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Maternal Cancer Diagnosis and Treatment during Pregnancy and Data Describing Child Development at 6 Years

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Abstract

The original research article, "Child development at 6 years after maternal cancer diagnosis and treatment during pregnancy," was accompanied by this manuscript, which presents data comparing the outcomes of 6-year-old children born to women who were diagnosed with cancer during pregnancy with those of children born after a straightforward pregnancy. Data on oncology, obstetrics, and newborns were gathered. Clinical evaluation, neuropsychological testing, as well as general health and behaviour questionnaires, were used to examine neurodevelopment. Electro- and echocardiography were both used in the cardiac examination. Between-group differences were looked at using univariate analyses of covariance. Children who had received chemotherapy compared to controls and children who had received anthracycline compared to controls underwent a subgroup analysis. Also, the prevalence of behavioural issues was compared between children whose moms had passed away and those whose mothers were still alive, using matched controls.

Keywords: Antineoplastic Agents; Child development; Follow-up studies; High-Risk; Infant; Pregnancy; Prenatal exposure delayed effects

Introduction

Parents of the study and control groups completed a health questionnaire, and the study participants' children underwent a clinical neurological and general paediatric checkup [1]. Children in the study and the control group underwent cardiac testing [2]. A 12-lead electrocardiogram and a comprehensive echocardiographic evaluation of the heart's structural and functioning parameters were part of the cardiac evaluation [3]. The same person measured the heart rate, rhythm, blood pressure, PR interval, QRS duration, QT duration, and QT corrected for the heart rate [4]. With a Vivid E-9 scanner, a functional paediatric echocardiography was done in accordance with the norms of the American Society of Echocardiography recommendations [5]. Using the Wechsler intelligence tests or the Snijders-Oomen Nonverbal Intelligence Test Children's Memory Scale and Amsterdam Neuropsychological Tasks, study and control children underwent a thorough neuropsychological evaluation [6]. The study's parents The Child Behaviour Checklist was completed by test subjects and control kids to gauge behavioural growth. data structure uncooked and analysed Study squad: Women with cancer during pregnancy who were referred to one of the collaborating centres in Belgium between 2005 and 2018 Invited to participate in the study were the Czech Republic, Italy, and the Netherlands (Amsterdam University Medical Center, University Medical Center Utrecht, Erasmus Medical Center Rotterdam, University Medical Center Groningen, and Radboud University Medical Center Nijmegen) [7].

Discussion

There were no requirements for research participants' exclusion. At the time of inclusion, parents signed the informed permission form. Children acting as controls were enlisted in the participating nations [8]. Children in the preterm birth control group were attracted by screening birth records from the participating institutions. Full-term infants were enlisted by mailing informational letters to students and posting advertisements on the hospital website [9]. To determine if they met the inclusion criteria, all parents who agreed to allow their kid take part in the study first completed a general health and pregnancy history questionnaire [10]. Any pregnancy-related or neonatal issues, such as admission to a neonatal ward due to infections, a sustained requirement for oxygen, abnormalities, or brain lesions that could affect a child's development, were grounds for exclusion. The immediate introduction of postnatal oxygen is not regarded as an exclusion criterion. Parents whose child met every need for inclusion signed the informed consent in a row. Prospective evaluations were performed on all kids. At the predetermined age of six years, parents were contacted through email and/or phone to invite their children. The participating centre combined all of the exams on one day. For each mother-child pair, oncological, obstetrical, and neonatal data were gathered. Clinical neurological and paediatric exams, heart tests, and neuropsychological evaluations were also completed. Parents answered questions on their children's general health and behavioural development. In order to maximise compliance, we kept in touch with the families on a frequent basis. Transportation and parking costs were covered, and participants received a €10 allowance for each hour of investigation time as payment for their time and labour. UZ Leuven, Department of Gynecological Oncology Leuven, Belgium is the location of the data source. Accessibility to data Raw Mendeley Data hosts the data. Supplementary material provides a comprehensive overview of all extra information on maternal cancer kinds, specific therapies, child characteristics, prenatal outcome and growth, cognitive development and behaviour, cardiac evaluation, and health issues. Associated academic piece Amarendra Gandhi, Margreet Veening, Lieven Lagae, Petronella B.

Conclusion

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Charlotte Maggen, Luc Mertens, Gunnar Naulaers, Laurence Claes, and Frédéric Amant. Tineke Vandenbroucke, Magali Verheecke, Mathilde van Gerwen, Mathilde van Ger Title: Child development at 6 years following diagnosis and treatment of maternal cancer during pregnancy European Journal of Cancer According to our understanding, this study includes the biggest cohort of children who were exposed to maternal cancer, the stress it causes, diagnostic procedures, and treatments during pregnancy. A better understanding of the potential long-term consequences for these kids is made possible by the follow-up of 6 years following the incident, the inclusion of a one-to-one matched comparison to non-exposed kids, and the extensive examination of health status, cognitive development, and cardiac structure and functions. Long-term follow-up data may be useful in assisting patients and their families in making decisions regarding the continuation of a pregnancy and the initiation of cancer therapy while pregnant. Our data demonstrate that, in many situations, the dangers of maternal cancer treatment during pregnancy do not outweigh the benefit, as the results were generally encouraging.

Acknowledgement

None

Conflict of Interest

None

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