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## A practical guide to the treatment of melanoma during pregnancy

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Melanoma is one of the most common cancers among women of childbearing age, and therefore one of the most prevalent malignancies diagnosed during pregnancy. With advanced maternal age becoming more commonplace, the likelihood of being diagnosed with a melanoma during pregnancy naturally increases. Controversy over whether the pregnancy is associated with more aggressive melanoma progression exists in the literature, thus a case study on JC, a 31 year old female diagnosed with a 7mm level V melanoma in her left popliteal region at 17 weeks gestation is provided in which this manuscript will expound upon. Following sentinel lymph node biopsy, the patient was found to have 2/10 nodes positive for metastatic melanoma upon left inguinal dissection. Due to the nature of her advanced disease, JC's care was presented at the Melanoma Institute's multidisciplinary team (MDT) meeting where detailed discussions on adjuvant radiation and systemic therapy were invaluable for JC's treatment plan. In light of her third-trimester pregnancy, all elements of JC's management prioritized the delivery of a healthy term infant. Following delivery, JC was evaluated with PET imaging that identified her disease progression to stage IV melanoma with lung, liver and subcutaneous lesions. Thus treatment for her terminal illness remained central to subsequent MDT meetings. The aim of this manuscript is to establish a set of practical guidelines for treating melanoma in pregnant women. Treating melanoma with a coinciding pregnancy can be a challenging task due to increased risks to the fetus, thus a multidisciplinary approach is crucial for safe and effective management. Procedural considerations for excision biopsy or local resection on a pregnant patient must take into account patient positioning, choice of antiseptic prep and local anesthetic, the necessity of sentinel lymph node biopsy, and timing of surgery. It is imperative to be cognizant of the decisions made during management of disease during pregnancy as it may potentially have lethal effects on not only the patient but the fetus.

### Biography

Sarah J Vitug is a native of San Diego, CA where she double majored in BS Biopsychology and BA Communications from the University of California, Santa Barbara 2012, then went on to earn a Masters in Education from Loyola Marymount University 2013. She currently is a 3<sup>rd</sup> year Intercalated MD-MPhil student at the University of Queensland Faculty of Medicine, Ochsner Clinical School. Research experiences from surgical oncology department at John Wayne Cancer Institute (Santa Monica, CA), surgical oncology department at Melanoma Institute Australia (Sydney, AUS), anesthesia and pain medicine department at St. Vincent's Hospital (Melbourne, AUS), experimental dermatology department at UQ Diamantina Institute (Brisbane, AUS), and bioinformatics department at Ochsner Medical Center (New Orleans, USA). 2015 International Association of Student Surgical Symposium—Best Oral Presentation Award Winner; 2017 Three Minute Thesis Winner. 2017 certification of completion in Network Analysis in Systems Biology with bioinformatics application at Ochsner Medical Center (New Orleans, USA). Research interests: experimental dermatology, pregnancy-associated melanoma, and surgical oncology.

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