was enlarged as a phallic-like structure. There was one common perineal opening (both urethra and vagina) and the posterior portion of the rugated labioscrotal folds were fused. Ultrasonography revealed a uterus and bilateral ovaries with no male structures.	At 6 months, reduction phalloplasty and reconstruction of vagina were carried out without complications.	(Tewari <i>et al.</i> 1997)
Tamoxifen (20 mg daily)	Case report	1	Breast	1 st , 2 nd First@wk 7	Trastuzumab (1 st , 2 nd , 3 rd)	C-section	37	Anhydramnios detected at 28 weeks gestation; kidneys normal; bladder not observed. Female infant: 2690 g, Apgar scores were good. Newborn showed signs of severe pulmonary hypoplasia and was intubated. X-ray revealed atelectasis. Intensive care was discontinued and the baby died within 40 minutes.	NA	(Warraich and Smith 2009)
Tamoxifen (Dose/schedule NS)	Cohort, retrospective	1 of 21 (Pt 18)	Breast	3 rd	5-Fluorouracil, Doxorubicin, Cyclophosphamide	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well.	No	(Zemlickis <i>et al.</i> 1992)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Tamoxifen timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Trastuzumab (8 mg/kg loading dose followed by 6 mg/kg every 3 weeks)	Case report	1	Breast	PC, 1 st First@PC Last@wk 1	None	C-section	39	Male infant: 3550 g, Apgar scores NS. Newborn had normal renal, respiratory and cardiac functions.	At 14 months of age, normal growth and development.	(Azim <i>et al.</i> 2009a)
Trastuzumab (8 mg/kg loading dose followed by 6 mg/kg every 3 weeks for 2 cycles)	Case report	1	Breast	2 nd , 3 rd First@wk 25+6 days Last@wk 28+5 days	Paclitaxel, Radiation therapy	C-section	32	Oligohydramnios, fetal renal failure, and cessation of fetal abdominal growth. Male infant: 1460 g, Apgar scores NS. Newborn had bacterial sepsis with hypotension, transient renal failure, respiratory failure requiring mechanical ventilation (until age 6 days), and transient hyperchodensities in renal parenchyma (resolved by age 28 days). Discharged by 6 weeks of age in healthy condition.	At 12 weeks of age, normal development.	(Bader <i>et al.</i> 2007b)
Trastuzumab (Dose NS every 3 weeks)	Case report	1	Breast	PC, 1 st , 2 nd First@PC Last@wk 21	Tamoxifen Other confounding factors: Cigarettes Methadone Nifedipine tocolysis	C-section	31	Oligohydramnios noted at 23 weeks gestation; intravenous fluids were given to mother. At 30 weeks gestation, twin A had minimal fluid re-accumulation and twin B showed fluid re-accumulation. Preterm rupture of amniotic membranes. Male twins, fraternal: Twin A was 1590 g, Apgar scores 5, 8 and 9 at 1, 5 and 10 minutes; Twin B was 1705 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn Twin A had large (but otherwise normal) kidneys and dilated ureter at birth, intubation on first day of life	No	(Beale <i>et al.</i> 2009)

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								only, then maintained on oxygen after extubation; chronic renal failure at 12 weeks of age; and postnatal death at 13 weeks of age by respiratory arrest. Newborn Twin B needed oxygen at birth, but was self ventilating by day 3; elevated creatinine peaked at day 5 then resolved. Renal ultrasound scan was normal.		
Trastuzumab (loading dose, then 2 mg/kg every 3 weeks)	Case report	1	Breast	PC, 1 st First@PC	None	NA	6	Induced abortion due to ectopic pregnancy. No histological examination of embryo was performed.	NA	(Berveiller <i>et al.</i> 2008)
Trastuzumab (6 mg/kg body weight, q21 [every 3 weeks])	Case report	1	Breast	3 rd First@wk 30 Las@wk 33	Vinorelbine	C-section	33+5days	Anhydramnios was detected 3 weeks after start of chemotherapy. Female infant: 1990 g, Apgar scores 8, 9, and 9 at 1, 5, and 10 minutes. She was in good health with no signs of malformation.	Follow up examination [age NS] revealed no problems.	(El-Safadi <i>et al.</i> 2012)
Trastuzumab (4 mg/kg loading dose, then 2 mg/kg every 3 weeks)	Case report	1	Breast	2 nd , 3 rd First@wk 27 Last@wk 34	Vinorelbine	Vaginal, induced	34	Oligohydramnios; amniotic fluid remained low despite intravenous fluids to mother. Male infant: 5 lb, 11oz [2580 g], Apgar scores 9, 9 and 10. Newborn was healthy at birth.	At 6 months, healthy with normal development.	(Fanale <i>et al.</i> 2005)
Trastuzumab (Dose/schedule NS)	Case series	2	Breast	2 nd , 3 rd	None	C-section	29	Female infant: 1220 g, Apgar scores NS. Newborn had respiratory distress syndrome, conductive hearing loss (resolved). Mild hypertonia and hyperreflexia (resolved) and minimal tightening of left Achilles tendon.	At 3 years, no obvious neurological deficit, cognitively normal with height at the 50th percentile, and weight and head circumference at the 25th percentile and ongoing minimal tightening of left Achilles tendon.	(Goodyer <i>et al.</i> 2009)
			Breast	PC, 1 st	None	Vaginal	39	Female infant: 2940 g, Apgar	At 2 years, normal growth	

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
				Last @ wk 6				scores NS. Newborn was healthy. Gastroenteritis at 3, 8, and 11 mo of age (resolved).	and development.. Gastroenteritis at 3, 8, and 11 months of age (resolved). At 2 years, normal growth and development.	
Trastuzumab (4 mg/kg weekly, 4 cycles)	Case report	1	Breast	2 nd First@wk 14+6 days Last@wk 17+6 days	Docetaxel, Carboplatin	C-sesction	33+2 days	Anhydramnios and intrauterine growth restriction at 21 weeks Male infant: wt less than 3 rd percentile, Apgar scores NS. Newborn showed inconspicuous development and normal renal function and urinalysis.	No	(Gottschalk <i>et al.</i> 2011)
Trastuzumab (390 mg, once every 3 weeks)	Case report	1	Breast	PC, 1 st , 2 nd , 3 rd First@ PC	None	Vaginal, induced	37	Oligohydramnios at 25 weeks, treatment stopped and started again after 2 weeks. Oligohyramnios again in 3 rd trimester. Male infant: 3060g, Apgar scores NS. Newborn was healthy but experienced transient tachypnea.	At 28 months, normal development.	(Mandrawa <i>et al.</i> 2011)
Trastuzumab (4200 mg total dose)	Case report	1	Breast	PC, 1 st , 2 nd , 3 rd First@PC Last@wk 30	None	Vaginal, induced	32	Low amniotic fluid at 25 wks, amniotic fluid in low end of normal range from 26-31 weeks (checked weekly), and oligohydramnios at 32 wks of gestation. Female infant: 1810 g; Apgar scores normal. Newborn was viable; renal ultrasound and echocardiogram were normal. Intubated for surfactant delivery for first 3 days of life; no further respiratory problems.	At 5 years, normal growth and development.	(Pant <i>et al.</i> 2008)
Trastuzumab (Dose/schedule NS)	Case report	1	Breast	PC, 1 st , 2 nd Last@wk21	None	Vaginal, induced	37	Male infant, 3200 g, Apgar NS. Newborn had transient	No	(Roberts and Auld 2010)

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								tachypnea requiring continuous positive airway pressure for 24 hours.		
Trastuzumab (695 mg loading dose; 2 nd dose of 529 mg, 21 days later; 3 rd dose of 170 mg, 1 wk later)	Case report	1	Breast	2 nd First@wk 23 Last@wk 27	Docetaxel (2 nd , 3 rd)	C-section	36	Anhydramnios and fetal growth restriction at 30 weeks gestation. One pocket of amniotic fluid was noted at 33 weeks and small amount of clear amniotic fluid present at birth. Male infant: 2230 g; Apgar scores 7 and 9 at 1 and 5 minutes. Newborn had no positional deformities or respiratory abnormalities at birth.	Subsequent development and neonatal urine output normal [age NS].	(Sekar and Stone 2007)
Trastuzumab (400 mg every 3 wk)	Case report	1	Breast	PC, 1 st , 2 nd First@PC Last@wk 24	None	C-section	37	Low ejection volume and mild low ejection volume [indicating decreased amniotic fluid] were observed at 18 and 24 weeks gestation, respectively. Female infant: 2600 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy; treated for transient tachypnea for first 2 days of life.	At 2 months, infant was healthy with physical, neurological examination and developmental milestones within normal limits.	(Shrim <i>et al.</i> 2007)
Trastuzumab (736 mg loading dose, followed by 523 mg 21 days later)	Case report	1	Breast	PC, 1 st First@PC Last@wk 1	None	Vaginal	Term	Female infant: body weight and Apgar scores NS. Newborn had no sequelae.	No	(Waterston and Graham 2006)
Trastuzumab (6 mg/kg, or 580 mg, every 3 weeks)	Case report	1	Breast	PC, 1 st , 2 nd First@PC Last@wk 20	None	Vaginal, induced	37	Anhydramnios at 23 wks gestation; fetal kidneys were normal size and echogenicity; fetal bladder small. Amniotic fluid slowly increased. Female infant: 2960 g, Apgar	At 6 months, she was doing well with growth at 75 th percentile.	(Watson 2005)

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								scores of 8 and 9. Newborn was viable with normal renal function, no pulmonary hypoplasia.		
Trastuzumab (588 mg loading dose followed by 441 mg every 3 weeks)	Case report	1	Breast	1 st , 2 nd , 3 rd First@wk 7 Last@wk 31	Tamoxifen, Goserelin	C-section	37	Anhydramnios detected at 28 weeks gestation; kidneys normal; bladder not observed. Female infant: 2690 g, Apgar scores initially good. Newborn had no amniotic fluid at birth; severe pulmonary hypoplasia and atelectasis requiring intubation. Baby's condition continued to deteriorate despite intensive care. Infant died 40 min following extubation.	NA	(Warraich and Smith 2009)
Trastuzumab (Dose/schedule NS)	Case report	1	Breast	PC, 1 st , 2 nd First@PC Last@wk 23	None	C-section	27	Oligohydramnios noted at 23 weeks gestation. At 27 weeks + 4 days of gestation, premature detachment of the placenta. Female infant: weight and Apgar scores NS. Newborn had multiple prematurity-related problems. At 3 days old, infant had non-optimal perfusion of kidneys. Dysplastic/hypoplastic left kidney and congestion of the kidneys was observed via ultrasound. Kidney function continued to decrease. Infant also had various infections.	Infant died at 4 months of age.	(Weber-Schoendorfer and Schaefer 2008)
Trastuzumab (6 mg/m ³ or 56 mg/kg, every 3 weeks)	Case report	1	Breast	PC, 1 st , 2 nd First@PC Last@wk 27	None	C-section	27	Oligohydramnios and maternal vaginal bleeding at 26 weeks gestation. Female infant: 1015 g, Apgar	Postnatal death at 21 weeks due to multiple organ failure.	(Witzel <i>et al.</i> 2008)

Appendix C Table 30. Trastuzumab – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								scores of 8/7/6. Newborn had an uncommonly strong capillary leak and respiratory failure necessitating intubation. Infant also had persistent infections and necrotizing enterocolitis.		
<p>* Timing of chemotherapy exposure: PC = period of conception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Trastuzumab timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient. Wk = weeks.</p>										

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Vinblastine (Dose/schedule NS)	Case series	1 of 13 (Pt 11)	Hodgkin lymphoma	2 nd , 3 rd	None	NS	34	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)
Vinblastine (6 mg/m ² on days 1 and 14. Pt 1, 2 cycles. Pt 5, 4 cycles. Pt 6, 3 cycles.)	Case series	3 of 6 (Pt 1, 5, 6)	Hodgkin lymphoma	2 nd First@wk 21	Doxorubicin, Bleomycin, Dacarbazine	C-section	29	Female infant: 2400 g, Apgar scores NS. Newborn was healthy.	At 10 years, she remained healthy.	(Anselmo <i>et al.</i> 1999)
				2 nd	Doxorubicin, Bleomycin	C-section	NS	Preeclampsia. Female infant: 2180 g, Apgar scores NS. Newborn was healthy.	At 7 months, she remained healthy.	
				2 nd	Doxorubicin, Bleomycin	C-section	33	Female infant: 3130 g, Apgar scores NS. Newborn was healthy.	No	
Vinblastine (5 mg/day)	Case report	1	Hodgkin lymphoma	PC, 1 st , 2 nd , 3 rd	None	Vaginal	Full term	Male infant: 7 lb 14 oz [3570 g], Apgar scores NS. Newborn was normal.	At 2 months, he was thriving.	(Armstrong <i>et al.</i> 1964)
Vinblastine (Dose/schedule NS)	Case series, retrospective	10 of 14 (Pt 2, 3, 4, 6, 7, 8, 11, 12, 13, 14 in Table II)	Hodgkin lymphoma	2 nd [see note in reference column]	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	38	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 16 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	(Aviles <i>et al.</i> 1991) [This paper lists the beginning of treatment, but not the duration.]
				1 st	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	37	Male infant: 3800 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				2 nd	Doxorubicin, Bleomycin, Dacarbazine	C-section	34	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				3 rd	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics	

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
									were normal	
				1 st	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	38	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				3 rd	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	37	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				2 nd	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	38	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				1 st	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	40	Female infant: 3450 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				1 st	Doxorubicin, Bleomycin, Dacarbazine	C-section	40	Female infant: 3450 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
				2 nd	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal	
Vinblastine (Dose/schedule NS)	Case series	1 of 14	Hodgkin lymphoma	“beginning of pregnancy”	NS	NS	NS	Infant sex, weight, and Apgar scores NS. Treatment was “without any influence on the outcome.”	No	(Carcassonne 1981)†
Vinblastine (Dose/schedule NS)	Survey, registry	21 of 31 from Table 3 [22 of 32 conceptuses]	Hodgkin lymphoma	2 nd or 2 nd , 3 rd	Doxorubicin, Vinblastine, Bleomycin	NS	35.9 (group mean)	Infant sex NS: 2587 g (group mean), Apgar scores NS. Twenty newborns had no malformations, including 1 set of twins. Malformations observed in two infants: 1 had	At 0.5 to 10 years (n=20), all children were normal phenotype. At 4 to 112 months (group range, n=15), one child in the group had chronic broncolitis,	(Cardonick et al. 2010)

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
								plagiocephaly, and 1 had syndactyly of the 4 th and 5 th fingers. Other effects: 1 infant had birthweight 15% [15th percentile] and 3 infants had hypoglycemia.	1 had recurrent otitis media, and 1 had asthma; group mean weight was 67 th percentile.	
Vinblastine (0.12 mg/kg on days 1 and 2, 1 cycle)	Case report	1	Ovary	2 nd First@wk 19	Cisplatin, Bleomycin	Vaginal	Term	Male infant: 3232 g, Apgar scores 8 and 9 ant 1 and 5 minutes. Newborn appeared healthy.	[At ~4.5 years,] normal development with a normal karyotype.	(Christman <i>et al.</i> 1990)
Vinblastine (Dose/schedule NS)	Case series	4 of 32 (Pt 8, 9, 18, 19)	Hodgkin lymphoma	3 rd First@wk 30 Last@wk 36	Doxorubicin, Bleomycin	C-section	36	Infant sex NS: 2650 g, Apgar scores 8 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
				2 nd , 3 rd First@wk 15 Last@wk 35	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	36	Infant, sex NS: 2190 g, Apgar scores 6 and 9. Newborn was healthy.		
				2 nd First@wk 24 Last@wk 27	Doxorubicin, Bleomycin, Dacarbazine	C-section	37	Infant, sex NS: 2850 g, Apgar scores 8 and 8. Newborn was healthy.		
				2 nd First@wk 24 Last@wk 26	Doxorubicin, Bleomycin, Dacarbazine	C-section	37	Infant, sex NS: 2450 g, Apgar scores 9 and 9. Newborn was healthy.		
Vinblastine (Dose/schedule NS. Pt 7 – 2 cycles 1 st pregnancy, Pt 10 – 2 cycles.)	Case series	2 of 18 (Pt 7, 10; Pt 7, had 2 pregnancies)	Hodgkin lymphoma	1 st	Doxorubicin, Bleomycin, Dacarbazine	NS	NS	Male infant: 2500 g, Apgar scores NS. Newborn was healthy and without hematological abnormalities [Pt 7, 1st pregnancy].	No	(Dilek <i>et al.</i> 2006)
				2 nd , 3 rd	Doxorubicin, Bleomycin, Dacarbazine	NS	8 th month	Fetal death. [No fetal autopsy data provided; Pt 7, 2nd pregnancy]		
				1 st	Doxorubicin, Bleomycin, Dacarbazine	NS	NS	Female infant: 2500 g, Apgar scores NS. Newborn had growth retardation and a floating thumb malformation on the left hand (partial agenesis of a metacarpal bone and hypoplasia of two phalanges).		
Vinblastine (9 mg, one dose)	Case report	1	Hodgkin lymphoma	2 nd First@wk17	Doxorubicin, Bleomycin,	NA	NA	Induced abortion after first dose of chemotherapy. [No fetal	NA	(D'Incalci <i>et al.</i> 1983)

