



Hematologic Disorders During Pregnancy

Hosted by: Steven Gore, MD

Guest: Kelsey Martin, MD, Assistant Professor of Clinical
Medicine

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Welcome to Yale Cancer Answers with doctors Anees Chagpar and Steven Gore. I am Bruce Barber. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists, who are on the forefront of the battle to fight cancer. This week it is a conversation about hematologic disorders during pregnancy with Dr. Kelsey Martin. Dr. Martin is an assistant Professor of Clinical Medicine in Medical Oncology and of Hematology at the Yale School of Medicine. Dr. Gore is a professor of Internal Medicine in Hematology at Yale and Director of Hematologic Malignancies at Smilow Cancer Hospital.

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Martin So, you are pretty new to Yale, right. You moved here what about a year ago or less?

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Martin No, less, I moved here over the last few months. I was living in New York City for a few years. I grew up in Connecticut also, this is my home. So it is my sweet back.

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Gore Back to the nutmeg state. In where you were practicing similarly in New York, what you're your job like there?

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Martin So I took care patients with both blood disorders and cancers. I saw patients in a private practice, but I saw patients at Lennox Hill Hospital and Mount Sinai Hospital.

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Gore And as you practice now limited mostly to blood malignancies or you still seeing variety?

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Martin I am seeing a variety of cases. I certainly have more of a passion for hematology, but I see patients with all kinds of cancers as well.

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Gore A physician after my own heart. So how did you become interested in cancer during pregnancy?

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Martin So I enjoy taking care of pregnant women. I think it is a nice change of pace to take care of younger patients and I think it is sort of this interesting situation where many times pregnant women have been otherwise healthy and it goes somewhat is often positive experience and then the tempo can change and can certainly be very scary if there is a diagnosis of cancer during pregnancy and I like to be part of that, it is actually real privilege to help take care patients during that process.

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Gore It is got to be real crisis for patients right? There are in this like you know kind of blissful pregnant state, often times and they do have cancer, I mean?

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Martin Yeah, I think it is quite scary. You know, you go from exactly this blissful, you know happy moment and then all of a sudden things change, you know face to the situation where you are not simply taking care of just one person, but you know two, which is unique.

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Gore And how come it is this?

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Martin I think that it is not common, I know it is rare. You know, I think the incidences are somewhere less than 0.5%, you know, but I think there are certain cancers that are prevalent during the each group, so they still come to play even ones women are pregnant.

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Gore Does that mean that cancers at this age group might get any way, even if they happened to be pregnant at the time. What would the most cancers be?

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Martin I think the Hodgkin's lymphoma, non-Hodgkin's lymphoma are probably the most common and thankfully women can do really quite well despite being pregnant, we are able to get them through that hard time. We do see some things like leukemias or myeloproliferative diseases, those are probably be the second of the blood, you know in terms of blood cancers.

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Gore We do hear sometimes about women getting breast cancers when they are pregnant.

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Martin Sure, yep and breast cancer as well, absolutely, yeah I would say in those age groups, those would be the common things.

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Gore Yeah, so a lot of those, most of those disorders and the ones you have mentioned tend to be treated with curative intent and are often cured, but is there a special challenge to giving the curative therapy during pregnancy?

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Martin Yeah certainly, I think the initial challenge is making the diagnosis, there are certain radiology tests such as cannot be done same way when someone is pregnant, but thankfully many things can be done, ultrasounds, MRIs, biopsies can be down, ultimately the diagnosis can still be made and then the second challenges of course treating the patient, the timing and safety of things like chemotherapy during pregnancy is somewhat dictated you by the trimester, someone comes to play in the first trimester versus the third trimester, all fits into how and when we can treat somebody safely.

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Gore So can you walk us through that, what does it look like at different parts of pregnancy?

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Martin Yeah, so I think during the first trimester there is certain inherit risks of the fetus which is not an optimal timing often, but as we get into the second trimesters, there is actually quite good evidence that we can safely proceed with treating many patients with chemotherapy the same way we would when they are not pregnant and have really positive outcomes and there is actually, in Hodgkin lymphoma, it has been looked at and women live just as long and do just as well which is very encouraging to see.

