Pregnancy and Childbirth in Patients with CML

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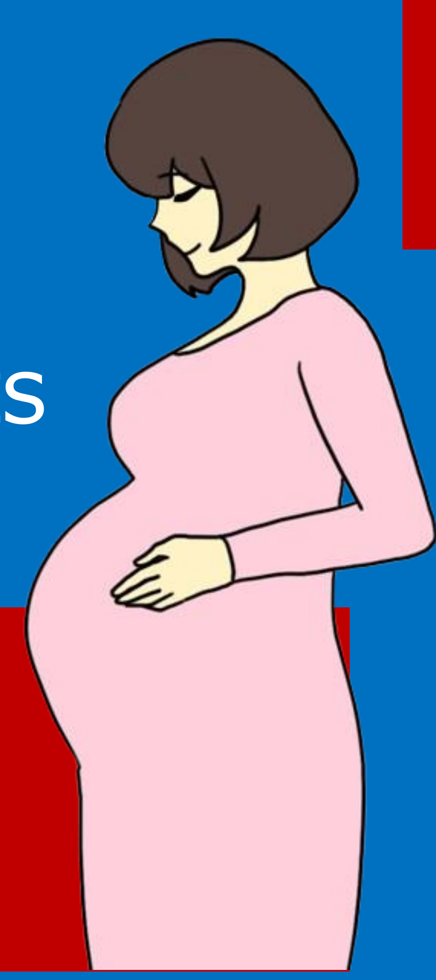
Background

With the introduction of tyrosine kinase inhibitors (TKIs), the prognosis of CML has improved significantly, with many patients now achieving DMR (progression-free survival) and TFR (relapse).[1)] However, patients who wish to become pregnant face a dilemma between the teratogenic risk of TKIs and the risk of relapse after treatment cessation. A nationwide survey conducted in Japan revealed that many CML patients have become pregnant.[2)] However, hematologists still hesitate to allow pregnancy.



Literature Review and Discussion

We examined a large number of papers published since 1994.The findings are as follows.

- Most pregnancies during TKI therapy result in healthy babies.
- Planned pregnancies after stopping TKIs are safe if TFR is stable.
- Switching to interferon alpha or hydroxyurea has been successful in some cases.
-Some men have had healthy babies while on TKI treatment.

Future Goal

For CML patients, the next step after survival is quality of life. By deepening the understanding of medical professionals and society, we aim to support those who wish to become pregnant and give birth.

Challenges and Prospects

- The awareness gap between doctors and patients who wish to conceive
- Coordination of support systems between hematology and obstetrics
- Ethical and social considerations for patients choosing between treatment and pregnancy
- Inequality of knowledge among doctors

It is necessary to convey the voices of patients to young doctors who will be the future.

References

1) Kimura S. [Chronic myeloid leukemia: aiming for treatment free remission]. *Rinsho Ketsueki*. 2021.
2) Kondo T et al. Outcomes of pregnancy in patients with chronic myeloid leukemia in the era of tyrosine kinase inhibitors. *Cancer.* 2025.

HERE is References !

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