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant											
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference	
					Dacarbazine			autopsy data provided.]			
Vinblastine (Dose/schedule NS, 3 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 25	Doxorubicin, Bleomycin, Dacarbazine	C-section	38	Serial ultrasounds detected small for gestational age fetus. Male infant: 1650 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 10 months, he remained well.	(Fadilah <i>et al.</i> 2006)	
Vinblastine (Dose/schedule NS, 6 cycles)	Case report	1	Hodgkin lymphoma	PC, 1 st	Procarbazine, Nitrogen Mustard	NS	24	Male infant: weight, Apgar scores NS. Newborn had only 4 toes on each foot with webbing of the third and fourth toes of the right foot. Right pinna appeared to be slightly abnormal and there was bowing of the right tibia. A large hemorrhage was found in the right cerebral hemisphere.	No	(Garrett 1974)	
Vinblastine (Dose/schedule NS, 7-8 cycles)	Case series	2 of 18	Hodgkin lymphoma	NS	Doxorubicin, Bleomycin, Dacarbazine	NS	NS	Infants' sex, weight and Apgar scores NS. Newborns were alive and healthy; no malformations were observed.	At follow-up, normal growth patterns without physical or neurological deficits (n=5 children, oldest child is 42 months).	(Jameel and Jamil 2007)	
Vinblastine (Dose/schedule NS)	Survey, retrospective	NS [10 of 302 pts received chemotherapy while pregnant; the number of pts who received doxorubicin while pregnant was not provided.]	Hodgkin lymphoma	NS	Doxorubicin, Bleomycin, Dacarbazine	NS	NS	Individual treatments and pregnancy outcomes are not provided. In the total number of pregnancies there were 4 perinatal deaths (5.7 expected), cancer subsequently developed in 2 (1.2 expected), and 22 infants had low birthweight (13.7 expected). The excess number of low weight births occurred primarily during the period of Hodgkin's disease diagnosis and treatment.	[Not clear whether infants exposed in utero had follow-up.]	(Janov <i>et al.</i> 1992) [†]	
Vinblastine (Dose/schedule NS)	Case report	1	Hodgkin lymphoma	3 rd First@wk 28	Procarbazine, Nitrogen mustard	Vaginal	31	Spontaneous preterm labor. Infant: 1420 g, sex and Apgar scores NS. Newborn had mild anemia but otherwise thrived.	No	(Johnson and Filshie 1977)	

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
Vinblastine (Dose/schedule NS)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 27	Doxorubicin, Bleomycin, Dacarbazine	C-section	39	Male infant: 2350 g, Apgar scores NS. Newborn was healthy and HIV negative (mother was HIV+).	At 9 months, the baby was clinically well and HIV negative.	(Klepfish <i>et al.</i> 2000)
Vinblastine (5 mg/day on 2 to 6 days/week)	Case report	1	Hodgkin lymphoma	PC, 1 st , 2 nd , 3 rd	Radiation therapy (8 th month)	Vaginal	Full term	Male infant: 6 lb 11 oz [3031 g], Apgar scores NS. Newborn had no abnormalities by physical exam.	At 2 months, thriving.	(Lacher 1964)
Vinblastine (5 to 10 mg approx weekly, 13 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 19	Cyclophosphamide (2 nd)	C-section	37	Male infant: 3060 g, Apgar score 9. Newborn was normal by physical examination and blood count was normal.	At 17 months, growth and development were normal.	(Lacher and Geller 1966)
Vinblastine (0.25 mg/kg on days 1 and 2, 2 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 27	Bleomycin, Cisplatin	C-section	32	Male infant: 1900 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn experienced a mild episode of transient tachypnea but was otherwise normal.	Subsequent normal development with no abnormalities [age NS].	(Malone <i>et al.</i> 1986)
Vinblastine (0.1 mg/kg on days 1 and 3, 3 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 20 Last@wk 28	Cisplatin, Bleomycin	C-section	31	Intrauterine growth restriction at 28 weeks gestation. Marked reduction in amniotic fluid at 31 weeks gestation. Maternal hypertension. Female infant: 1070 g, Apgar scores NS. Newborn was apparently normal and healthy.	At 65 months, follow-up did not detect any sign of metabolic or hematologic abnormality.	(Motegi <i>et al.</i> 2007)
Vinblastine (Dose/schedule NS)	Survey, retrospective	3 of 27 [27 pts received chemotherapy while pregnant; the total number of pts who received vinblastine while pregnant was not	Hodgkin lymphoma	1 st , 2 nd , 3 rd First@wk 9 Last@ term	Lomustine (1 st , Vincristine (1 st), Procarbazine (1 st)	NS	NS	Infant sex, weight and Apgar scores NS. Cleft lip and cleft palate.	No	(Mulvihill <i>et al.</i> 1987)
				1 st First@wk 3	None	NS	NS	Infant sex, weight and Apgar scores NS. Hydrocephalus.		
				1 st First@wk 6	None	NS	6	Spontaneous abortion. [No fetal data provided.]		

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
		provided.]								
Vinblastine (7 mg, 14 mg, 30 mg, one week apart)	Case report	1	Hodgkin lymphoma	3 rd	None	Vaginal	35	Septicemia, treated and resolved. Female infant: 5 lb 11 oz [2578 g], Apgar scores NS. Newborn was healthy and normal on examination.	Child is doing well [age NS].	(Nordlund <i>et al.</i> 1968)
Vinblastine (6 mg/m ² , 2 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd	Nitrogen mustard, Vincristine, Procarbazine, Doxorubicin, Bleomycin	NS	NS	Female infant: weight and Apgar scores NS. Newborn had favorable outcome with no evidence of intrauterine growth retardation. Infant administered AZT for 6 weeks because mother was HIV positive.	At 2 years, expected height and weight and is HIV positive.	(Okechukwu and Ross 1998)
Vinblastine (Dose/schedule NS)	Cohort, retrospective	1 of 14 (Pt 14)	Hodgkin lymphoma	1 st First@wk 3 Last@wk 7	Nitrogen mustard, Vincristine, Procarbazine, Doxorubicin, Bleomycin, Dacarbazine	NS	18	Induced abortion. Fetus had no malformations, but toxic degenerative changes in liver and kidneys were noted. Placenta had villus degeneration and vascular toxic degeneration.	NA	(Peres <i>et al.</i> 2001)
Vinblastine (10 to 20 mg monthly)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd	None	Vaginal	40	Female infant: 5 lb 15 oz [2578 g], Apgar scores NS. Newborn was in apparently good condition.	Child developed normally [age NS].	(Rosenzweig <i>et al.</i> 1964)
Vinblastine (6 mg/m ² on day 1, every 28 days, 3 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 25	Etoposide, Doxorubicin	C-section	36	Female infant: 2190 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was healthy.	At 17 months, in good condition, including neurodevelopment assessed by Denver Developmental Screening test and no malignancies.	(Sagan <i>et al.</i> 2010)
Vinblastine (Pt 6 - total 10 mg, Pt 13 - total 20 mg; schedules NS)	Case series	2 of 2 (Table 3; pts 6, 13)	Hodgkin lymphoma	1 st	Vincristine, Procarbazine	Vaginal	NS	Male infant: 4 lb 2 oz [1872 g], Apgar scores NS. On day 2, developed respiratory distress and died. Post-mortem found a small secundum atrial septal defect.	NA	(Thomas and Peckham 1976)
			Hodgkin lymphoma	1 st	Procarbazine	NA	NS	Induced abortion. [No fetal data provided.]		
Vinblastine	Survey,	2 of 27	Hodgkin	2 nd	Doxorubicin,	C-section	36	Infant sex, weight, and Apgar	No	(Ustaalioglu

Appendix C Table 31. Vinblastine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Follow Up	Reference
(Dose/schedule NS)	retrospective	(Pt 15, 16)	lymphoma	First@wk 24	Bleomycin, Dacarbazine			scores NS. Newborn had no malformations.		<i>et al.</i> 2010)
			Hodgkin lymphoma	2 nd , 3 rd First@wk27	Doxorubicin, Bleomycin, Dacarbazine	Vaginal	35	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.		
Vinblastine (6 mg/m2 every 28 days)	Survey, retrospective	2 of 62 [62 pts received Chemotherapy while pregnant; the total number of pts who received Vinblastine while pregnant was not provided.]	NS	2 nd , 3 rd First @wk 25	Nitrogen Mustard, Vincristine, Procarbazine, Doxorubicin, Bleomycin	NS	NS	Infant sex, weight and Apgar scores NS. Infant had pectus excavatum.	No	(Van Calsteren <i>et al.</i> 2010)
			NS	2 nd , 3 rd First@wk26	Nitrogen Mustard, Vincristine, Procarbazine, Doxorubicin, Bleomycin, Radiation therapy (2 nd)	NS	NS	Infant sex, weight and Apgar scores NS. Infant had bilateral partial syndactyly of digits II and III.		
Vinblastine (Dose/schedule data limited – Table 1: Pt 33 – 4 cycles; Table 2: Pt 43 – 3 cycles, Pt 34 – 1 cycle)	Survey, retrospective	3 of 48 (Table 1: Pt 33; Table 2: Pts 43, 34)	Hodgkin lymphoma	2 nd , 3 rd	Nitrogen Mustard (PC, 1 st , 2 nd), Procarbazine (PC, 1 st , 2 nd), Vincristine (PC, 1 st , 2 nd)	NS	40	Infant: 3400 g, sex and Apgar scores NS. Newborn was normal.	No	(Zuazu <i>et al.</i> 1991)
			Hodgkin lymphoma	1 st First@wk11 Last@wk11	Cyclophosphamide Procarbazine	C-section	38	Infant: sex, weight and Apgar scores NS. Newborn was normal.		
			Hodgkin lymphoma	3 rd First and Last@wk30	Cyclophosphamide, Procarbazine	C-section	NS	Infant: sex, weight and Apgar scores NS. Newborn with anemia that resolved.		
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Vinblastine timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified. Pt = patient.</p> <p>†Papers not included in text analysis. One case series was not included in the text analysis because it did not report data on the treatments, timing of exposure and pregnancy outcomes of individual patients (Carcassonne 1981). One survey retrospective was excluded from the text analysis because it did not provide the individual treatments used or the timing of exposure and pregnancy outcomes of the 10 of 302 women who were treated with chemotherapy during pregnancy (Janov <i>et al.</i> 1992).</p>										

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (Dose/schedule NS)	Case series	1 of 13 (Pt 10)	[Non-Hodgkin lymphoma] Diffuse large B cell lymphoma	2 nd , 3 rd	Cyclophosphamide, Doxorubicin	NS	32	Infant sex, weight, and Apgar scores NS. Newborn was within normal limits.	No	(Abellar <i>et al.</i> 2009)
Vincristine (2 mg/m ² on days 1, 8, 15 and 22)	Case report	1	Leukemia (ALL)	2 nd	Cyclophosphamide, Idarubicin	C-section	28	Male infant: 1024 g, Apgar scores of 6, 8, and 8 at 1, 5, and 10 minutes. Newborn had no growth restriction or gross malformations. He had respiratory distress, necrotizing enterocolitis, and ventricular hemorrhage. Acute cardiac failure, attributed to Idarubicin, occurred during the first 3 days after birth; infant was treated and cardiac function returned to normal after 3 days.	At 18 months, neurological status was normal but he showed a slight delay in language acquisition.	(Achtari and Hohlfeld 2000)
Vincristine (2 mg/day on days 1,8,15, and 22)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Daunorubicin, Cyclophosphamide, Asparaginase	C-section	33	Premature rupture of the membranes, fetal distress. Male infant: 1750 g, Apgar scores 4 and 6 at 1 and 5 minutes. Newborn was morphologically normal but was pale lethargic, tone decreased, and with respiratory distress requiring intubation. His condition improved and he was discharged on day 17.	At 6 months, growth and development were normal.	(Ali <i>et al.</i> 2009a)
Vincristine (Dose/schedule NS)	Case report	1	Hodgkin lymphoma	3 rd	Cyclophosphamide, Doxorubicin, Asparaginase,	C-section	NS	Male infant: 2600 g. Apgar scores NS. Newborn was apparently healthy.	At 2 years, no growth retardation, mental retardation, or malformations were noted.	(Ataergin <i>et al.</i> 2007)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (1.4 mg/m ² every 3 weeks, 2 cycles)	Case report	1	Ovary	2 nd , 3 rd	Doxorubicin, Cyclophosphamide	C-section	37	Female infant: 2500 g, Apgar scores NS. Newborn was healthy with no abnormality.	No	(Ateser <i>et al.</i> 2007)
Vincristine (Dose/schedule NS)	Case series, retrospective	4 of 7 from Table I (Pt1, 2, 5, 6)	Leukemia (ALL)	1 st [see note in reference column]	Doxorubicin, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 19 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	{Aviles 1991 #56} [This paper lists the beginning of treatment, but not the duration.]
			Leukemia (ALL)	3 rd	Doxorubicin	Vaginal	38	Female infant: 4300 g, Apgar scores NS. Newborn had no congenital malformations.	At 17 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	2 nd	Doxorubicin, Cyclophosphamide, Methotrexate, 6-Mercaptopurine	Vaginal	38	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 11 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st	Doxorubicin, Cyclophosphamide, Methotrexate, 6-Mercaptopurine	Vaginal	37	Male infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		7 of 14 from Table II (Pt1, 5, 7, 8, 9, 10, 14)	Hodgkin lymphoma	1 st	Nitrogen Mustard, Procarbazine	C-section	38	Male infant: 4500 g, Apgar scores NS. Newborn had no congenital malformations.	At 17 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Hodgkin lymphoma	2 nd	Nitrogen Mustard, Procarbazine	Vaginal	39	Male infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 14 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Hodgkin lymphoma	1 st	Nitrogen mustard, Procarbazine, Doxorubicin, Bleomycin,	Vaginal	38	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Vinblastine, Dacarbazine				were normal.	
			Hodgkin lymphoma	3 rd	Nitrogen Mustard, Procarbazine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	Vaginal	37	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Hodgkin lymphoma	2 nd	Nitrogen Mustard, Procarbazine	Vaginal	39	Male infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Hodgkin lymphoma	2 nd	Nitrogen Mustard, Procarbazine	Vaginal	40	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Hodgkin lymphoma	2 nd	Nitrogen Mustard, Procarbazine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	Vaginal	36	Female infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
		18 of 18 from Table III	Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin	Vaginal	38	Female infant: 3400 g, Apgar scores NS. Newborn had no congenital malformations.	At 18 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin, Bleomycin	C-section	39	Male infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin, Etoposide, Methotrexate	Vaginal	40	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 15 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin,	C-section	40	Male infant: 3850 g, Apgar scores NS. Newborn had no	At 14 years, physical, neurological, psychological,	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Bleomycin			congenital malformations.	hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Doxorubicin, Bleomycin	Vaginal	37	Female infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin, Bleomycin, Cytarabine	Vaginal	37	Male infant: 2900 g, Apgar scores NS. Newborn had no congenital malformations.	At 10 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin, Bleomycin	Vaginal	38	Female infant: 3500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Epirubicin, Bleomycin, Cytarabine, Etoposide, Methotrexate	Vaginal	37	Male infant: 2850 g, Apgar scores NS. Newborn had no congenital malformations.	At 8 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin	Vaginal	38	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 9 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin, Bleomycin	Vaginal	38	Female infant: 4100 g, Apgar scores NS. Newborn had no congenital malformations.	At 7 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin	Vaginal	37	Female infant: 3000 g, Apgar scores NS. Newborn had no congenital malformations.	At 6 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Doxorubicin,	Vaginal	39	Female infant: 3100 g, Apgar scores NS. Newborn had no	At 6 years, physical, neurological, psychological,	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Methotrexate, Cytarabine			congenital malformations.	hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Doxorubicin, Etoposide, Methotrexate	Vaginal	37	Male infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin, Bleomycin, Methotrexate, Cytarabine, Etoposide	Vaginal	40	Female infant: 4000 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide, Doxorubicin, Bleomycin	C-section	38	Male infant: 3200 g, Apgar scores NS. Newborn had no congenital malformations.	At 5 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	3 rd	Cyclophosphamide, Epirubicin, Bleomycin	Vaginal	39	Male infant: 3100 g, Apgar scores NS. Newborn had no congenital malformations.	At 4 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Epirubicin, Bleomycin, Methotrexate, Etoposide, Cytarabine	Vaginal	40	Male infant: 2800 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
			Non-Hodgkin lymphoma	1 st	Cyclophosphamide, Epirubicin, Bleomycin, Cytarabine	Vaginal	35	Female infant: 2500 g, Apgar scores NS. Newborn had no congenital malformations.	At 3 years, physical, neurological, psychological, hematological, immune function, and cytogenetics were normal.	
Vincristine (2 mg – Pt 1 18 mg – Pt 2 24 mg – Pt 3 16 mg – Pt 4 8 mg – Pt 5	Case series	16 of 16	Non-Hodgkin lymphoma	2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Methotrexate	NS	NS	Individual pregnancy outcomes are not provided. Birth weights were 2200 g to 3900 g (group range). All babies were born alive and none of the newborns	At ages ranging from 3 to 11 years, normal growth and development.	(Aviles <i>et al.</i> 1990) [†]
				1 st , 2 nd , 3 rd						

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
16 mg – Pt 6 16 mg – Pt 7 4 mg – Pt 8 12 mg – Pt 9 10 mg – Pt 10 14 mg – Pt 11 12 mg – Pt 12 2 mg – Pt 13 10 mg – Pt 14 12 mg – Pt 15 12 mg – Pt 16; schedule NS)				2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Bleomycin, Methotrexate			showed apparent congenital malformations.		
				1 st , 2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Bleomycin					
				3 rd	Cyclophosphamide, Doxorubicin, Bleomycin, Methotrexate, Etoposide					
				1 st , 2 nd	Cyclophosphamide, Doxorubicin, Bleomycin					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Bleomycin, Methotrexate, 6-mercaptopurine					
				3 rd	Cyclophosphamide, Doxorubicin, Methotrexate, Etoposide					
				1 st , 2 nd , 3 rd	Cyclophosphamide, Doxorubicin					
				2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Methotrexate, Cytarabine					
				1 st , 2 nd	Cyclophosphamide, Doxorubicin, Bleomycin					
				2 nd , 3 rd	Cyclophosphamide, Doxorubicin, Methotrexate, Cytarabine, Etoposide					
				3 rd	Cyclophosphamide, Doxorubicin, Methotrexate, Etoposide					