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Gore How do the babies do?

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Martin Also fantastic. I think the key is also having a really good team, it is never one doctor on their own and having fantastic obstetrician, neonatologist, psychologist, pharmacist, everybody on the same page I think helps these patients do well.

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Gore So in that first trimester when all the organs of the fetus are forming and stuff, do you not give chemotherapy, do you delay chemotherapy, how do you manage that?

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Martin It depends on the urgency of the situation. I think you know somethings life threatening to the mom and urgent, I think that conversation has to be had, I think if there is a room to wait until it is safer for the fetus then that can be done, it depends a little bit on the urgency and the mother's health.

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Gore Do patients ever elect to terminate the pregnancy in order to get the chemotherapy safely?

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Martin Yeah, I think that is certainly a personal decision that I think that if that is felt to be what is best for the mother and where her mindset is at that. Unfortunately, sometimes this is what can take

place, but that obviously gut-wrenching and emotional and hard, you know so I don't say that flippantly, it just depends on the context.

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Gore No. I have personally cared for patients with leukemia early in pregnancy and you know I have patients that like to maintain their pregnancy in, sometimes it does not work, sometimes the pregnancy terminates itself of early pregnancy. I have also had the experience of having people do very well.

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Martin Yeah, yeah. I mean it is never going to be the one story that is the same for each patient and I think that these conversations are complicated and complex, have the patient, where the patient's mindset, of course that is what we end up doing.

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Gore What with the patient who is diagnosed like at 32 weeks or something like that? Is delivery ever accelerated early or not really?

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Martin I think that we can still give chemotherapy at that time point, but I think that is also discussion with the obstetrician to feel where they think the benefit is and the risk to the fetus, so I think it is a team conversation.

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Gore So it might be better have the baby cooking inside despite the chemotherapy in the blood?

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Martin Yeah, I think exactly which may sound scary, but can definitely be done.

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Gore How good is the placenta at keeping chemotherapy away from the baby, do you know anything about that?

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Martin I think certain drugs are known to go through placenta more than others and certain drugs get certain ratings in pregnancy of their safety and there are certainly ones that we know we really needed to be avoided and other ones that have been you know evaluated with higher confidence and safety by looking at patients who have done well.

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Gore Do you find that pregnant patients have different approach or greater anxiety about the chemotherapy compared to your other young patients who are not pregnant, I mean how is it, is it different?

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Martin Yeah, exceptionally different. I think young patients in general is always going to be anxiety provoking and extremely stressful. I think that being pregnant there is no way it does not add another layer of stress, you know. I think the short answer is yes, but I think not to minimize the stress of cancer in a young person in general as well.

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Gore Do you feel like your person as a younger female physician and actually a mom, do you think that makes you particularly empathic in a different way than I can be, obviously it is kind of a silly question, but I mean I think it is real, right. I mean you got experiences, I mean I have been a dad and I...you know?

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Martin Not at all, I do not this is a silly question. I think, yes, I think I can understand the complexities, especially when it comes to things like you know as you mentioned even a notion of terminating a pregnancy is so, I mean that is so hard, for million reasons, I think being a mom allows me to think about that in a different way than if I was not and I think even just the concept of, let's say a patient, she already has some children, this is not her first pregnancy and how that does impact, you know, her relationship with her other children, I think is something that without being a mom, I would not probably have a great understanding of. So, yes, I think that it certainly allows me to have a different relationship for these patients.

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Gore Yeah, I can imagine, I mean I think myself as a pretty empathetic guy, who is a physician, but you know it is different.

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Martin Yeah, these conversations are hard, I think and there is some in situations may be not one right answer at the same time and there is a lot of emotion that comes into play and I think it just is incredibly stressful to the patients and anything that I feel that I can offer and bring to the table just as a human as a person I think is wonderful if I can help them in that way.

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Gore Do you think it is harder for you to manage your own boundaries emotionally with these kinds of patients than it would be for other patients with cancer?

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Martin Probably, I think whether that's – absolutely, I think it is impossible to not think of your own family and your own situation when you come face-to-face with patients like this. I think it would be odd, I was able to completely separate the two, I think that would be almost strange. So yeah and I think, sometimes we have to step back from our doctor-patient role and just try to talk to our patients as people, contemporaries.

