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Evaluating pregnancy outcomes, such as stillbirth and premature birth, along with infant health factors -low birth weight and the necessity for intensive care in women diagnosed with thyroid cancer

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Background and Objectives: The prevalence of thyroid cancer is rapidly increasing globally, expected to rank as the fourth most common cancer by 2030. This surge significantly impacts women affecting their reproductive health due to anticancer therapies. The study aims to evaluate pregnancy outcomes and infant health in women diagnosed with thyroid cancer. Study objectives include determining the association between thyroid cancer and pregnancy outcomes such as premature birth, stillbirth, alongside examining newborn health.

Methodology: Retrospective cohort study was conducted which identified women diagnosed with thyroid cancer between 2015 and 2023 from a population-based cancer registry, in total 6,500. Data were merged with the Georgian Birth Registry (2016-2023), identifying a study group of 1,200 women with thyroid cancer who had either delivery or abortion during the study period. A control group comprised non-cancer women without any history of thyroid disease or other chronic conditions. Statistical analysis – chi square test was conducted using SPSS.

Results: An analysis of data from the cancer population register and the Georgian Birth Register, covering 238,000 women both with and without thyroid cancer, revealed following results: out of 293 women with thyroid cancer, less than 0.7% gave birth at 36 weeks of gestation or earlier. Among 581 women with thyroid cancer, only 0.9% experienced stillbirths. Meanwhile, 10.4% of 587 women with thyroid cancer delivered newborns weighing less than 2500 grams (as per WHO classification), indicating low birth weight. Additionally, 11.3% of newborns from 372 women with thyroid cancer required intensive care unit (ICU) admission.

Conclusions: The study highlights the critical association between thyroid cancer in women and adverse neonatal outcomes, particularly low birth weight and the necessity for intensive care post-delivery. These findings underscore the importance of specialized care for pregnant women with thyroid cancer to mitigate risks to newborn health, although no significant links to premature birth or stillbirth were observed.

Biography

Salomea Guchmazashvili is a researcher pursuing her PhD in Public Health and Epidemiology, with a focus on thyroid cancer and reproductive health. Her doctoral work investigates the relationship between thyroid disorders and reproductive outcomes, aiming to fill critical knowledge gaps and offer practical insights for healthcare professionals. With a background in medicine and public health, Salomea is skilled in assessing and analyzing data using advanced epidemiological techniques. Her research emphasizes data-driven evaluations to uncover patterns and inform patient care strategies. In addition to her academic work, Salomea's experience in medical settings and her role at the World Health Organization enhance her ability to manage and evaluate public health projects. Her research is driven by a commitment to improving healthcare outcomes through evidence-based analysis and interpretation.