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant											
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome		Infant Follow Up	Reference
				1 st , 2 nd , 3 rd	Cyclophosphamide, Bleomycin, Methotrexate, Cytarabine, Etoposide						
				3 rd	Cyclophosphamide, Doxorubicin						
				1 st , 2 nd	Cyclophosphamide, Doxorubicin, Bleomycin						
Vincristine (Dose/schedule NS)	Case series, retrospective	10 of 29 from Table 1	Leukemia (ALL)	NS	Doxorubicin, Cyclophosphamide, Methotrexate, 6-Mercaptopurine	NS	NS	Birth weight, group range: 2500 – 3675 g.	Individual pregnancy outcomes, birth weights and Apgar scores were not provided.	In this long-term follow-up, ranging from 5 to 26 years, learning and educational performances were normal, and no congenital, cytogenetic, neurological, or psychological abnormalities were observed.	(Aviles and Neri 2001)†
Vincristine (Dose/schedule NS)	Case series, retrospective	2 of 26 from Table 2	Hodgkin lymphoma	NS	Doxorubicin, Bleomycin, Vinblastine, Dacarbazine, Mustargen, Procarbazine	NS	NS	Birth weight, group range: 2800 – 4300 g.	Individual pregnancy outcomes, birth weights and Apgar scores were not provided.	In this long-term follow-up, ranging from 5 to 26 years, learning and educational performances were normal, and no congenital, cytogenetic, neurological, or psychological abnormalities were observed.	
Vincristine (Dose/schedule NS)	Case series, retrospective	29 of 29 from Table 3	Lymphoma	NS	Doxorubicin, Cyclophosphamide, Bleomycin	NS	NS	Birth weight, group range: 2350 – 4050 g.	Individual pregnancy outcomes, birth weights and Apgar scores were not provided.	In this long-term follow-up, ranging from 5 to 26 years, learning and educational performances were normal, and no congenital, cytogenetic, neurological, or psychological abnormalities were observed.	
Vincristine (Dose/schedule NS)	Case series, retrospective	13 of 20 pregnancies (Pt 3, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 20); [12 of 18 patients, due to 2	Leukemia (ALL)	1 st , 2 nd , 3 rd	Methotrexate, Cyclophosphamide, 6-Mercaptopurine, Cytarabine	NS	[40]	Female infant: 2300 g, Apgar scores NS. Newborn had no malformations.		At 12 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	(Aviles and Niz 1988) [Pts 3,6,7,8 and9 were first reported in (Pizzuto et al. 1980): the cases

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
		pts had 2 pregnancies each]								are tallied using (Aviles and Niz 1988).]
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Cytarabine, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	NS	[34]	Male infant: 1000 g, Apgar scores NS. Newborn had pancytopenia and no malformations. At 21 days, died of septicemia; blood counts and bone marrow were normal at time of death.	No	
			Leukemia (ALL)	2 nd , 3 rd	Cytarabine, Methotrexate, 6-Mercaptopurine	NS	[38]	Female infant: 2400 g, Apgar scores NS. Newborn had no malformations. At 90 days, died from gastroenteritis.	No	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Doxorubicin, Methotrexate, 6-Mercaptopurine	NS	[33]	Female infant: 1800 g, Apgar scores NS. Newborn had no malformations.	At 8 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	3 rd	Cytarabine	NS	[38]	Female infant: 3000 g, Apgar scores NS. Newborn had no malformations.	At 7 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Doxorubicin, 6-Mercaptopurine, Methotrexate	NS	NS	Female infant: 2900 g, Apgar scores NS. Newborn had no malformations. [Pt A, 1 st pregnancy]	At 7 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	1 st , 2 nd , 3 rd	Cytarabine, Doxorubicin, 6-Mercaptopurine, Methotrexate	NS	NS	Female infant: 3500 g, Apgar scores NS. Newborn had no malformations.	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	2 nd , 3 rd	Doxorubicin, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	NS	NS	Female infant: 2700 g, Apgar scores NS. Newborn had pancytopenia and no malformations. At 4 weeks,	At 6 years, normal growth and development. Hematology, immune function, and cytogenetics	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								blood counts and bone marrow samples were normal.	were normal.	
			Leukemia (ALL)	3 rd	Doxorubicin	NS	NS	Male infant: 3100 g, Apgar scores NS. Newborn had no malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Doxorubicin, Methotrexate, 6-Mercaptopurine	NS	NS	Male infant: 2600 g, Apgar scores NS. Newborn had no malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd	Doxorubicin, Methotrexate, 6-Mercaptopurine	NS	NS	Male infant: 2850 g, Apgar scores NS. Newborn had no malformations. [Pt A, 2nd pregnancy]	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (AML)	1 st , 2 nd , 3 rd	Cytarabine, Doxorubicin	NS	NS	Female infant: 3250 g, Apgar scores NS. Newborn had no malformations.	At 5 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
			Leukemia (ALL)	1 st , 2 nd , 3 rd	Doxorubicin, Methotrexate, Etoposide, 6-Mercaptopurine	NS	NS	Female infant: 2500 g, Apgar scores NS. Newborn had no malformations.	At 4 years, normal growth and development. Hematology, immune function, and cytogenetics were normal.	
Vincristine (2 mg weekly, 4 doses per cycle; Pt 1 and 2 - 2 cycles, Pt 3 and 4 – 1 cycle)	Case series	4 of 5 (Pt1, 2, 3, 4)	Leukemia (ALL)	2 nd First@wk 17	Doxorubicin, Asparaginase, Cyclophosphamide, Methotrexate, 6-Mercaptopurine	NS	~39	Female infant: 3200 g, Apgar scores NS. Newborn was normal.	At 40 months, normal development and growth.	(Awidi <i>et al.</i> 1983)
			(ALL)	3 rd First@~wk 35	Doxorubicin	NS	~39	Male infant: 2900 g, Apgar scores NS. Newborn was normal.	At 29 months, normal development and growth.	
			(ALL)	3 rd First@~wk 35	Doxorubicin	NS	~40	Male infant: 3300 g, Apgar scores NS. Newborn was normal.	At 32 months, normal development and growth.	
			(AML)	1 st First@~wk 16	Doxorubicin, Cytarabine	NS	17	Spontaneous abortion. [No fetal data provided.]	No	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (1 mg/m ² , 4 cycles)	Case report	1	Cervix	2 nd , 3 rd First@wk 23 Last@wk 32	Cisplatin	C-section	32+6 days	Male infant: 1920 g, Apgar scores 9, 10, and 10 at 1, 5, and 10 minutes. Newborn developed respiratory distress syndrome that required mechanical ventilation until day 5. He then developed normally and was discharged at 4 weeks in good condition.	[At ~77 months,] he was healthy.	(Bader <i>et al.</i> 2007a)
Vincristine (1 mg/m ² on days 1 and 9)	Case report	1	Leukemia (APL)	2 nd First@wk 21	6-Thioguanine, Cytarabine, Vincristine	C-section	30	Preeclampsia at day 5 and 15 of chemotherapy, treated and resolved. Male infant: 1320 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was normal with normal blood work. At 20 minutes, he experienced tachypnea and progressive respiratory failure requiring intermittent ventilation. By 3.5 hours, he had developed severe respiratory distress syndrome requiring intubation (resolved by 6 days after treated with surfactant).	At 70 days, infant discharged from the hospital in excellent condition with normal hematological values and karyotype.	(Bartsch <i>et al.</i> 1988)
Vincristine (Dose NS, once monthly)	Case series	2 of 2	Leukemia (ALL)	PC, 1 st	Methotrexate, 6-Mercaptopurine	Vaginal	NS [~6 weeks]	Spontaneous abortion. [No fetal data reported.]	NA	(Bergstrom and Altman 1998)
				PC, 1 st , 2 nd	Methotrexate, 6-Mercaptopurine	Vaginal, induced	32	Preeclampsia at 32 weeks. Female infant: 4 lb 15 oz [2240 g], Apgar scores NS. Newborn revealed no abnormalities.	Subsequent exams [age NS] showed no abnormalities.	
Vincristine (2 mg, schedule NS)	Case report	1	[Non-Hodgkin lymphoma]	3 rd [First@ month 7]	Cyclophosphamide, Methotrexate (intrathecal)	Vaginal	7 th month (10 days after)	Spontaneous preterm labor. Female infant: weight and	At 3 years, general growth was satisfactory. Hematological parameters,	(Berrebi <i>et al.</i> 1983)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Burkitt lymphoma				starting chemotherapy)	Apgar scores NS. Newborn was premature, but healthy.	bone marrow, Ig levels, lymphocyte function and karyotype were within normal levels.	
Vincristine (Dose/schedule NS)	Case series, retrospective	4 of 24 (Pt 1, 5, 15, and 16)	Sarcoma, undifferentiated	1 st First@month 3	Cyclophosphamide, Doxorubicin, AMSA	NS	No births were premature	Male infant: 6 lb 5 oz [2864 g], Apgar scores NS. Newborn had no major abnormalities.	At 2.5 years, normal.	(Blatt <i>et al.</i> 1980)
			Leukemia (AML)	3 rd	Methotrexate, 6-Mercaptopurine	NS	No births were premature	Female infant: 6 lb 3 oz [2808 g], Apgar scores NS. Newborn had no major abnormalities.	At 8 years, normal.	
			Hodgkin lymphoma	1 st	Radiation therapy, Nitrogen mustard, Procarbazine	NA	NS	Induced abortion in 1 st trimester. [No fetal data reported.]	NA	
			Hodgkin lymphoma	1 st	Nitrogen mustard, Procarbazine	NS	No births were premature	Male infant: 7 lb 12 oz [3514 g], Apgar scores NS. Newborn was normal.	No	
Vincristine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Daunorubicin, Asparaginase, Cytarabine (intrathecal), Methotrexate (intrathecal)	C-section	30	Female infant: 1266 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn was normal by physical exam, as well as hematologically and by sepsis assessment, and cancer screening.	No	(Bottsford-Miller <i>et al.</i> 2010)
Vincristine Dose/schedule NS, 8 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Cyclophosphamide	Vaginal, induced	34	Infant sex NS: 3043 g, Apgar scores 9, 9, and 9. Newborn was not compromised.	No	(Brown <i>et al.</i> 2001)
Vincristine (Dose NS on day 8 of an 8-day regimen, 4 cycles)	Case report	1	Uterus (choriocarcinoma)	NS First@ >20 wk	Actinomycin D, Etoposide, Methotrexate, Cyclophosphamide	Vaginal	32	Spontaneous preterm delivery. Female infant: 1383g, Apgar scores 8 and 9. Newborn was developmentally normal.	At 42 months, normal development.	(Brudie <i>et al.</i> 2011)
Vincristine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 17	Daunorubicin, Asparaginase	C-section	NS	Male infant: weight and Apgar scores NS. Newborn was normal.	At 3 years, alive and well with no medical problems.	(Camera <i>et al.</i> 1996)
Vincristine (Dose/schedule NS)	Case series	1 of 14	Hodgkin lymphoma	From the 6 th month [2 nd , 3 rd]	Nitrogen mustard, Procarbazine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was premature, but normal.	No	(Carcassonne 1981)†
Vincristine (Dose/schedule NS)	Survey, registry	2 of 3 from Table 5	Leukemia (ALL)	2 nd , 3 rd	Cytarabine, Cyclophosphamide, Daunorubicin, 6	NS	35.5 (Group mean)	Infant sex NS: 2341 g (group mean), Apgar scores NS. Both newborns were normal.	At 3.2 or 9 years, normal phenotype. At 41 to 109 months (group range, n=2),	(Cardonick <i>et al.</i> 2010)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Mercaptopurine, Methotrexate, Asparaginase				no long-term complications; group mean weight was 65 th percentile.	
		8 of 31 from Table 3	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Cyclophosphamide, Rituximab	NS	34.0 (group mean)	Infant sex NS: 2576 g (group mean), Apgar scores NS. One fetus died at 30 weeks, autopsy was normal. Five newborns were normal; 1 had jaundice and anemia, and 1 jaundice and transient tachypnea.	At 0.2 to 5.3 years (group range, n=20), all children were normal phenotype. At 34 to 82 months (group range, n=6), one child in the group had a speech delay; group mean weight was 46 th percentile.	
		1 of 31 from Table 3	Hodgkin lymphoma	2 nd , 3 rd	None	NS	35.9 (group mean)	Infant sex NS: 2587 g (group mean), Apgar scores NS. Newborn had intrauterine growth retardation, but was otherwise normal.	No	
		1 of 12 from Table 6	Rhabdomyosarcoma	2 nd , 3 rd	Cyclophosphamide, Actinomycin D	C-section	33	Male infant: 2948 g, Apgar scores NS. Newborn was normal.	At 5.3 years normal phenotype.	
		1 of 12 from Table 6	Cervix	2 nd , 3 rd	Cisplatin	NS	32 (group mean)	Infant sex NS: 2173 g (group mean), Apgar scores NS. Newborn was normal.	At 12 to 87 months (group range, n=4 counted as n=1 in text analysis), no long-term complications; group mean weight was 59 th percentile.	
		1 of 12 from Table 6	Lung	2 nd , 3 rd	Cisplatin, Vinorelbine, Radiation therapy	NS	36	Infant sex NS: 2495 g, Apgar scores NS. Newborn was normal; placenta had areas of infarction.	At 2 months, there were no complications.	
Vincristine (Dose/schedule NS)	Survey, retrospective – utilizing data from the Rituximab global drug safety	1 of 20 from Table 2	[Non-Hodgkin lymphoma] B-cell lymphoma	3 rd	Cyclophosphamide, Doxorubicin, Rituximab	NS	35	Male infant: weight and Apgar scores NS. Newborn was premature.	No	(Chakravarty <i>et al.</i> 2011)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
	database									
		1 of 20 from Table 2	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 16	Cyclophosphamide, Doxorubicin, Rituximab	NS	41	Female infant: weight and Apgar scores NS. Newborn was normal, but had B-cell depletion.		
		4 of 20 from Table 2	Non-Hodgkin lymphoma	2 nd	Doxorubicin, Rituximab	NS	35	Female infant: weight and Apgar scores NS. Newborn was normal.		
				2 nd First@wk 18	Cyclophosphamide, Doxorubicin, Rituximab	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal.		
				2 nd First@wk 21	Cyclophosphamide, Doxorubicin, Rituximab	NS	33	Preeclampsia. Female infant: weight and Apgar scores NS. Newborn was normal.		
				2 nd First@wk 15	Cyclophosphamide, Doxorubicin, Rituximab	NS	33	Female infant: weight and Apgar scores NS. Newborn had low B-cells.		
Vincristine (Dose/schedule NS)	Survey, retrospective	3 of 37 from Table 1 (Pt 13, 30, 35)	Leukemia (ALL)	1 st (Diagnosis @wk 9) (Pt 13)	Daunorubicin, Cyclophosphamide	NS	NS	Induced abortion. [No fetal autopsy data provided.]	No	(Chelghoum <i>et al.</i> 2005) In addition, 1 patient diagnosed in the 3rd trimester and treated with vincristine (Pt 34) was not included because it was not possible to determine if they received chemotherapy during pregnancy.]
			Leukemia (ALL)	1 st (Diagnosis @wk 10) (Pt 30)	Daunorubicin, Cyclophosphamide	NS	NS	Induced abortion. [No fetal autopsy data provided.]		
			Leukemia (ALL)	1 st (Diagnosis @wk 9)(Pt 35)	Daunorubicin, Cyclophosphamide	NS	NS	Induced abortion. [No fetal autopsy data provided.]		

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (1 mg daily, then weekly for 4 weeks)	Case report	1	Leukemia (AML)	2 nd [First@wk16 Last@wk 22]	Methotrexate, 6-Mercaptopurine (2 nd , 3 rd)	C-section	37	Preeclampsia [at gestation week 36]. Male infant: 6 lb [2724 g], Apgar score 7. Newborn was normal.	At 2 years, no deleterious effects of the chemotherapeutic agents.	(Cooiland <i>et al.</i> 1969)
Vincristine (Dose/schedule NS)	Case report	1	Kidney (Wilms tumor)	2 nd	Actinomycin D	C-section	28	Female infant: 1130 g, Apgar scores NS. Newborn had no abnormalities but suffered respiratory stress syndrome and was in the neonatology unit for 2 months.	At 10 months, healthy.	(Corapcioglu <i>et al.</i> 2004)
Vincristine (Dose/schedule NS)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	3 rd First@wk 28	Rituximab, Cyclophosphamide	C-section	29	Female infant: 1263 g, Apgar scores 9 and 9 at 1 and 5 minutes. Newborn had respiratory distress and omphalitis, but no myelosuppression. Discharged at 46 days in adequate condition.	No	(Cordeiro <i>et al.</i> 2009)
Vincristine (2 mg (1.4 mg/m ²) on days 1 and 8 of 28-day cycle; through remainder of pregnancy)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 18	Cyclophosphamide, Procarbazine	NS	37	Female infant: 2000 g, Apgar scores NS. Newborn had no abnormalities and chromosomal analysis was normal.	At 1 year, no abnormalities.	(Daly <i>et al.</i> 1980)
Vincristine Dose NS, every 3 months, then weekly)	Case report	1	Leukemia (ALL)	PC, 1 st , 2 nd , 3 rd [not entirely clear]	6-Mercaptopurine (PC, 1 st), Cytarabine (3 rd), Methotrexate (PC, 1 st , 3 rd) Doxorubicin (2 nd)	C-section	36	Male infant: 2400 g, Apgar scores NS. Newborn was polycythemic and hyperbilirubinemic, with no congenital defects.	At 6 months, normal growth and development.	(Dara <i>et al.</i> 1981)
Vincristine (Dose/schedule NS)	Case series	2 of 32 (Pt 20, 30)	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 24	Doxorubicin, Etoposide, Bleomycin, Cytarabine, Cyclophosphamide	C-section	35	Infant sex NS: 1980 g, Apgar scores 8 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
				3 rd First@wk 34	Epirubicin, Etoposide, Cytarabine, Bleomycin, Cyclophosphamide	Vaginal	36	Infant sex NS: 3020 g, Apgar scores 9 and 9. Newborn was healthy.		