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Gore So you do not try to hide your emotions in that way?

11:48:300 --> 12:19:400

Martin I do not, that is not really my personality, I think sometimes we do have to eventually come to the decision of how we are going to take care of this person and I think for both of our sakes, both the doctor and patient, you have to kind of do a little both, you have be able to guide them into what you think is the right medical decision, and whether to be coming at it with your heart that may not be ultimately what is best for the patient, so I think it is balancing act.

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Gore No, I have to say that I have been in situations, not necessarily with pregnant patients, but with younger female patients who have a male partner and you know may be people of a certain

couplehood where the male partner or female partner, as well as I can again relate to the male partner in a different way, he has his own drama going on and particularly in our society where there is still our expectations of a man being differently supportive or strong and all this toxic masculinity stuff that unfortunately, I think it is true for any partner probably with whose spouse or significant other is sick, you know they deserve support as well and I found that I relate pretty openly as a husband as well as a physician.

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Martin Yeah, and I know that is a really interesting point because it relates often in these situations particularly it is not just about the patient only but her partner or whoever that may be, family, parents, this is pregnancy is often more than one person involved in that story.

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Gore Yeah. Kelsey, we have to take a short break for medical minute. Please stay tuned to learn more about blood disorders in pregnancy with Dr. Kelsey Martin.

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This is a medical minute about melanoma. While melanoma accounts for only about 4% skin cancer cases, it causes the most skin cancer deaths. When detected early, however, melanoma is easily treated and highly curable. Clinical trials are currently underway to test innovative new treatments for melanoma. The goal of the specialized programs of research excellence in skin cancer or Sporograd is to better understand the biology of skin cancer with a focus on discovering targets that will lead to improve the diagnosis and treatment. More information is available at YaleCancerCenter.org. You are listening to Connecticut Public Radio.

14:58.300 --> 15:48.800

Gore Welcome back to Yale Cancer Answers. This is Dr. Steven Gore, I am joined tonight by my guest, Dr. Kelsey Martin. We have been discussing hematologic disorder, especially during pregnancy. Kelsey, you know, I think we had really important discussion before the break and we were just touching on the kind of the big echo system, that is the family of the pregnant women, you know I am knock on wood about to be a first time grandfather assuming all goes well and you know I have

fought over the years, again when I have taken care of younger patients and this changed for me as I have gotten older from stages about what it is like to have an adult child who is sick. Do you find the parents heavily invested often times?

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Martin Sure, absolutely, yeah I think it is the idea of taking care of your children I am sure is never having personally gone through I think is probably beyond terrifying. So yeah.

[16:04.800 --> 16:07.500](#)

Gore Yeah, it is really complicated, it is like, it is all the reasons I did not go into pediatrics, right?

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Martin Exactly, parents are key to the equation and I think the strum of the strongest advocates for our patients of making sure things, taking care of the right way and I think patients who are lucky enough to have their parents involved in their care I think is wonderful.

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Gore Do you ever find situations where the boundaries between the parents and the patient are may be not working in favor of the patient or contraindicative with the patient?

[16:41.900 --> 17:26.900](#)

Martin Yeah, I think particularly may be when you have patients who are in their maybe 20s or early 20s or sort of that transition to adulthood that is really challenging because there is sometimes this little bit of you know, mom, dad, let me talk, but the parents are only trying to do their best and weigh in and also just in terms of patient confidentiality, I think some patients do not want their parents kind of may be as involved knowing details, but at the same time, I think most parents are just have their best interest, but it can be a little bit challenging because patient is always the first priority.

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Gore What about partner drop or partner fatigue, do you ever went into that about the partner who cannot deal with the sick, pregnant spouse?

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Martin To be honest, I am not sure I run into it as frequently, but I can imagine that scenario and I think it is also a burden on the partner going through this process and very hard for them and I think also particularly, as well maybe there is more children at home and I think what that means, who is the caregiver, who's divying up tasks family responsibilities when you have the pregnant mother-to-be who is not doing well, I think that is inherently complex, but I think luckily I am not sure I've run in to that scenario so many time.