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (1.4 mg/m ² /day on days 1 to 5, 6 cycles on 14 day schedule)	Case report	1	Non-Hodgkin lymphoma	2 nd	Doxorubicin, Rituximab, Cyclophosphamide	Vaginal	33	Spontaneous preterm labor Female infant: weight within 50-90 percentile, Apgar scores 8, 10 and 10. Newborn was healthy, but B-cells were severely diminished at birth (recovery began at 6 weeks, complete by 12 weeks). Normal immunological response to vaccinations at 8 and 16 weeks.	At 16 months, no physiological or developmental abnormalities.	(Decker <i>et al.</i> 2006)
Vincristine Dose/schedule NS)	Case series	3 of 18 (Pt 8, 11, 13)	Hodgkin lymphoma	1 st	Nitrogen mustard, Procarbazine	NS	NS	Female infant: 3000 g, Apgar scores NS. Newborn was healthy. At 3 months, died of gastroenteritis.	No	(Dilek <i>et al.</i> 2006)
			Hodgkin lymphoma	[Text says 1 st , Table says postpartum]	Doxorubicin, Cyclophosphamide	NS	Term	Female infant: 3000 g, Apgar scores NS. Newborn was normal with no pathological findings.	At 12 months, she was alive.	
			Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Cyclophosphamide	NS	Term	Male infant: 2500 g, Apgar scores NS. Newborn had low birth weight but no hematological abnormality.	At 35 months, he was alive.	
Vincristine (1.4 mg/m ² on day 1)	Case report	1	Hodgkin lymphoma	3 rd First@wk 29	Cyclophosphamide	C-section	35	Female infant: 2300 g, Apgar scores NS. Newborn was well.	No	(D'Incalci <i>et al.</i> 1982)
Vincristine (Pt 1 - 1 mg, once; Pt 2 - 1 mg/m ² on days 1 and 7; Pt 3 - 1 mg/m ² on days 1 and 7 followed by a second cycle at 30% higher dose)	Case series	3 of 3	Leukemia (AML)	3 rd	Methotrexate, 6-Mercaptopurine	Vaginal	34	Premature rupture of membranes. Female infant: 2350 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had a cushingoid appearance.	At 8 weeks, weight and height were normal for gestational age.	(Doney <i>et al.</i> 1979)
				2 nd	Hydroxyurea, Daunorubicin, Cytarabine, 6-Thioguanine	NS	~21	Induced abortion. Fetus weighed 307.8 g with no external defects or gross abnormalities.	NA	
				3 rd	Hydroxyurea,	Vaginal	31	Spontaneous preterm labor	At 13.5 months, general	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					Daunorubicin, Cytarabine, 6-Thioguanine			at 4 weeks after admission. Male infant: 2130 g, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was premature and for 2 days was anemic, hyponatremic, hyperkalemic, and hypoglycemic. Anemia gradually improved.	physical examination and complete blood count were unremarkable but growth parameters were depressed with weight, height, and head circumference. Denver Developmental Screening Tests were normal.	
Vincristine (2 mg, 3 cycles)	Case report	1	Leukemia (AML)	3 rd	Cytarabine	Vaginal	39	Male infant: 2967 g, Apgar scores NS. Newborn was normal with normal blood count.	At 30 months, normal development and excellent health.	(Durie and Giles 1977)
Vincristine (Dose/schedule NS)	Case series	1 of 2 (Pt 2)	Leukemia (AML)	PC, 1 st Last@wk 8	Cytarabine, Doxorubicin	Vaginal	NS	Female infant: weight and Apgar scores NS. Newborn had an atrial septum defect and bilateral loss of radius and fifth digit.	No	(Ebert <i>et al.</i> 1997)
Vincristine (Dose/schedule NS, 2 cycles)	Case report	1	Vagina (neuroendocrine carcinoma)	2 nd First@wk 17 Last@wk 27	Doxorubicin, Cyclophosphamide	C-section	29	Male infant: 1100g, Apgar scores 5 and 6 at 1 and 5 minutes. Newborn was viable and , due to prematurity, received intensive care for 55 days at which time he was discharged without complications..	At 6 years, highly functional with no neurodevelopmental delays.	(ElNaggar <i>et al.</i> 2012)
Vincristine (1.2 mg/m ² on day 1, 8 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd Last@wk 34	Bleomycin, Cyclophosphamide	Vaginal	Term	Male infant: 2500 g, Apgar scores NS. Newborn had no signs of abnormalities.	At 1 year, normal development. Chromosomal banding studies detected no abnormalities	(Falkson <i>et al.</i> 1980)
Vincristine (Pt1-2mg on day 2; Pt 2- 2 mg on day 2; Pt 3- 2 mg on day 2; Pt 4- 2 mg on day 2; Pt 5- 2 mg/week for 5 weeks)	Case series	5 of 5	Leukemia (APL)	1 st First@wk11	Doxorubicin, Cytarabine	NS	19	Induced abortion. Histologic and karyotypic examinations of fetus were not performed.	NA	(Fassas <i>et al.</i> 1984)
			Leukemia (AML)	2 nd First@wk 17	Doxorubicin, Cytarabine	Vaginal	37	Spontaneous preterm labor.	At 3-4 months, increased leukocyte count and	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Male infant: 2430 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no congenital abnormalities and blood count was normal.	lymphocytic with occasional nucleated red blood cells in smear. At 20 and 30 months, normal blood count. At 37 months, normal growth and development.	
			(AML)	3 rd	Doxorubicin, Cytarabine	Vaginal	NS [>36]	Male infant: 3100 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was normal with normal blood count.	At 36 months, normal growth and development with no hematological abnormality.	
			(AML)	3 rd First@wk 31	Doxorubicin, Cytarabine	C-section	38	Male infant: 3140 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with normal blood profile.	No	
			(ALL)	2 nd , 3 rd	Vindesine	C-section	39	Male infant: 3700 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no congenital abnormalities and blood profile was normal.	At 1 year, normal physical and mental development and normal blood count.	
Vincristine (Pt 2- 2 mg, schedule NS; Pt 4 – Dose NS, weekly)	Case series	2 of 5 (Pts 2, 4)	Leukemia (AML)	1 st , 3 rd	Methotrexate (PC, 1 st), 6-Mercaptopurine (PC, 1 st), Doxorubicin (1 st), Daunorubicin (3 rd), Cytarabine (3 rd)	Vaginal	38	Female infant: 2800 g, Apgar scores 8 and 10 at 1 and 5 minutes.	At 7 years, normal development.	(Feliu <i>et al.</i> 1988)
			(AMML)	1 st , 2 nd	6-Mercaptopurine (PC, 1 st), Daunorubicin, Cytarabine	NS	23	Mother and fetus died. Fetal morphology was normal.	NA	
Vincristine (2 mg/day on days 1 and 14, 2 cycles)	Case report	1	Rhabdomyosarcoma	2 nd First@wk23 amenorrhea	Ifosfamide, Actinomycin D	C-section	29 wks amenorrhea	Anhydramnios and fetal growth restriction at four weeks after chemotherapy administration. Female infant: 720 g, Apgar scores 3, 7, and 7 at 1, 5, and 10 minutes. Newborn exhibited anuria and didn't pass urine for 7 days, at	NA	(Fernandez <i>et al.</i> 1989)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								which time she died. Postnatal cerebral ultrasound detected bilateral intraventricular hemorrhage and left occipital menigeal hematoma. Autopsy found extensive cerebral lesions associated with prematurity but revealed no renal lesions or chromosome abnormality. Placenta revealed large areas of ischemic necrosis without chorioamnionitis.		
Vincristine (2.0 mg IV weekly for 12 weeks)	Case report	1	Ovary	2 nd , 3 rd First@wk 20 Last@wk 32	Actinomycin D, Cyclophosphamide	Vaginal	39+6 days	Male infant: 4310 g, Apgar scores 8 and 9 at 1 and 5 minutes.	No	(Frederiksen <i>et al.</i> 1991)
Vincristine (Dose NS, 6 cycles at 3 week intervals)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd , 3 rd	Rituximab, Doxorubicin, Cyclophosphamide	C-section	41	Female infant: weight and Apgar scores NS. Newborn was healthy, but with complete absence of B cells. A fast B cell recovery was seen in the weeks following birth.	At 26 months, normal growth and development.	(Friedrichs <i>et al.</i> 2006)
Vincristine (4 mg, 4 cycles)	Case series	1 of 15 (Pt 8)	Cervix	2 nd First@wk 23	Cisplatin	C-section	32	Infant sex NS: 1690 g, Apgar scores 5 and 8 at 1 and 5 minutes. Newborn was well with no malformations, but had anemia.	Children were well and healthy at follow-up at ages 2 to 198 months.	(Gambino <i>et al.</i> 2011)
Vincristine (2 mg on day 1 of 28 day cycle, 4 cycles)	Case report	1	Non-Hodgkin lymphoma	PC (3 cycles), 1 st (1 cycle)	Doxorubicin, Cyclophosphamide	Vaginal, spontaneous	NS	Male infant: 3400 g, Apgar score 10 after 10 minutes. Newborn had a normal appearance.	At 2 months, satisfactory condition.	(Garcia <i>et al.</i> 1981)
Vincristine Dose/schedule NS 2 Cycles	Case series	1 of 2 (Pt2)	Large B cell lymphoma (Non-Hodgkin lymphoma)	3 rd First@wk 28 Last@wk 32	Cyclophosphamide Doxorubicin	Vaginal	33	Male infant: 1645 g, Apgar scores 8 and 9 at 1 and 5 minutes. Developed necrotizing enterocolitis that was successfully treated and leukopenia that resolved in 2 days.	No	(Garcia <i>et al.</i> 1999)
Vincristine (Dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma	3 rd	Doxorubicin, Cyclophosphamide	Vaginal	Term	Female infant: 2800 g, at 4 weeks, Apgar scores NS.	At 26 months, doing well.	(Garg and Kochupillai)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Newborn had no congenital abnormalities.		(1985)
Vincristine (Mean dose = 2 mg/m ² , Pt 2 received 1 cycle; Pt 8 received 4 cycles)	Survey, retrospective	2 of 20 (Pts 2, 8)	Breast	1 st First@wk 6	Epirubicin, Methotrexate	Vaginal	NS	Spontaneous abortion. [No fetal data reported.]	NA	(Giacalone <i>et al.</i> 1999)
				2 nd , 3 rd First@wk 26	Doxorubicin	Vaginal	35	Infant sex and weight NS: Apgar scores 10 and 10 at 1 and 4 minutes. Newborn was normal.	At 20 months, alive and well.	
Vincristine (2 mg on day 1, 2 cycles)	Case report	1	Ewing sarcoma	3 rd First@wk 29 Last@wk 32	Doxorubicin, Actinomycin D, Cyclophosphamide	Vaginal, induced	36	Female infant: 5 lb 3 oz [2354 g] , Apgar scores 9 and 9. Newborn was normal appearing.	At 3 months, growing adequately with no known abnormalities.	(Gilliland and Weinstein 1983)
Vincristine (2 mg on days 1, 15, 30, 45)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Epirubicin	Vaginal, induced	34	Female infant: 2320 g, Apgar scores 8 and 8 1 and 5 minutes. Newborn appeared normal.	At ~4 years, seemed to be normal.	(Goldwasser <i>et al.</i> 1995)
Vincristine (Dose/schedule NS)	Case series	3 of 17 (Pts 2, 11, 15)	Leukemia (ALL)	2 nd First@wk 18	Daunorubicin, Cytarabine	NA	NS [~24]	Mother and fetus died during pregnancy. [No fetal data.]	No	(Greenlund <i>et al.</i> 2001)
			(AML)	2 nd First@wk 24	Doxorubicin, Cytarabine, 6-Thioguanine	NS	31.5	Female infant: 1135 g, Apgar scores NS. Newborn had no malformations.		
			(AML)	2 nd First@wk 20	6-Mercaptopurine	NS	36	Male infant: 2130 g, Apgar scores NS. Newborn had no malformations.		
Vincristine (Dose/schedule NS)	Case series, retrospective	2 of 14 from Table 1 (Pt 7 and 11)	Leukemia (AML, ALL)	3 rd First@wk 34	Cytarabine, 6-Thioguanine	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal, but had low hemoglobin.	At 26 months, constant cold, weight < 10 th percentile. Growth was 10 percentile. Immune function test and complete blood count (CBC) were normal.	(Gulati <i>et al.</i> 1986)
			Leukemia (ALL)	7 months [3rd]	Methotrexate	NS	38	Infant sex, weight, and Apgar scores NS. Newborn was normal but small for gestational age	At 14 months, under 5 th percentile for height and weight.	
Vincristine (Dose/schedule NS)	Case report	1	Ewing sarcoma	2 nd , 3 rd [First@>wk 25]	Actinomycin D, Cyclophosphamide, Bleomycin, Doxorubicin	C-section	34	Female infant: 1750 g, Apgar scores 7 and 9. Infant required intravenous calcium and was treated for mild	Child progressing normally [age NS, >4 years later] .	(Haerr and Pratt 1985)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								respiratory distress syndrome for 2 days. No major problems after 3 days.		
Vincristine (Dose NS, days 1,8,15,22 then days 15, 22 twice, 3 cycles)	Case report	1	Leukemia (ALL)	2 nd , 3 rd First@wk 26 Last@wk 34	Cyclophosphamide, Asparaginase, Daunorubicin (2 nd), 6-Mercaptopurine (3 rd), Cytarabine (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	36	Transient oligohydramnios. [Spontaneous preterm labor.] Male infant: 2150 g, Apgar scores 2 and 8 at 1 and 5 minutes. Newborn physical examination was normal as were blood counts. Mild meconium aspiration syndrome required positive airway pressure and oxygen therapy for 4 days. Jaundice was treated with phototherapy.	No	(Hansen <i>et al.</i> 2001)
Vincristine (2 mg on Day 3, 4 cycles, 4 weeks apart)	Case report	1	Non-Hodgkin lymphoma	2 nd First@wk 21	Rituximab, Doxorubicin	C-section	35	Female infant: weight and Apgar scores NS. Newborn was healthy.	At 4 months, developed well with normal peripheral B-cell population.	(Herold <i>et al.</i> 2001)
Vincristine (Dose/schedule NS)	Case series	1 of 3 (Pt 3)	Leukemia (ALL)	3 rd	Daunorubicin, Asparaginase	Vaginal	NS	Male infant: 2086 g, Apgar scores 9 and 9. Newborn was healthy and showed no signs of myelosuppression.	No	(Hurley <i>et al.</i> 2005)
Vincristine (1.2 mg, schedule NS)	Case report	1	Melanoma	2 nd First@wk 26	Dacarbazine, Nimustine, Interferon beta	Vaginal	35	Male infant: 2208 g, Apgar scores NS. Newborn was healthy.	At 32 months, no signs of melanoma.	(Ishida <i>et al.</i> 2009)
Vincristine (Dose/schedule NS, Sarcoma Pt -1 cycle, Leukemia Pt – 4 cycles)	Case series	1 of 18	Sarcoma	NS First@wk 12-33 22 (mean)	Cyclophosphamide, Doxorubicin, Dacarbazine	NS	22	Spontaneous abortion. [No fetal data provided.]	NA	(Jameel and Jamil 2007)
		1 of 18	Leukemia (ALL)		Daunorubicin	NA	NA	Intrauterine fetal demise at 35 weeks. [No fetal data provided.]		
Vincristine (2 mg on days 1 and 8, 2 cycles)	Case report	1	Hodgkin lymphoma	2 nd , 3 rd First@wk 26	Nitrogen mustard, Procarbazine	NS	38	Male infant: 3110 g, Apgar score 9 at 1 minute. Newborn was normal with a full head	At 3 months, normal growth and development.	(Jones and Weinerman 1979)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (Dose/schedule NS)	Case series	2 of 2	Leukemia (ALL)	2 nd , 3 rd	Doxorubicin, Asparaginase, Methotrexate (intrathecal), Radiation therapy	C-section	34	Spontaneous preterm rupture of the membranes and labor. Male infant: 2080 g, Apgar scores 8 and 10 at 1 and 5 minutes. Newborn was vigorous with a full head of hair.	At 30 months, normal development.	(Karp <i>et al.</i> 1983)
			Lymphoma (of T-cell origin)	3 rd First@wk 31	Radiation therapy, Doxorubicin	Vaginal	31	Spontaneous preterm labor. Stillborn. Female infant: 1200 g. No abnormalities.	NA	
Vincristine (Dose/schedule NS)	Survey, retrospective	103	Leukemia (ALL, AML)	NS	Doxorubicin, Cyclophosphamide, Behenoyl-ara-c, Daunorubicin, 6-Mercaptopurine, Aclarubicin, Cytarabine, Cycloctidine, ATRA, Mitoxantrone, Idarubicin, Asparaginase	NS	NS	Individual exposures and pregnancy outcomes are not provided. Two anomalies were observed in the infants delivered by 103 patients.	No	(Kawamura <i>et al.</i> 1994)†
Vincristine (Dose/schedule NS, 2 cycles)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	Cyclophosphamide, 6-Mercaptopurine, Methotrexate, Doxorubicin (2 nd), Asparaginase (2 nd)	C-section	NS [at term]	Female infant: 3800 g, Apgar scores NS. Newborn was clinically normal with slight leucopenia (resolved after 2 weeks).	At follow up [age NS], child was well with normal blood counts and no neurological disturbances or congenital abnormality.	(Khurshid and Saleem 1978)
Vincristine (weekly for 12 weeks, total 26.4 mg)	Case report	1	Ovary	2 nd First@wk 16	Actinomycin D, Cyclophosphamide	Vaginal	37	Spontaneous preterm labor. Male infant: 2850 g, Apgar scores NS. Newborn was entirely normal.	No	(Kim and Park 1989)
Vincristine (2 mg, 5 cycles)	Case report	1	Leukemia (ALL)	2 nd , 3 rd	6-Mercaptopurine, Cyclophosphamide (3 rd), Cytarabine (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	38	Male infant: 6 lb 8.5 oz [2962 g], Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was normal.	At 7 months, he continued to thrive and had a normal karyotype.	(Krueger <i>et al.</i> 1976)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (1.5 mg/m ² on days 1 and 8, 1 cycle)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 26	Cyclophosphamide, Doxorubicin, Cytarabine, Etoposide, Ifosfamide	C-section	32	Male infant: 1731 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was cyanotic and active, showed no anomalies on physical examination, and was admitted to the NICU for respiratory distress syndrome and possible sepsis.	At 14 months, mild delay in motor skills (thought to result from prematurity) but otherwise healthy.	(Lam 2006)
Vincristine (1.4 mg/m ² on day 1, 3 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 22 Last@wk 28	Cyclophosphamide, Doxorubicin, Bleomycin, Teniposide	C-section	31	Preeclampsia and fetal growth retardation. Male infant: 1380 g, 7, 9, and 10 at 1, 5, and 10 minutes. Newborn showed no neurologic, urinary tract, lung, or other abnormalities.	At 18 months, normal growth and no signs of damage that could have been related to chemotherapy.	(Lambert et al. 1991)
Vincristine (2 mg, one cycle)	Case report	1	Leukemia (AMML)	2 nd First@wk17	Cytarabine (1 st , 2 nd), 6-Thioguanine (1 st), Daunorubicin	NA	20	Induced abortion. Male fetus: macroscopically and microscopically normal in size and development with normal karyotype and no blood dyscrasia.	NA	(Lilleyman et al. 1977)
Vincristine (Dose/schedule NS)	Cohort, retrospective	1 of 2	Hodgkinlymphoma	1 st	Nitrogen mustard, Procarbazine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had hydrocephaly and died at 4 hours.	NA	(Lishner et al. 1992)†
Vincristine (2 mg on day 1, 6 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd , 3 rd Last@wk 37	Doxorubicin, Cyclophosphamide, Teniposide, Bleomycin (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	37	Female infant: 3750 g, Apgar score 9. Newborn had a normal heart and blood count, no abnormality was detected.	No	(Lowenthal et al. 1982)
Vincristine (Dose/schedule NS, 6 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 13.6	Doxorubicin, Rituximab, Cyclophosphamide	Vaginal	39	Female infant: 2270 g, Apgar scores 6 and 9. Newborn was viable with low birth weight [small for gestational age].	At 10 months, healthy.	(Magloire et al. 2006)
Vincristine (1.5 mg/m ² every 3rd week, 3 cycles)	Case report	1	Rhabdomyosarcoma	2 nd , 3 rd	Actinomycin D, Cyclophosphamide	Vaginal	36.5	Spontaneous preterm labor. Female infant: 2443 g, Apgar scores 8 and 9 at 1 and 5	No	(Martin et al. 1997)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								minutes. Newborn was healthy and normal on physical examination.		
Vincristine (Dose/schedule NS)	Case report	1	Leukemia (ALL)	3 rd	Daunorubicin, Asparaginase, Methotrexate (intrathecal)	C-section	33	Intrauterine growth restriction. Male infant: 1450 g. Apgar scores 4 and 8 at 1 and 5 minutes. Newborn showed no abnormalities by physical examination or laboratory tests. Respiratory distress and jaundice were successfully treated.	At 28 months, normal growth.	(Matsouka <i>et al.</i> 2008)
Vincristine (2 mg on days 1 and 5, 2 cycles 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	NS [2 nd , 3 rd First @27 wk]	Mitoxantrone, Cyclophosphamide	C-section	31	Low biophysical profile score and abnormal cardiotocogram. Male infant: 1700 g, Apgar scores 6 and 8 at 1 and 5 minutes. Newborn was viable with no evidence of hematological suppression. Respiratory distress syndrome due to prematurity was successfully treated.	At 14 months, fit and well.	(Mavrommat is <i>et al.</i> 1998)
Vincristine (Dose/schedule NS)	Case report	1	Ewing sarcoma	3 rd	Methotrexate, Doxorubicin, Cyclophosphamide	C-section	~7 months	Spontaneous preterm rupture of membranes and labor. Male infant: 2200 g, Apgar scores NS. Newborn was healthy with normal peripheral blood counts.	At 10 weeks, normal growth and development.	(Meador <i>et al.</i> 1987)
Vincristine (1.5 mg)	Case report	1	Hodgkin lymphoma	1 st	Procarbazine, Nitrogen mustard	Hysterotomy	~ 13	Male fetus, 89 g, with no obvious external abnormalities. Internal examination revealed that the kidneys were markedly reduced in size and were malpositioned. Other organs were within normal limits.	NA	(Mennuti <i>et al.</i> 1975)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (2 mg every 4 weeks, 5 cycles)	Case report	1	Ovary	2 nd , 3 rd First@wk 17	Doxorubicin, Cyclophosphamide	Vaginal	37	Female infant: 6 lb 13 oz [3088 g], Apgar scores NS. Newborn was normal-appearing.	At 1 year, normal development.	(Metz <i>et al.</i> 1989)
Vincristine (Dose/schedule NS)	Case series	2 of 2	Leukemia (ALL)	1 st First@wk 6	Asparaginase, Daunorubicin, Methotrexate (intrathecal)	Vaginal	NS [~11]	Induced abortion. [No fetal data provided.]	NA	(Molkenboer <i>et al.</i> 2005)
				2 nd First@wk15 [Last@wk18-19]	Asparaginase, Daunorubicin, Methotrexate (intrathecal), Cytarabine	Vaginal	22	Stillborn: 400 g (sex NS). [No fetal data provided.]		
Vincristine (Dose/schedule NS)	Case report	1	Ovary	2 nd , 3 rd First@wk 23 Last@wk 36	Actinomycin D, Cyclophosphamide	Vaginal	37	Female infant: 3285 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was grossly normal.	No	(Montz <i>et al.</i> 1989)
Vincristine (2 mg/cycle, 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Doxorubicin, Etoposide, Bleomycin, Methotrexate, Cyclophosphamide	Vaginal	35.5	Spontaneous preterm labor after last chemotherapy dose. Male infant: weight was in 75th percentile, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no apparent physical anomalies.	At 11 months, alive and well.	(Moore and Taslimi 1991)
Vincristine (24 mg, schedule NS)	Survey, retrospective	2 of 27 [27 pts received chemotherapy while pregnant; the total number of pts who received vincristine while pregnant was not provided.]	Hodgkin lymphoma	1 st	Lomustine, Procarbazine, Vinblastine (1 st , 2 nd , 3 rd)	NS	NS	Infant sex, weight and Apgar scores NS. Cleft lip and cleft palate.	No	(Mulvihill <i>et al.</i> 1987)
			Leukemia	2 nd , 3 rd	Radiation therapy (1 st ,	NS	NS	Infant sex, weight and Apgar		

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			(AML)	First@wk13	2 nd , Daunorubicin (2 nd), Cytarabine (2 nd), Cyclophosphamide			scores NS. Normal at delivery.		
Vincristine (Dose/schedule NS)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk18	Methotrexate, Doxorubicin, Bleomycin, Cyclophosphamide	C-section	28	Spontaneous preterm labor at 10 th week of chemotherapy. Male infants (twins): weight and Apgar scores NS. Newborns were without apparent malformations.	At 12 months, apparently healthy.	(Nantel <i>et al.</i> 1990)
Vincristine (Pt 1: 2 mg on day 1 of 10 day cycle, then 1 mg on day 1 of 4 week cycle; Pt2: 2 mg on day 1 of 10 day cycle for 2 cycles, then same dose on day 1 of 4 week cycle for 3 cycles)	Case series	2 of 2	Leukemia (acute)	2 nd [, 3 rd ?] [First@~wk 20]	Cytarabine	C-section	[39]	Male infant: 3460 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal.	At 4 years, normal development and good health.	(Newcomb <i>et al.</i> 1978)
				1 st , 2 nd , 3 rd [First@wk12]	Doxorubicin Cytarabine,	NS	[39]	Female infant: 2860 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn appeared normal.	At 6 weeks, normal karyotype.	
Vincristine [1.4 mg/m ² during week 1, 2 cycles]	Case report	1	Hodgkin lymphoma	2 nd	Nitrogen mustard, Procarbazine, Doxorubicin, Bleomycin, Vinblastine	NS	Term	Female infant: weight and Apgar scores NS. Newborn had favorable outcome with no evidence of intrauterine growth retardation. Infant administered AZT for 6 weeks because mother was HIV positive.	At 2 years, child has normal weight and height for age and is HIV positive.	(Okechukwu and Ross 1998)
Vincristine (2 mg weekly)	Case report	1	Leukemia (ALL)	1 st , 2 nd First@wk 12	Methotrexate (intrathecal, 1 st); Asparaginase (2 nd), Cyclophosphamide (2 nd), Daunorubicin (2 nd), 6-Mercaptopurine (2 nd), Radiation	C-section	31	Premature rupture of membranes. Newborn was normally developed, but hydropic and had an enlarged liver and spleen. She had a petechial rash on her abdomen and	At 1 year, developmental status was normal.	(Okun <i>et al.</i> 1979)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					therapy (2 nd)			extremities and slight cardiomegaly. She experienced transient severe myelosuppression requiring transfusions (resolved after ~3 weeks). She was treated with digitalis and diuretics for congestive heart failure.		
Vincristine (1.4 mg/m ² on days 1 and 8, 5 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk21	Cyclophosphamide, Bleomycin	Vaginal	Term	Mild uterine contractions during 3 rd course of chemotherapy, subsided. Female infant: 3300 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn had no signs of abnormalities.	At >1 year, normal development with no evidence of malformations.	(Ortega 1977)
Vincristine (1.5 mg/m ² on days 8, 15, 22, 29)	Case report	1	Leukemia (ALL)	3 rd	Daunorubicin, Asparaginase	C-section	32+4 days	Male infant: 1450 g, Apgar scores 4 and 8 at 1 and 5 minutes. Newborn showed no abnormality in physical examination or laboratory tests. He had respiratory distress that was treated and resolved in 3 days and jaundice that was treated with phototherapy.	At 18 months, normal growth.	(Papantonio <i>et al.</i> 2008)
Vincristine (2 mg on day 1, 2 cycles)	Case report	1	Leukemia (AGL)	2 nd , 3 rd First@wk 25	Cytarabine, 6-Thioguanine	Vaginal	39	Infant sex and Apgar scores NS: 2250 g. Newborn had no abnormalities.	At 8 months, normal development.	(Pawlinger <i>et al.</i> 1971)
Vincristine (Dose/schedule NS)	Cohort, retrospective	4 of 14 from Tables 3 and 4 (Pt 2, 6, 9, 13, 14)	Leukemia (ALL)	2 nd First@wk 24 Last@wk 28	Idarubicin, Asparaginase	NS	36	Infant sex and Apgar scores NS. Newborn had no complications.	At 2 years, development was normal.	(Peres <i>et al.</i> 2001)
			Leukemia (CML)	2 nd First@wk 25	Hydroxyurea (1 st), Doxorubicin (2 nd)	NS	35	Infant sex and Apgar scores NS: 3195 g. Newborn had jaundice, but no malformations.	At 4 months, normal development.	
			(ALL)	2 nd First@wk 19	Epirubicin	NS	30	Fetal death. [No fetal autopsy reported.]	NA	
			(ALL)	1 st	Doxorubicin	NS	17	Fetal death. [No fetal	NA	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				First@wk 13				autopsy reported.]		
			Hodgkin lymphoma	1 st , First @wk3 Last@wk7	Nitrogen mustard, Procarbazine, Doxorubicin, Bleomycin, Vinblastine, Dacarbazine	NS	18	Induced abortion. Fetus had no malformations; toxic degenerative changes in liver and kidneys, placenta with villus degeneration and vascular toxic degeneration.	No	
Vincristine (2 mg on day 1, 3 cycles)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd First@wk 16	Cyclophosphamide, Doxorubicin, Ifosfamide, Etoposide, Cytarabine, Rituximab	Vaginal	26	Stillborn. Fetal ultrasounds noted decreased amniotic fluid at gestation week 18 and early intrauterine growth restriction at gestation week 22. [No fetal autopsy reported.]	NA	(Peterson <i>et al.</i> 2010)
Vincristine (Schedule NS, total doses, Pt 3=48 mg, Pt6=24 mg, Pt 7=16 mg, Pt 9=2 mg)	Case series	5 of 9 (Pts 3,6,7, 8, 9)	Leukemia (ALL)	1 st , 2 nd , 3 rd	Methotrexate, Cyclophosphamide, 6-Mercaptopurine, Cytarabine	Vaginal	40	Female infant: 2300 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 6 years, alive and healthy.	(Pizzuto <i>et al.</i> 1980)† [This case series was included in Aviles et al. 1988 (Aviles and Niz 1988), thus we did not include the case series in the text analysis of the table.]
			(ALL)	1 st , 2 nd , 3 rd	Cytarabine, 6-Mercaptopurine, Methotrexate, Cyclophosphamide	C-section	34	Male infant: 1000 g, Apgar scores NS. Newborn had no apparent congenital malformations but was pancytopenic. At 21 days, died from septicemia.	NA	
			(ALL)	2 nd , 3 rd	Cytarabine, 6-Mercaptpurine, Methotrexate	Vaginal	38	Female infant: 2400 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations. At 90 days, died from gastroenteritis.	No	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			(ALL)	1 st , 2 nd , 3 rd	Doxorubicin, Methotrexate, 6-Mercaptopurine	C-section	33	Female infant: 1800 g, Apgar scores NS. Newborn had no malformations.	At 8 years, she was without physical or psychological abnormalities.	
			(AML)	3 rd	Cytarabine	C-section	38	Female infant: 3000 g, Apgar scores NS. Newborn was normal with no apparent congenital malformations.	At 2 months, alive and healthy.	
Vincristine (1.4 mg/m ² on day 1, 5 cycles)	Case report	1	[Non-Hodgkin lymphoma] T-cell lymphoma	2 nd First@wk 20	Cyclophosphamide, Doxorubicin	Vaginal, induced	36	Female infant: 3245 g. Apgar scores 9, 9, and 9. Newborn was healthy and did not show growth retardation, or physical or neurological deficits.	No	(Reimer <i>et al.</i> 2003)
Vincristine (Dose/schedule NS)	Survey, retrospective	3 of 7 (Pt 1, 4, 7)	Leukemia (ALL)	2 nd , 3 rd	None	C-section	37	Male infant: 2960 g, Apgar score 9 at 5 minutes. Newborn had no congenital malformations.	At 4 years, no complications.	(Reynoso <i>et al.</i> 1987)
				2 nd , 3 rd	Daunorubicin, Cytarabine, Cyclophosphamide	Vaginal	34	Spontaneous preterm labor. Male infant: 2510 g, Apgar score 9 at 1 minutes and normal peripheral counts. Newborn had no congenital malformations.	At 7 years, no complications.	
				2 nd , 3 rd	Daunorubicin, Cytarabine, 6-Thioguanine, Cyclophosphamide	Vaginal	39	Male infant: 3420 g, Apgar score 10 at 5 minutes. Newborn had no congenital malformations.	At 11.5 years, no complications.	
Vincristine (1.4 mg/m ² every other week for 12 weeks)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd	Etoposide, Cyclophosphamide, Doxorubicin, Bleomycin	Vaginal	37	Male infant: 3200 g, Apgar scores NS. Newborn was healthy.	At 21 months, well with no evidence of iatrogenic complications.	(Rodriguez and Haggag 1995)
Vincristine (Dose/schedule NS)	Case report	1	[Non-Hodgkin lymphoma] Adult T-cell leukemia-lymphoma	2 nd	Hydroxyurea, Cyclophosphamide, Doxorubicin	C-section	NS [~27 weeks]	Male infant: weight and Apgar scores NS. Newborn was healthy.	No	(Safdar <i>et al.</i> 2002)
Vincristine (1.5 mg/m ² /day on days 1, 8, 15, 22)	Case report	1	Leukemia (ALL)	2 nd First@wk 22	Daunorubicin, Asparaginase, Cyclophosphamide	Vaginal	40	Female infant: weight and Apgar scores NS. Newborn was healthy, had a full head	No	(Schleuning and Clemm 1987)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
					(2 nd , 3 rd), Cytarabine (2 nd , 3 rd), 6-Mercaptopurine (2 nd , 3 rd), Methotrexate (2 nd , 3 rd), Radiation therapy (3 rd , 2 nd)			of hair, and no abnormalities. Cytogenetic analysis of lymphocytes showed a normal karyotype but some chromosome breakage and a ring chromosome.		
Vincristine (Dose/schedule NS)	Case report	1	Cervix	2 nd , 3 rd	Cisplatin, Carboplatin, Paclitaxel	C-section	31	Male infant: 1660 g, Apgar scores 7 and 8. Newborn had an uncomplicated neonatal course.	Child remained healthy [age NS].	(Seamon <i>et al.</i> 2009)
Vincristine (Dose NS, 4 weekly cycles)	Case report	1	Leukemia (ALL)	3 rd	Daunorubicin, Cyclophosphamide, Cytarabine, Asparaginase	Vaginal, induced	NS [~35]	Female infant: 6.8 lb [3087 g], Apgar scores NS. Newborn was normal.	At 16 months, healthy with a normal blood count.	(Sigler <i>et al.</i> 1988)
Vincristine (Dose NS, 3 cycles 3 weeks apart)	Case report	1	Non-Hodgkin lymphoma	3 rd	Doxorubicin, Cyclophosphamide	Vaginal, Induced	36	Female infant: 2400 g, Apgar scores NS. Newborn was healthy and without congenital anomalies.	No	(Soliman <i>et al.</i> 2007)
Vincristine (1 mg/m ² , 3 cycles (Pt 1), 4 cycles (Pt 2))	Case series	2	Cervix	2 nd First@wk 21 Last@wk 27	Cisplatin	C-section	34	Female infant: 2160 g, Apgar scores NS. Newborn had an uneventful neonatal period.	No	(Tewari <i>et al.</i> 1998)
				2 nd , 3 rd First@wk 21 Last@wk 29	Cisplatin	C-section	32	Male infant: 1700 g, Apgar scores NS. Newborn was viable.	At 2 years, very healthy.	
Vincristine (Dose/schedule NS, 2 doses)	Case report	1	Leukemia (ALL)	3 rd First@wk 33	None	Vaginal, induced	35	Male infant: 2648 g, Apgar scores NS. Newborn was viable.	At 22 months, healthy and growing and developing normally.	(Tewari <i>et al.</i> 1999)
Vincristine (Total 2 mg, schedule NS)	Case series	1 of 2 (Table 3)	Hodgkin lymphoma	1 st	Vinblastine, Procarbazine	Vaginal	NS	Male infant: 4 lb 2 oz [1872 g], Apgar scores NS. On day 2, developed respiratory distress and died. Post-mortem found a small secundum atrial septal defect.	NA	(Thomas and Peckham 1976)
Vincristine (4 mg total)	Case report	1	Hodgkin lymphoma	1 st First@wk 4 Last@wk 12	Doxorubicin, Nitrogen mustard, Procarbazine	NS	NS	Induced abortion. Fetus was absent 1 digit from the right foot. No cardiac tissue was recoverable. Karyotype was normal.	NA	(Thomas and Andes 1982) [†] (meeting abstract)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vincristine (1.5 mg on days 1 and 8, 2 cycles)	Case series	1 of 2 (Pt 2)	Breast	2 nd , 3 rd First@wk 22 Last@wk 28	Doxorubicin	Vaginal	31	Spontaneous preterm labor. Male infant: 1990 g, Apgar score 10 at 5 minutes. Newborn was healthy and had no obvious clinical abnormalities.	At 4 months, clinical condition was satisfactory and hair growth was normal.	(Tobias and Bloom 1980)
Vincristine (2 mg on day 1, 3 cycles)	Case report	1	Non-Hodgkin lymphoma	3 rd	Doxorubicin, Cyclophosphamide	Vaginal	NS	Infant sex NS: 2860 g, Apgar scores 9 at 1 minute. Newborn appeared normal by physical examination.	At 3 years, completely normal development and no physical or mental abnormalities.	(Toki <i>et al.</i> 1990)
Vincristine (2 mg, 4 cycles)	Case series	1 of 2 (Pt 1)	Leukemia (ALL)	2 nd , 3 rd First@wk 18	Daunorubicin (2 nd), Asparaginase (2 nd), Methotrexate, 6-Mercaptopurine	C-section	37	Twin infants, 1 male, 1 female. Male infant: 2500 g, Apgar scores NS. Newborn was active, alert, and physical examination was normal. Female infant: 2400 g, Apgar scores NS. Both newborns developed diarrhea and were successfully treated.	At 54 months, normal growth and development with no evidence of immunologic suppression.	(Turchi and Villasis 1988)
Vincristine (1.5 mg/m ² on days 8, 15 and 22)	Case report	1	Leukemia (ALL)	2 nd First@ wk 23	Cytarabine (2 nd , 3 rd), Cyclophosphamide (2 nd , 3 rd), Daunorubicin, Cytarabine (2 nd , 3 rd), 6-Thioguanine (2 nd , 3 rd), Methotrexate (intrathecal, 2 nd , 3 rd), Amsacrine (3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was unremarkable by physical examination. Cerebral ultrasound and newborn hearing screening were normal, as was ventricular function. He exhibited transient neonatal myelosuppression that was treated and resolved by day 20.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
Vincristine (Dose/schedule NS; Pt12 – 3 cycles, Pt17 – 2 cycles, Pt18 – 2 cycles, Pt19 – 3 cycles,	Survey, retrospective	6 of 27 (Pt 12, 17, 18, 19, 20, 24)	Leukemia (ALL)	2 nd , 3 rd First@wk 26	None	C-section	37	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.	No	(Ustaalioglu <i>et al.</i> 2010)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Pt20 – 2 cycles, Pt24 – 1 cycle)										
			Non-Hodgkin lymphoma	3 rd First@wk 29	Doxorubicin, Cyclophosphamide	Vaginal	35	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.		
			Non-Hodgkin lymphoma	3 rd First@wk 29	Rituximab, Doxorubicin, Cyclophosphamide	Vaginal	35	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.		
			Non-Hodgkin lymphoma	3 rd First@wk 32	Doxorubicin, Cyclophosphamide	Vaginal	40	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.		
			Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 27	Rituximab, Doxorubicin, Cyclophosphamide	Vaginal	35	Infant sex, weight and Apgar scores NS. Newborn showed no congenital malformations.		
			Sarcoma, soft-tissue	3 rd First@wk 32	Doxorubicin, Dacarbazine, Cyclophosphamide	C-section	33	Infant sex, weight and Apgar scores NS. Newborn was premature with low birth weight but no congenital malformations.		
Vincristine Pt 1 - 1.4 mg/m ² , 3 cycles Pt 2 - 1.5 mg/m ² on days 8, 15, 22, 29; 3 cycles 3 - 1.4 mg/m ² , 2 cycles	Survey, retrospective	3 of 62 [Total number of patients who received Vincristine while pregnant was not provided.]	NS	2 nd , 3 rd First@wk 25 Last@wk 33	Nitrogen Mustard, Procarbazine, Doxorubicin, Bleomycin, Vinblastine	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn had pectus excavatum.	No	(Van Calsteren <i>et al.</i> 2010)
				2 nd , 3 rd First@wk 24 Last@wk 32	Methotrexate, Daunorubicin, Cyclophosphamide, L-Asparaginase 6-Mercaptopurine	NS	NS	Infant sex, weight, and Apgar scores NS. Hemangioma		
				2 nd , 3 rd First@wk 26 Last@wk 30	Radiation therapy (1 st , 2 nd), Nitrogen mustard, Procarbazine, Doxorubicin, Bleomycin, Vinblastine	NS	NS	Infant sex, weight, and Apgar scores NS. Bilateral syndactyly of digits II and III		
Vincristine (1.3 mg/m ² on day 2)	Case report	1	Leukemia (AML)	3 rd	Doxorubicin, Cytarabine, 6-Thioguanine,	C-section	29	Fetal suffering per ultrasonography and cardiocotography at week 29. Female infant: 1000 g, Apgar	At 3.5 years, well with normal weight, and hematological parameters; no neurological damage.	(Veneri <i>et al.</i> 1996)