18:19.700 --> 18:30.900

Gore Yeah, I am not sure I have either, although I certainly have had partners check out because of cancer. I am not sure I have seen that during pregnancy. It is always obviously like super disappointing.

18:31.600 --> 18:57.800

Martin Absolutely, yeah I think it is the psychological stresses on partners and caregivers I think is tremendous and probably and they need just as much support and I think you know to go through that to have a pregnant partner who is sick, I think they do need equal attention and it is probably important for us to step back and recognize them.

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Gore And how do you deal with that? If you pick up that may be partner is not doing well, are there social workers who can help or what is available?

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Martin Yeah, we have amazing social worker support and their knowledge of the resources that are out there is tremendous. I feel very lucky that we have such a strong social workers as case managers, nursing staff to help us, you know not only for us to recognize it and then to help because sometimes as the physician I find that it can be overwhelming, you kind of see somebody struggling, but how are you going to help that person as well. I think we have tremendous social worker support to help with that.

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Gore Yes, so it is really a team approach.

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Martin Absolutely.

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Gore What about the postpartum period, assuming they have gone through the pregnancy, they have got this wonderful baby, they are so excited about, so relieved, and yet they are may be still facing four months of chemotherapy, I assume they cannot nurse.

19:54.600 --> 20:57.100

Martin Yes, so that is really challenging. I think we are doing a better job as a society of just recognizing some postpartum challenges anyway, postpartum, it is a very hard time I think the realities of postpartum depression and postpartum stress are very real and I think putting that into the equation is another added layer of complexity for sure, but I think we are doing a better job as a society and as a medical society of bringing to light that it is okay to step in and probably also, I think the help of the obstetricians seeing patients more frequently in the postpartum period and recognizing this I think will also helps, so again it comes back to the team based approach and making patients feel comfortable.

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Gore I guess then there is a pediatrician involved as well.

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Martin Absolutely, yep. So I think you know when you are part of a larger center, I think it is nice to have access up to that.

21:08.300 --> 21:16.100

Gore Yeah. What about nonmalignant disorders of the blood in the pregnant women, do you deal with that at all, people have clotting problems or sickle cell patients or anything like that?

21:17.600 --> 22:08.100

Martin Yeah, yeah. It is actually not that uncommon things, probably the most common things we see are, blood clotting problems definitely up there, you know the risks of blood clots increases in pregnancy and that something that we see very frequently actually and which again when it comes

down to the time of labor and delivery is really can be complicating balancing act, you know many of these women often nearly always go on blood thinning medications and how we balance that is tricky. I think it is, you know it is in the media a lot more - people like Serena Williams I think she had a blood clot before her pregnancy and then had a blood clot during her most recent pregnancy, so it is definitely I think gotten public attention as a recognized problem, but thankfully also something that is readily treatable when it is brought to attention.

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Gore I see a lot of TV commercials for patients with AFib and what kind of anticoagulation they are getting, obviously these tend to be older patients in the commercials are older actors.

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Martin Yeah, during pregnancy it is often an injection blood thinners, not the ones that are seen on the TV commercials.

23:31.300 --> 22:33.100

Gore Because you really need to be able to turn it off and on.

22:34.600 --> 22:52.400

Martin Oh very much so, yeah, it is a very well-orchestrated, coordinated process by the time of delivery, but one - I think that obstetricians and anesthesiologists are very good at it. So I think it is something that is stressful for patients, but thankfully something we are able to get patients through.

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Gore Right. You also have an interest in older patients with cancer, is that right, it is geriatrics?

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Martin I do - I like both ends of the spectrum, I do. I think it is no secret that the world's population is getting older.

23:11.100 --> 23:12.400

Gore Why are you looking at me?

[23:14.200 --> 24:02.400](#)

Martin With that the cancer burden is going to inevitably increase and I think as an oncologist, it is unavoidable to be taking care of older patients with cancer and I think it really deserves special attention because it is just simply not the same. You know, there is multiple aspects that come into play, in terms of, some of social aspects, how is the patient going to get to that appointment, can they even drive, who is taking them, they are on a lot of medications, what is their prognosis. I think it is really multidisciplinary field as well that we are learning more and I think hopefully given more attention to.