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								score 6 at 1 minute. Newborn was macroscopically normoformed and was admitted to the neonatology unit for hyaline membrane disease and moderate meningeal hemorrhage. With appropriate therapy she improved.		
Vincristine (Dose/schedule NS)	Case series	1 of 4 (Pt 3)	Leukemia (ALL)	3 rd	Daunorubicin	Vaginal	37	Male infant: 2865 g, Apgar scores NS. Newborn was healthy.	At 14 months, in excellent health.	(Volkenandt <i>et al.</i> 1987)
Vincristine (Dose/schedule NS)	Case report	1	Sarcoma	3 rd First@wk 28	Doxorubicin, Cyclophosphamide, Dicarboxide (?)	Vaginal	32.5	Spontaneous preterm rupture of membranes and labor. Female infant: 2 lb 14 oz [1305 g], Apgar scores 9 and 9. Newborn was viable with no respiratory distress or difficulty feeding.	At 2.5 years, normal neurological and physical development.	(Webb 1980)
Vincristine (Dose/schedule NS)	Case report	1	Ovary	2 nd , 3 rd Last@wk 31	Actinomycin D Cyclophosphamide	Vaginal	33	Spontaneous preterm labor. Female infant: 4 lb 14 oz, Apgar score of 9. Newborn was healthy.	At 8 months, normal development.	(Weed <i>et al.</i> 1979)
Vincristine (2 mg, twice)	Case report	1	Breast	3 rd First@wk 30 Last@wk 33	Doxorubicin, Methotrexate	Vaginal	33	Spontaneous preterm labor. Female infant: 2000 g, Apgar score 8. Newborn was normal but soon developed apnea, asytle and hyaline membrane disease (day 3). These were successfully treated.	She was healthy and doing well [age NS].	(Willemsse <i>et al.</i> 1990)
Vincristine (Dose/schedule NS)	Cohort, retrospective	3 of 21 (Pts 3, 6 and 14)	Breast	1 st	Cyclophosphamide, Methotrexate, 5-Fluorouracil, Tamoxifen	NS	NS	Infant sex, weight, and Apgar scores NS. Newborn was alive and well.	No	(Zemlickis <i>et al.</i> 1992)
			Hodgkin lymphoma	1 st First@wk 4	Nitrogen mustard, Procarbazine	NS	NS	Infant, sex, weight, Apgar scores NS. Newborn died at 4		

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
			Non-Hodgkin lymphoma	2 nd	Cyclophosphamide,	NS	NS	hours with hydrocephalus.		
Vincristine (Dose/schedule data limited -Table 1: Pt 13 – 3 cycles, Pt 30 – 1 cycle, Pt 31 – 1 cycle, Pt 33 – 4 cycles; Table 2: Pt 2 – 1 cycle, Pt 6 – 1 cycle, Pt 44 – 2 mg, Pt 36 – 2 cycles, Pt 41 – 3 cycles, Pt 26 – 3 cycles, Pt 24 – 2 cycles, Pt 25 - 1 cycle	Survey, retrospective	12 of 48 (Table 1: Pt 13, 30, 31, 33; Table 2: Pt 2, 6, 44, 36, 41, 26, 24, 25)	Hodgkin lymphoma	PC, 1 st	Cyclophosphamide	NS	Term	Infant (sex, weight, and Apgar scores NS). Newborn was normal.	At 10 years, normal.	(Zuazu <i>et al.</i> 1991)
			Non-Hodgkin lymphoma	PC, 1 st	Cyclophosphamide	Vaginal	NS	Spontaneous abortion at week 6 of gestation. [No fetal data provided.]	NA	
			Non-Hodgkin lymphoma	PC, 1 st	Doxorubicin, Cyclophosphamide	NS	NS	Induced abortion. [No fetal data provided.]	NA	
			Hodgkin lymphoma	PC, 1 st , 2 nd	Nitrogen Mustard, Procarbazine, Vinblastine (2 nd , 3 rd)	NS	40	Infant: 3400 g, sex and Apgar scores NS. Newborn was normal.	No	
			Leukemia (AML)	1 st First@wk11 Last@wk11	Daunorubicin, Cytarabine, 6-Thioguanine	Vaginal	NS	Spontaneous abortion at 20 days post-chemotherapy. [No fetal data provided.]	NA	
			Non-Hodgkin lymphoma	1 st First@wk12 Last@wk12	Cyclophosphamide, Procarbazine, Triethylene-melamine	NS	NS	Induced abortion at gestation week 14. [No fetal data provided. Pt 6, 1st pregnancy.]	NA	
			Leukemia (ALL)	2 nd First @wk14 Last@wk14	None	NS	NS	Induced abortion at gestation week 16. [No fetal data provided.]	NA	
			Leukemia (AML)	2 nd First@wk20 Second and	Daunorubicin, Cytarabine, 6-Thioguanine	C-section	37	Infant: 2100 g, sex and Apgar scores NS. Newborn was premature.	At 3 years, normal.	

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
				last@wk27						
			Non-Hodgkin lymphoma	2 nd First@wk22	Cyclophosphamide, Doxorubicin	C-section	37	Infant: sex, weight and Apgar scores NS. Newborn was normal.	No	
			Leukemia (AML)	2 nd First@month5 Last@month6	Daunorubicin, Cytarabine, 6-Thioguanine	NS	NS	Infant: sex, weight and Apgar scores NS. Newborn had normal outcome.	At 3 years, normal follow-up.	
			Leukemia (AML)	3 rd First@wk28	Daunorubicin, Cytarabine, 6-Thioguanine	NS	36	Infant: 2400 g, sex and Apgar scores NS. Newborn was normal with normal karyotype.	At 4 years, normal follow-up	
			Leukemia (AML)	3 rd First@wk29	Daunorubicin, Cytarabine, 6-Thioguanine	C-section	NS	Fetal death during treatment. Fetus without macroscopical anomalies.	NA	

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.

** Timing of co-treatment is listed only if it is different from the Vincristine timing.

*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

NA= Not Applicable. NS = Not Specified. Pt = patient. AGL = acute granulocytic leukemia (also called AML). ALL = acute lymphoblastic leukemia. AML = acute myelogenous leukemia. AMML = acute myelomonocytic leukemia. CML = chronic myeloid leukemia.

†Papers not incorporated into text analysis of vincristine. In order to avoid counting the same cases more than once, we did not include the following studies: (Pizzuto *et al.* 1980, Aviles *et al.* 1990, Lishner *et al.* 1992, Aviles and Neri 2001). The cases in Aviles et al. (Aviles *et al.* 1990) were not included in the text analysis because they were reported in a subsequent retrospective case series (Aviles *et al.* 1991). Patients #3, 6, 7, 8 and 9 from Table 2 in (Pizzuto *et al.* 1980) were not included because this case series was reported in Aviles et al. (Aviles and Niz 1988). The retrospective case series Aviles et al. (Aviles and Neri 2001) was not included because it included both new cases and long-term follow-up on previously reported case series (Aviles and Niz 1988, Aviles *et al.* 1991) and it did not report individual pregnancy outcomes. Lishner et al. (Lishner *et al.* 1992) reported one case of hydrocephaly with early neonatal death following 1st trimester exposure to procarbazine; however, this was not included because it was reported in previous paper from their research group (Zemlickis *et al.* 1992). Two studies were not included in the text analysis due to lack of individual patient data on timing of exposure, treatments and/or co-treatments and pregnancy outcomes (Carcassonne 1981, Kawamura *et al.* 1994). Finally, we did not include abstracts in the text analysis (Thomas and Andes 1982).

Appendix C Table 32. Vincristine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference

Appendix C Table 33. Vinorelbine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Appendix C Table 33. Vinorelbine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vinorelbine (Dose/schedule NS)	Case series	1 of 13 (Pt 1)	Rhabdomyosarcoma	1 st , 2 nd , 3 rd	Oxaliplatin, Irinotecan	NS	32	Infant sex, weight and Apgar scores NS. Newborn had cleft lip, cleft palate, tracheoesophageal fistula, and esophageal atresia.	No	(Abellar <i>et al.</i> 2009)
Vinorelbine (Dose/schedule NS)	Survey, registry	1 of 104 fetuses [1 of 99 pts] from Table 2	Breast	2 nd , 3 rd	None	NS	35.9 (group mean)	Infant sex NS: 2667 g (group mean), Apgar scores NS. Newborn was normal.	At 4 months, normal phenotype. At 42 months (group mean, n=93), group mean weight was 48 th percentile.	(Cardonick <i>et al.</i> 2010)
		1 of 12 from Table 6	Lung	2 nd , 3 rd	Vincristine, Cisplatin, Radiation therapy	NS	36	Infant sex NS: 2495 g, Apgar scores NS. Newborn was normal; placenta had areas of infarction.	At 2 months, there were no complications.	
Vinorelbine (Pt 1- 30 mg/m ² on days 1 and 5) Pt 2- 20 mg/m ² on days 1 and 5, 2 cycles, then 25 mg/m ² days 1 and 5, 1 cycle Pt 3- 30 mg/m ² on days 1 and 5, 3 cycles)	Case series	3 of 3	Breast	2 nd First@wk 24	5-Fluorouracil, Epirubicin, Cyclophosphamide	C-section	34	Female infant: 2320 g, Apgar scores 8, 3, and 10 at 1, 3, and 5 minutes. Newborn was normal with no dysmorphic features. Anemia at day 21, resolved.	At 35 months, growth and development were normal.	(Cuvier <i>et al.</i> 1997)
				3 rd First@wk 29	5-Fluorouracil	Vaginal	37	Male infant: 3230 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn was normal with no dysmorphic features.	At 34 months, growth and development were normal.	
				3 rd First@wk 28	5-Fluorouracil	Vaginal	41	Male infant: 3300 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn was normal with no dysmorphic features.	At 23 months, growth and development were normal.	
Vinorelbine (25 mg/m ² , schedule NS)	Case report	1	Breast	2 nd	Docetaxel (2 nd , 3 rd)	C-section	32	Female infant: 1620 g, Apgar scores 8 and 9. Newborn was normal.	She had regular psychophysical development at 20 months.	(De Santis <i>et al.</i> 2000)
Vinorelbine (30 mg/m ² weekly for about 4 weeks)	Case report	1	Breast	3 rd First@wk 30 Las@wk 33	Trastuzumab	C-section	33+5days	Anhydramnios was detected 3 weeks after start of chemotherapy.	Follow up examination [age NS] revealed no problems.	(El-Safadi <i>et al.</i> 2012)

Appendix C Table 33. Vinorelbine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
								Female infant: 1990 g, Apgar scores 8, 9, and 9 at 1, 5, and 10 minutes. She was in good health with no signs of malformation.		
Vinorelbine (25 mg/m ² weekly for 3 weeks)	Case report	1	Breast	2 nd , 3 rd First@wk 27 Last @wk 34	Trastuzumab	Vaginal, induced	34	Oligohydramnios, decreased fetal movements, and mild occasional fetal cardiac decelerations at 34 weeks. Male infant: 5 lb, 11oz [2580 g], Apgar scores 9, 9 and 10. Newborn was healthy.	At 6 months, he was healthy with normal development.	(Fanale <i>et al.</i> 2005)
Vinorelbine (30 mg/m ² on days 1 and 8 every 3 weeks, 3 cycles)	Case report	1	Lung	3 rd	Cisplatin	C-section	39	Infant, sex NS: 2910 g, Apgar score 9. Newborn was healthy.	No	(Garrido <i>et al.</i> 2008)
Vinorelbine (mean dose, 37 mg/m ²)	Survey, retrospective	4 of 20 (Pt 4, 5, 13, 18)	Breast	2 nd First@wk 24 amenorrhea	5-Fluorouracil	C-section	34 weeks amenorrhea	Infant sex and weight NS: Apgar scores 8 and 10. Newborn was anemic but had no malformations.	At 80 months, alive and well.	(Giacalone <i>et al.</i> 1999)
				2 nd First@wk 24 amenorrhea	5-Fluorouracil	Vaginal	40 weeks amenorrhea	Infant sex and weight NS: Apgar scores 9 and 10. Newborn was normal with no malformations.	At 40 months, alive and well.	
				3 rd First@wk 30 amenorrhea	5-Fluorouracil	Vaginal	38 weeks amenorrhea	Infant sex and weight NS: Apgar scores 10 and 10. Newborn was normal with no malformations.	At 75 months, alive and well.	
				3 rd First@wk 32 amenorrhea	5-Fluorouracil	C-section	35 weeks amenorrhea	Infant sex and weight NS: Apgar scores 10 and 10. Newborn was normal with no malformations.	At 12 months, alive and well.	
Vinorelbine (25 mg/m ² , 1 cycle)	Case report	1	Lung	2 nd First@wk 26	Cisplatin	C-section, semi-emergency	26+4days	Patient had rapidly progressive respiratory symptoms. Male infant: weight NS, Apgar scores 7 and 8 at 1 and 5 minutes. Newborn was healthy. A decrease in white blood cells and neutrophils was noted at 10 days but resolved by 3 weeks.	No	(Janne <i>et al.</i> 2001)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Vinorelbine timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.

Appendix C Table 33. Vinorelbine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant										
Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
NA= Not Applicable. NS = Not Specified. Pt = patient.										

Appendix D Cancer Chemotherapeutic Agent Tables 1-21

Appendix D contains data tables for cancer chemotherapeutic agents for which less than 10 patients were treated with cancer chemotherapy during pregnancy.

Appendix D Table 34 Amsacrine– Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Amsacrine (Dose/schedule NS)	Case series, retrospective	1 of 18	Sarcoma, undifferentiated	1 st	Cyclophosphamide, Doxorubicin, Vincristine	NS	No births were premature	Male infant: 6 lb 5 oz [2864 g], Apgar scores NS. Newborn had no major abnormalities.	At 2.5 years, normal.	(Blatt <i>et al.</i> 1980)
Amsacrine (120 mg/m ² on days 3, 5, and 7, 1 cycle)	Case report	1	Leukemia (ALL)	3 rd First@wk 32	Cyclophosphamide (2 nd , 3 rd), Daunorubicin (2 nd), Vincristine (2 nd), Cytarabine (2 nd , 3 rd), 6-Thioguanine (2 nd , 3 rd), Methotrexate (intrathecal; 2 nd , 3 rd)	Vaginal	33	Spontaneous rupture of membranes. Male infant: 1928 g [Table 2 states 1925 g], Apgar scores 9 and 10 at 1 and 5 minutes. Newborn’s physical exam was unremarkable with normal cerebral ultrasound, hearing, and echocardiography. He exhibited transient neonatal myelosuppression that was treated and resolved by day 20.	At 24 months, normal growth and development.	(Udink ten Cate <i>et al.</i> 2009)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the AMSA timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>AMSA= Amsacrine. NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoid leukemia.</p>										

Appendix D Table 35 Behenoyl cytosine arabinoside (Behenoyl-ara-C)– Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Behenoyl cytosine arabinoside (Dose/schedule NS)	Case report	1	Leukemia (APL)	2 nd or 2 nd , 3 rd	Daunorubicin, 6-Mercaptopurine, Cytarabine, Mitoxantrone	C-section	34	Female infant: 2,960 g, Apgar scores NS. Newborn was healthy.	At 16 months, no abnormalities.	(Azuno <i>et al.</i> 1995)
Behenoyl cytosine arabinoside (170 mg/m ² / day for 10 days, 3 cycles)	Case report	1	Leukemia (AML)	2 nd First@wk 20	Mitoxantrone, 6-Mercaptopurine	C-section	35+4 days	Preterm labor at beginning of 3 rd trimester was treated and resolved. Premature rupture of membranes at 35+4 weeks gestation. Male infant: 1882 g, Apgar scores NS. Newborn was thrombocytopenic and leukocytopenic but had neither anomalies nor chromosomal abnormalities.	No	(Gondo <i>et al.</i> 1990)
Behenoyl cytosine arabinoside (170 mg/m ² /day for 10 days, 2 cycles)	Case report	1	Leukemia (AML)	2 nd , 3 rd First@wk 24 Last@wk 29	Daunorubicin, 6-Mercaptopurine	C-section	33+6 days	Intrauterine growth restriction. Premature separation of placenta. Female infant: 1410 g, Apgar scores 1 and 8 at 1 and 5 minutes. Newborn showed no visible congenital anomalies but was severely premature.	At 5 months, known to be well with no neurologic or hematologic abnormalities.	(Morishita <i>et al.</i> 1994)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Behenoyl cytosine arabinoside timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>AML = acute myeloid leukemia. APL = Acute promyelocytic leukemia.</p>										

Appendix D Table 36 Capecitabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Capecitabine (Dose/schedule NS)	Survey, registry	1 of 12 from Table 6	Colorectal	1 st	Oxaloplatin	NS	NS	Infant sex NS: Birth weight and Apgar scores NS. Newborn was normal.	No	(Cardonick <i>et al.</i> 2010)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Capecitabine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA= Not Applicable. NS = Not Specified.</p>										

Appendix D Table 37 Carmustine– Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Carmustine (150 mg/m ² on day 1, 2 cycles)	Case report	1	Melanoma	2 nd First@wk 23 Last@wk 26.5	Tamoxifen, Cisplatin, Dacarbazine	C-section	30	Female infant: 1520 g, Apgar scores NS.	Age appropriate evaluations through 17 months of age.	(DiPaola <i>et al.</i> 1997)
Carmustine (100 mg/m ² on day 1 of an every other monthly cycle,	Case report	1	Melanoma	PC, 1 st , 2 nd	Dacarbazine, Cisplatin, Tamoxifen	C-section	34	Male infant: 2750 g, Apgar scores 10 and 10 at 1 and 5 minutes. Newborn showed no dysmorphism at clinical examination.	At 1 year, social, hearing, gross and fine motor assessments were normal but diagnosed with microphthalmos and severe hypermetropia.	(Li <i>et al.</i> 2007)
Carmustine (110 mg on day 1 every 4 weeks)	Case report	1	Lymphoma (diffuse histiocytic)	PC, 1 st , 2 nd	Procarbazine, Streptozotocin (2 nd , 3 rd)	Vaginal, spontaneous (?)	35	Male infant: 2340 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn physical examination was entirely normal, as was the karyotype.	No	(Schapira and Chudley 1984)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Carmustine timing. ***Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p>										

Appendix D Table 38 Chlorambucil – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Chlorambucil (2 mg/day on days 1, 3 and 5 every week for 3 months)	Case report	1	Leukemia (CLL)	1 st , 2 nd Last@wk 20	None	C-section	36	Male infant: 2235 g, Apgar score 9. Newborn was healthy with normal blood count, biochemical, ultrasonographic and echocardiographic analyses.	At 3 months, normal growth and development.	(Ali <i>et al.</i> 2009c)
Chlorambucil (4 mg/day)	Case report	1	Leukemia (CLL)	PC, 1 st Last@wk 5	None	Vaginal	41	Male infant: 7 lb 6 oz [3304 g], Apgar Scores NS. Newborn appeared normal.	At 2.5 years, in good health and of normal height and weight; his blood had no abnormalities.	(Baynes <i>et al.</i> 1968)
Chlorambucil (Dose/schedule NS)	Case series	1 of 32 (Pt 14)	Non-Hodgkin lymphoma	2 nd First@wk 20 Last@wk 24	None	C-section	39	Infant sex NS: 3020 g, Apgar scores 9 and 9. Newborn was healthy.	No	(De Carolis <i>et al.</i> 2006)
Chlorambucil (20 mg daily)	Case report	1	Choriocarcinoma, vagina	2 nd	Methotrexate, Actinomycin D	Vaginal	NS	Twin infants (sex NS): 1770 and 1880 g; Apgar scores NS. Both newborns and placenta appeared normal.	No adverse effects of chemotherapy at follow up, age NS.	(Freedman <i>et al.</i> 1962)
Chlorambucil (6 mg/day, schedule NS)	Case series	1 of 3 (Pt 3)	Non-Hodgkin lymphoma	PC, 1 st	Radiation therapy	NA	14	Induced abortion. Fetus was stillborn, but morphologically normal.	NA	(Ioachim 1985)
Chlorambucil (2 mg/day)	Case series	1 of 15 (Pt O)	Hodgkin lymphoma	PC, 1 st , 2 nd , 3 rd	None	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal.	No	(Jacobs <i>et al.</i> 1981)
Chlorambucil (6 mg/day for 6 weeks)	Case report	1	Hodgkin lymphoma	1 st	Radiation therapy	NA	18	Induced abortion. Male fetus: 165 g. Externally normal.	NA	(Shotton and Monie 1963)
Chlorambucil (Pt 16: 2 cycles, 1 week apart: 130 mg over 11 days, then 300 mg over 30 days; Pt 17: 378 mg over 3 weeks)	Case series	2 of 4 from Addendum (Pt 16 and 17)	Hodgkin lymphoma	2 nd , 3 rd	Nitrogen mustard, Radiation therapy (3 rd)	Vaginal	NS [~36]	Female infant: 5 lb 1 oz [2268 g], Apgar scores NS. Newborn was normal.	At 2 months, doing well.	(Smith <i>et al.</i> 1958)
			Hodgkin lymphoma	3 rd	None	NS	Term	Infant sex, weight and Apgar scores NS. Newborn was normal.	At 10 months, in excellent health.	
Chlorambucil (Table 2: Pt 6 – 10 mg/day)	Survey, retrospective	1 of 48 (Table 1: Pt 6)	Non-Hodgkin lymphoma	1 st Last@month2	None	NS	NS	Infant (sex NS): 3400 g, Apgar scores NS. Newborn was normal. [Pt 6, 2 nd pregnancy]	At 20 months, normal growth and development.	(Zuazu <i>et al.</i> 1991)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
** Timing of co-treatment is listed only if it is different from the Chlorambucil timing.
*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
NA = Not Applicable. NS = Not Specified. Pt = patient.

Appendix D Table 39 Dasatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Dasatinib (100 mg daily)	Case report	1	Leukemia (CML)	1 st , 2 nd First@wk 5 Last@wk 17	Imatinib	NA	17	Induced abortion. Male fetus: 166 g, Apgar scores NA. Fetus had hydrops with subcutaneous edema, plural effusion, and ascites. Autopsy found no congenital malformations. Levels of dasatinib were detected in fetal serum and amniotic fluid.	NS	(Berveiller <i>et al.</i> 2012)
Dasatinib (50 mg twice a day)	Case report	1	Leukemia (CML)	PC, 1 st	Interferon alpha (2 nd , 3 rd)	C-section	33	Male infant: 2100 g, Apgar score 9 at 10 minutes. Newborn was healthy.	At 8 months, normal growth and development with no evidence of congenital malformations.	(Conchon <i>et al.</i> 2010)
Dasatinib (Pt D-180 mg/day, Pt E-200 mg/day, Pt f-140 mg/day, Pt G-140 mg/day)	Survey, Post-marketing data	7 of 8 (Pt A, B, C, D, E, F, G) (Pt H was still pregnant at time of publication)	Leukemia (CML)	PC, 1 st	NS	NA	NS	Induced abortion. [No fetal data reported.]	No	(Cortes <i>et al.</i> 2008) [†] (Abstract only)
				PC, 1 st	NS	NA	NS	Induced abortion. [No fetal data reported.]	NA	
				PC, 1 st	NS	NA	NS	Induced abortion. [No fetal data reported.]	NA	
				PC, 1 st Last@5 wks	NS	NS	8	Spontaneous abortion. [No fetal data reported.]	NA	
				PC, 1 st Last@9 wks	NS	NS	9	Spontaneous abortion. [No fetal data reported.]	NA	
				PC, 1 st Last@7 wks	NS	NS	NS	Infant sex, weight and Apgar scores NS. Newborn was normal and healthy.	No	
				PC, 1 st Last@4wks	NS	C-section	7 months	Infant sex, weight, and Apgar scores NS. Newborn was "small for date" but without obvious birth defects.	No	

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Dasatinib (70 mg/day)	Case report	1	Leukemia (CML)	PC, 1 st Last@wk 5	Hydroxyurea, Cytarabine, (2 nd , 3 rd)	Vaginal	34+6 days	Female infant: 2470 g, Apgar scores NS. Newborn was healthy.	No	(Kroll <i>et al.</i> 2010)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Dasatinib timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA= Not Applicable. NS = Not Specified. Pt = patient.</p> <p>†Paper not included in text analysis. No abstracts were included in the tallies for the pooled data on any chemotherapy exposure.</p>										

Appendix D Table 40. Erlotinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Erlotinib (150 mg once daily)	Case report	1	Lung	1st First@wk2	None	C-section	33	Oligohydramnios and intrauterine growth restriction at gestation week 33. Female infant: 1600 g, Apgar scores 8 at 1 minute and 10 at 5 minutes. Newborn had no congenital malformations.	At 4 months, good health and growth at 25 th percentile (based on data for Columbia).	(Rivas <i>et al.</i> 2012)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Fludarabine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA= Not Applicable. NS = Not Specified. Pt = patient. AML = acute myeloblastic leukemia.</p>										

Appendix D Table 41 Fludarabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Fludarabine (30 mg/m ² days 2 thru 6)	Case report	1	Leukemia (AML)	2nd First@wk 26	Cytarabine, Mitoxantrone, Idarubicin, Gemtuzumab-ozogamicin (3 rd)	C-section	33	Fetus developed cardiomyopathy, transient cerebral ventriculomegaly, and intrauterine growth restriction after initiation of chemotherapy. Male infant: 1695 g, Apgar scores 8 and 9 at 5 and 10 minutes. Newborn was anemic and required intermittent bag mask ventilation; transcranial ultrasound and echocardiography detected no abnormalities and there were not clinical signs of dysmorphism.	At 6 months, no residual signs of cardiomyopathy or hydrocephalus.	(Baumgartner <i>et al.</i> 2009)
Fludarabine (30 mg/m ² on days 1-5)	Case report	1	Leukemia (AML)	3rd	Idarubicin, Cytarabine (2 nd , 3 rd)	NS	34	Fetal death: Authors suggest that chemotherapy may have caused fetal death.	NA	(Paşa <i>et al.</i> 2009)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Fludarabine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA= Not Applicable. NS = Not Specified. Pt = patient. AML = acute myeloblastic leukemia</p>										