24:03.100 --> 24:23.500

Gore Yeah, I know, that most of my training which was a while ago, you know focused on is this a curable cancer or not and if it is a curable cancer, you are going to go all out and go for probe, but you know that is a little more complicated in somebody who is older and has other problems like heart disease or the diabetes or the social situations about transport as you pointed out and home support.

24:40.600 --> 24:55.600

Martin Yeah and I think also recognizing that it goes beyond just that age because they are not every person who is in their 80s is the same and what we call their functional status I think is really important, but how we integrate this in taking care of patients with cancer I think is by learning more and it is evolving, but I think it is really interesting to take care of patients like this.

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Gore What about the inverse about we talked about parents with the young patients in terms of adult children of the older patients, are they often involved and how does that play out?

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Martin Yeah, I think, again I think often are involved, not always. I think patients' families are not always geographically in the same place.

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Gore Sure, some people moved to New York from Connecticut, I guess!

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Martin Exactly and so sometimes it is you know communicating with older patients children on the phone and they cannot be there because they also have their own separate lives understandably, but they want to be involved, I think that is a hard place to be as well, how do we incorporate them, but yeah I think it is, again I think the children of those patients are their strongest advocates and I think the patients are very fortunate to have them, helping them. I think it is really quite hard on them because I think again ultimately I think most children at that point have their own children, and how they have the time, takes a lot of time, have their own jobs and their lives, come to appointments and how make these decisions, I think is really challenging.

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Gore Yeah. I sometimes see, particularly in my hospital work, sometimes see practitioners very frustrated or speaking in a frustrated manner about the adult children who cannot show up or do not show up or won't take the patient home to them, to their house and I think it is very easy to become judgmental and I am not saying that I am immune to that either without really knowing the depth of the relationship and what the issues are, what the realities of life and home for those people are. We kind of many of us I think, at least in my experience kind of project our assumptions which is never really fair.

[26:58.600 --> 27:53.200](#)

Martin Yeah, I know it. I think it is a really good point and I think it is easy to say, okay the patient has children, so why they do not take in on this situation and every family is unique and people have their own financial, emotional family situation where they may just not be able to do that and I think that is okay. I think we have to recognize as well and probably also reframe our thinking you know how can we get them involved, may be can't physically be there for one reason or another. I think we have to understand that that it is okay, but I agree with you, I think that is something we physicians it is probably not one of our strong points. It is true.

[27:54.300 --> 28:15.400](#)

Gore Yeah, there is a strong of streak of judgmentalism in our profession with lot of things. I think we are getting better, but you know we need to call ourselves out and do you find that usually the family units are parallel in their alignment about the disease and goals of care, do you ever find that there is disconnect between what the patient, they want or not want versus the children?

[28:16.800 --> 29:40.800](#)

Martin Yeah. For me, at least in my experience, I think it is more common that there is disconnect, I think it is unusual that every family member agrees, but that is family in general, I think on any number of topics, but I think it is unusual. I think it is also brings to light and I do not think it is commonly done because it is hard and uncomfortable, but I think the more the families can talk about, what it might mean for somebody in the family to get sick, before somebody gets sick, might bring to light you know what someone's real wishes and things are, again nobody really wants to have that conversation at the dinner table, but it is always hard when we are trying to think what would this person want and different family members thinking different things, maybe we had just come together before someone got sick and spoke about it, but I think the reality as those are painful conversations and I know why they don't happen, but I think we are used to multiple opinions from family members and I think good conversations and good communications between doctors and families help make that process sometimes easier but it can really be challenging.

29:41.500 --> 30:06.700

Dr. Kelsey Martin is an Assistant Professor of Clinical Medicine in Medical Oncology and of Hematology at the Yale School of Medicine. If you have questions, the address is canceranswers@yale.edu and past editions of the program are available in audio and written form at YaleCancerCenter.org. I am Bruce Barber reminding you to tune in each week to learn more about the fight against cancer here on Connecticut Public Radio.