Appendix D Table 42 Gemcitabine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Gemcitabine (Dose/schedule NS)	Survey, registry	1 of 12 from Table 6	Pancreas	2 nd , 3 rd	None	NS	30	Infant sex NS: Birth weight and Apgar scores NS. Newborn had anemia and respiratory distress.	At 1.5 years, normal; group mean body weight was 70 th percentile (n=2).	(Cardonick <i>et al.</i> 2010)
Gemcitabine (1000 mg/m ² on days 1 and 8, 1 cycle)	Case report	1	Lung	2 nd First@wk 25	Carboplatin	C-section	28+4 days	Female infant: 1040 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn was anemic, required surfactant treatment and a conventional ventilator for 29 days, and developed sepsis on day 36 from which she recovered well.	At 8 months, she was weaned from oxygen therapy and was on high-calorie formula milk. Her neurodevelopment was age appropriate.	(Gurumurthy <i>et al.</i> 2009)
Gemcitabine (1250 mg/m ² on days 1 and 8 on 3 week cycle, 2 cycles)	Case report	1	Lung	NS [Possibly 1 st and 2 nd]	Docetaxel, Cisplatin	C-section	33	Female infant: 1490 g, Apgar scores 8, 9, and 10 at 1, 5, and 10 minutes. Newborn was normal with normal karyotype, blood counts, thyroid, hearing, adrenal, hepatorenal, and hematology findings.	[At 2 months,] normal development.	(Kim <i>et al.</i> 2008)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Gemcitabine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA= Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix D Table 43 Irinotecan – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Irinotecan (Dose/schedule NS)	Case series	1 of 13 (Pt 1)	Rhabdomyosarcoma	1 st , 2 nd and 3 rd	Oxaliplatin, Vinorelbine	NS	32	Infant sex NS: weight and Apgar scores NS. Newborn had cleft lip, cleft palate, tracheoesophageal fistula, and esophageal atresia. Placenta had vacuolization and nuclear pleomorphism, extravillous trophoblasts of the chorion laeve, villous hypermaturity, and multifocal villous edema.	No	(Abellar <i>et al.</i> 2009)
Irinotecan (Dose/schedule NS, 10 cycles, 2 weeks apart)	Case report	1	Ovary	2 nd First@wk 18	5-Fluorouacil	Vaginal	37 weeks, 5 days	Female infant: 5 lb 14 oz [2632 g] , Apgar scores 9 and 9 at 1 and 5 minutes. Newborn was viable.	At one month, doing well.	(Taylor and Blom 1980)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Irinotecan timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix D Table 44 Lapatinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Lapatinib (750 mg daily)	Case report	1	Breast	PC, 1 st , 2 nd First@ PC Last@wk 14	None	Vaginal, induced	36	Female infant: 2600 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn was healthy.	At 18 months, she had reached all developmental milestones on schedule.	(Kelly <i>et al.</i> 2006)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Lapatinib timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA = Not Applicable. NS = Not Specified. Pt = patient</p>										

Appendix D Table 45 Lomustine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Lomustine (780 mg, schedule NS)	Survey, retrospective	(See note: pregnancy outcome column)	Hodgkin Lymphoma	1 st First@wk 1 Last@wk 6	Vincristine, Procarbazine, Vinblastine (1 st , 2 nd and 3 rd)	NS	NS	Infant: sex, weight and Apgar scores NS. Newborn had a cleft palate and cleft lip. <u>Note:</u> 27 patients received chemotherapy while pregnant; the number of patients who received Lomustine while pregnant was not provided.	No	(Mulvihill <i>et al.</i> 1987)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Lomustine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA = Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix D Table 46 Methyl-glyoxal bis guanyl hydrazone (Methyl-GAG)– Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Methyl-GAG (Dose/schedule NS)	Case series	1 of 17 (Pt 17)	Leukemia (AML)	3 rd First@wk 29	6-Mercaptopurine	NS	36	Female infant: 2530 g, Apgar score 6. Newborn had no malformations.	No	(Greenlund <i>et al.</i> 2001)
Methyl-GAG (250 mg/m ² on day 3, 5 and 8)	Case report	1	Leukemia (APL)	PC, 1 st	Daunorubicin	Vaginal	34	[Spontaneous preterm labor.] Female infant: 2200 g, Apgar scores NS. Newborn had no congenital abnormalities.	The baby grew well [age NS].	(Sanz and Rafecas 1982)
Methyl-GAG (Dose NS/schedule NS; Table 1: Pt 11 – one cycle)	Survey, retrospective	1 of 48 (1 of 56 pregnancies) (Table 1: Pt 11)	Leukemia (AML)	PC, 1 st	Daunorubicin	NS	34	Infant: 2200 g, sex and Apgar scores NS. Newborn was premature, but normal.	At 5 years, normal growth and development.	(Zuazu <i>et al.</i> 1991)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Lapatinib timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA = Not Applicable. NS = Not Specified. Pt = patient. AML = acute myeloblastic leukemia. APL = acute promyelocytic leukemia.

Appendix D Table 47 Nilotinib – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Nilotinib (200 mg B.I.D.)	Case report	1 (1 of 2 pregnancies of same pt)	Leukemia (CML)	PC, 1 st Last@wk 7.4	None	C-section	33	Male infant: 3200 g, Apgar score 9 at 10 minutes. Newborn was healthy. [2 nd pregnancy]	At 5 months, healthy and developing normally.	(Conchon <i>et al.</i> 2009)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Vindesine timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix D Table 48 Nimustine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Nimustine (75 mg, schedule NS)	Case report	1	Melanoma	2 nd , 3 rd First@wk 26	Dacarbazine, Vincristine, Interferon beta	Vaginal, spontaneous	35	Male infant: 2208 g, Apgar scores NS. Newborn was healthy.	At 32 months, he had no signs of melanoma.	(Ishida <i>et al.</i> 2009)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Vindesine timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA = Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix D Table 49 Oxaliplatin– Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Oxaliplatin (Dose/schedule NS)	Case series	1 of 13 (Pt 1)	Rhabdomyosarcoma	1 st , 2 nd , 3 rd	Irinotecan, Vinorelbine	NS	32	Infant sex NS: weight and Apgar scores NS. Newborn had cleft lip, cleft palate, tracheoesophageal fistula, and esophageal atresia. Placenta had vacuolization and nuclear pleomorphism, extravillous trophoblasts of the chorion laeve, villous hypermaturity, and multifocal villous edema.	No	(Abellar <i>et al.</i> 2009)
Oxaliplatin (Dose/schedule NS)	Survey, registry	1 of 12 from Table 6	Colorectal	1 st	Capecitabine	NS	NS	Infant sex NS: Birth weight and Apgar scores NS. Newborn was normal.	No	(Cardonick <i>et al.</i> 2010)
Oxaliplatin (85 mg/m ² , 6 biweekly cycles)	Case report	1	Rectal	2 nd , 3 rd First@wk 20 Last@wk 30	5-Fluorouracil	Vaginal	33.6	Female infant: 5 lb 6 oz [2438 g], Apgar scores 8 and 8 at 1 and 5 minutes. Newborn was normal.	At 3.5 years, no deficits and at 60 percentile for height and 45th percentile for weight.	(Gensheimer <i>et al.</i> 2009)
Oxaliplatin (85 mg/m ² 2-hour infusion. 10 cycles.)	Case report	1	Colon	1 st , 2 nd , 3 rd First@wk 13	5-Fluorouracil	C-section	33	Premature rupture of membranes. Twins, male and female infants: 2200 g each, Apgar scores 10 at 1 minute for both. Both were healthy with no malformations.	At 2 years, both were developing normally.	(Jeppesen and Osterlind 2011)
Oxaliplatin (100 mg/m ² every 2 weeks, 4 cycles)	Case report	1	Colorectal	2 nd [>wk 23]	5-Fluorouracil	C-section	31.5	Female infant: 1175 g, Apgar scores 8 and 9 at 1 and 5 minutes. Newborn spent 33 days in the neonatal unit, one day on a ventilator. She was hypothyroid.	At 11.75 months of age (adjusted for prematurity), there were no abnormal physical findings apart from a flaky red spot on the top of her head. She was beginning to walk, had normal blood parameters, a normal Denver Developmental Screening Test, and was being treated for gastro-esophageal reflux and hypothyroidism.	(Kanate <i>et al.</i> 2009)

* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.
 ** Timing of co-treatment is listed only if it is different from the Oxaliplatin timing.
 *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.
 NA= Not Applicable. NS = Not Specified. Pt = patient.

Appendix D Table 50 Streptozotocin – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Streptozotocin (800 mg for 3 days, 3 cycles, 4 weeks apart)	Case report	1	Lymphoma	2 nd , 3 rd First@wk 24 Last@wk 33	Procarbazine (1 st , 2 nd), Carmustine (1 st , 2 nd)	NS	35	Male infant: 2340 g, Apgar scores 7 and 9 at 1 and 5 minutes. Newborn appeared normal, and had normal blood work and chromosome studies (karyotype and sister chromatid exchange).	No	(Schapira and Chudley 1984)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Streptozotocin timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA = Not Applicable. NS = Not Specified.</p>										

Appendix D Table 51 Teniposide – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Teniposide (60 mg/m ² once every 21 days, 3 cycles)	Case report	1	Non-Hodgkin lymphoma	2 nd , 3 rd First@wk 22 Last@wk 28	Cyclophosphamide, Doxorubicin, Vincristine, Bleomycin	C-section	31	Preeclampsia and fetal growth retardation. Male infant: 1380 g, Apgar scores 7, 9, and 10 at 1, 5, and 10 minutes. Newborn showed no neurologic, urinary tract, lung, or other abnormalities. Phototherapy was used for 3 days for hyperbilirubinemia.	At 18 months he displayed normal growth and no signs of damage related to chemotherapy.	(Lambert <i>et al.</i> 1991)
Teniposide (75 mg/m ² , 1 st 2 nd cycles, 100 mg/m ² next 4 cycles, 6 cycles at 2.5 to 3 weeks apart)	Case report	1	[Non-Hodgkin lymphoma] Burkitt lymphoma	2 nd , 3 rd Last@wk37	Doxorubicin, Cyclophosphamide, Vincristine, Bleomycin (3 rd), Methotrexate (intrathecal, 3 rd)	Vaginal	37	Female infant: 3750 g, Apgar score 9. Newborn had no abnormalities detected. Heart and blood counts were normal.	No	(Lowenthal <i>et al.</i> 1982)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated. ** Timing of co-treatment is listed only if it is different from the Teniposide timing. *** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth. NA = Not Applicable. NS = Not Specified. Pt = patient.</p>										

Appendix D Table 52 Triethylenemelamine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Triethylenemelamine (5 mg every 4 to 6 days for 8 weeks, then 5 mg every 3 days for the last 2 weeks)	Case report	1	Leukemia (ALL)	3 rd	Radiation therapy (2 nd)	C-section	One month from term	Infant sex, weight and Apgar scores NS. At birth, the infant had a depressed leukocyte count, but the blood counts became normal immediately after birth.	At one year, normal blood counts.	(Bierman <i>et al.</i> 1956)
Triethylenemelamine (Dose/schedule NS)	Case series	1 of 35 in text (1 of 39 in Table II; 1 pt treated with chemotherapy during pregnancy)	Hodgkin lymphoma	NS	None	NS	NS	Infant sex, weight and Apgar scores NS. Normal delivery.	Of the 1 patient treated with triethylenemelamine and 8 patients treated with X-rays during early pregnancy, therapy had no effect on the offspring followed up to 12 years with the exception that one child proved to be mentally retarded.	(Hennessy and Rottino 1963)
Triethylenemelamine (16 mg over 8 days)	Case series	1 of 4 from the Addendum (Pt 18)	Hodgkin lymphoma	1 st	None	NS	Term	Infant sex, weight and Apgar scores NS. Newborn was normal.	No	(Smith <i>et al.</i> 1958)
Triethylenemelamine (5 mg/day for 3 days, 4 cycles over 85 days; maintenance therapy (1-3 mg/day) for remainder)	Case series	1 of 71 from Table V (Pt 9 – 2 pregnancies)	Hodgkin lymphoma	1 st	None	NS	NS	Two spontaneous abortions in the same patient during the course of treatment. No information on fetuses.	NA	(Wright <i>et al.</i> 1955)
				PC, 1 st	None	NS	NS			
Triethylenemelamine (4 mg/schedule NS)	Survey, retrospective	1 of 48 (Table 2:Pt 6)	Non-Hodgkin lymphoma	1 st First@wk12	Cyclophosphamide, Vincristine, Procarbazine	NA	NS	Induced abortion at 14 weeks gestation. [No fetal autopsy performed. Pt 6, 1st pregnancy.]		(Zuazu <i>et al.</i> 1991)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Triethylenemelamine timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphocytic leukemia.</p>										

Appendix D Table 53 Vindesine – Summary of pregnancy outcomes following cancer chemotherapy while pregnant

Chemotherapy agent	Study type	# of cases	Cancer type	Timing of treatments*	Co-treatment (timing**)	Delivery route***	Gestational age at delivery, weeks	Pregnancy complications and outcome	Infant Follow Up	Reference
Vindesine (2 mg every 20 days)	Case series	1 of 5 (Pt 5)	Leukemia (ALL)	3 rd Last@wk 39	Vincristine	C-section	39	Male infant: 3700 g, Apgar scores 9 and 10 at 1 and 5 minutes. Newborn had no congenital malformations and his blood profile was normal.	At one year, normal physical and mental development and normal blood count.	(Fassas <i>et al.</i> 1984)
<p>* Timing of chemotherapy exposure: PC = preconception, 1st = first trimester (conception through week 13), 2nd = second trimester (week 14 through week 27) and 3rd = third trimester (week 28 to delivery), when specified, the first and last gestational weeks of chemotherapy treatment are indicated.</p> <p>** Timing of co-treatment is listed only if it is different from the Vindesine timing.</p> <p>*** Delivery route: C-section = Caesarian-section and Vaginal = vaginal birth.</p> <p>NA = Not Applicable. NS = Not Specified. Pt = patient. ALL = acute lymphoid leukemia.</p>										

Appendix E Registries and Clinical trials

Registries of cancer during pregnancy:

- Toronto Hospital of Sick Children, Toronto, Ontario, Canada (www.MotherRisk.com)
- Cooper University Hospital, Camden, New Jersey, USA (Coordinator: Dr. Elyce Cardonick; www.cancerandpregnancy.com)
- University of Oklahoma Medical Center, Oklahoma City, Oklahoma, USA (Coordinator: Dr. John Mulvihill)
- University of Texas MD Anderson Cancer Center, Houston, USA (Coordinators: Drs. Richard Theriault and Jennifer Litton)
- University of Frankfurt and German Breast Group, Frankfurt, Germany (Coordinator: Dr. Sybille Loibl; http://germanbreastgroup.de/studien/adjuvant/brustkrebs-in-der-schwangerschaft/english-summary-.html?lang=de_DE.UTF-8%2C+de_CH.U)

Ongoing Clinical Trials for pregnant women with cancer (www.clinicaltrials.gov):

- The German Breast Group (http://germanbreastgroup.de/studien/adjuvant/brustkrebs-in-der-schwangerschaft/english-summary-.html?lang=de_DE.UTF-8%2C+de_CH.U) is an observational study with the title "Prospective and Retrospective Register Study of the German Breast Group (GBG) for Diagnosis and Treatment of Breast Cancer in Pregnancy." The start date was April 2003 and the target data collection end date was April 2010 for the collection of retrospective and prospective data. Their target was 500 cases. They are tentatively scheduled to complete their report by April 2011. (Status is listed as recruiting, accessed April 6, 2012).
- The MD Anderson Cancer Center has an observational study based on retrospective and prospective case reports of patients seen at MD Anderson for any type of cancer during pregnancy. It is titled "Collection of Outcomes Data for Pregnant Patients With Cancer." Their target is 200 patients. It began in December 2005 and is tentatively scheduled for data collection on December 2019; they may finish sooner depending on the number of patients.
- The MD Anderson Cancer Center has a study that is tracking patients taking Imatinib for Chronic Myeloid Leukemia titled "Chart Review Study of Chronic Myelogenous Leukemia (CML) Patients Treated With Imatinib Outside of a Clinical Trial." A secondary focus of this trial will be to evaluate the pregnancy outcomes of patients administered Imatinib during pregnancy. Started June 2005 and targeted to run through June 2012 in an effort to collect data on 850 cases (observational model: case control; retrospective study).
- The MD Anderson Cancer Center effort has a study testing a combination chemotherapy treatment for efficacy and pregnancy outcomes in women with breast cancer. It is titled "Multimodality Treatment of Primary Breast Cancer Occurring Concomitant With Pregnancy." It is an interventional study with a target of 100 patients to be seen at the MD Anderson Cancer Center. The study should start in August 2010 and tentative be completed by August 2011.

- The UZ Gasthuisberg, Katholieke Universiteit Leuven are studying the offspring of women taking cancer treatment (chemotherapy and radiation) during pregnancy titled 'Oncological Treatment During Pregnancy: Pharmacokinetics of Chemotherapy and Long Term Follow up of the Offspring.' (It has an unclear study design.) Study design is observational model: cohort. Study start date was August 2005 and tentative completion date is April 2020. The target is 100 cases and they are recruiting.

Appendix F Occupational Exposure To Cancer Chemotherapy

Useful sources of additional information on this topic include:

Occupational Safety and Health Administration (1986). Work practice guidelines for personnel dealing with cytotoxic (antineoplastic) drugs. OSHA publication 8-1.1. Washington DC.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=1702
(Accessed January 31, 2012)

Occupational Safety and Health Administration (1999). Controlling Occupational Exposure to Hazardous Drugs. OSHA Technical Manual, TED 1-0.15A, Section IV, Chapter 2.
http://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_2.html#2 (Accessed January 31, 2012)

National Institute of Occupational Safety and Health (2004). NIOSH Alert: Preventing Occupational Exposures to Antineoplastic and other Hazardous Drugs in Health Care Settings [DHHS (NIOSH) Publication No. 2004-165] <http://www.cdc.gov/niosh/docs/2004-165/>
(Accessed January 31, 2012)

CDC/NIOSH web site dealing with this topic at:

<http://www.cdc.gov/niosh/topics/antineoplastic/#a> (accessed 01/24/2012). This web site includes a list of references to a large number of published "Guidelines, Recommendations, and Regulations for Handling Antineoplastic Agents."

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