# Colorectal cancer during pregnancy: a systematic review and pooled case-level analysis

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## Background

- CRC is the 3rd most diagnosed cancer and 2nd leading cause of cancer death worldwide[1]
- CRC in pregnancy is rare; evidence is mostly case reports and small series[2–5]
- Rising early-onset CRC and maternal age will increase its incidence[6]
- Symptoms mimic normal pregnancy, delaying diagnosis; care must balance mother and foetus
- No CRC-specific evidence-based guidelines exist; prior reviews pooled small cohorts[7–8]

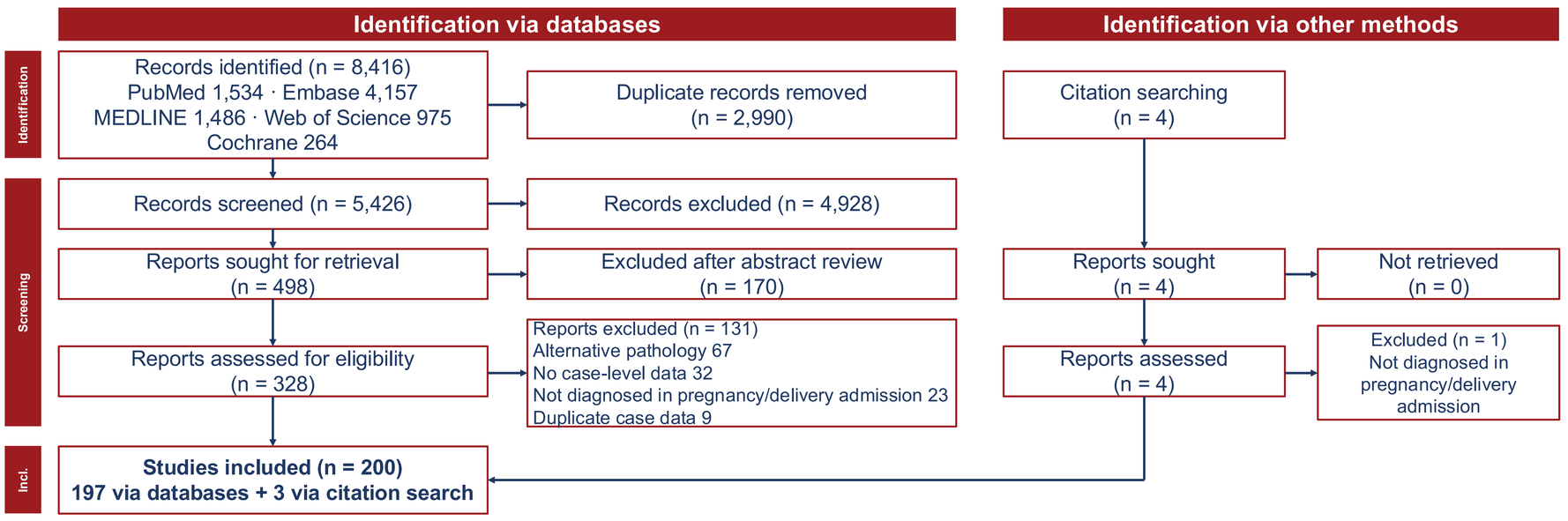
## Aim

***To collate the literature and explore maternal and foetal outcomes of CRC diagnosed during pregnancy or the delivery admission.***

## Methods

- 5 databases + citation search; no date limit
- English, Japanese & Turkish; 2 of 3 reviewers
- Case reports/series (270 records) and cohort studies (49 records) analysed separately
- Logistic regression adjusted for gestational age & stage[9–10]

## PRISMA 2020 flow diagram



*Created in BioRender. Goodall, K. (2026) https://BioRender.com/yi57kgh*

## Results

**200** publications (1940–2026)

**322** case records

**81.6%** stage III–IV (case-based)

**39.1%** maternal death (case-based)

Case-based: rectal/rectosigmoid 45.6% · resection 79.5% · systemic therapy 76.3% · 2nd/3rd trimester diagnosis 87.2%

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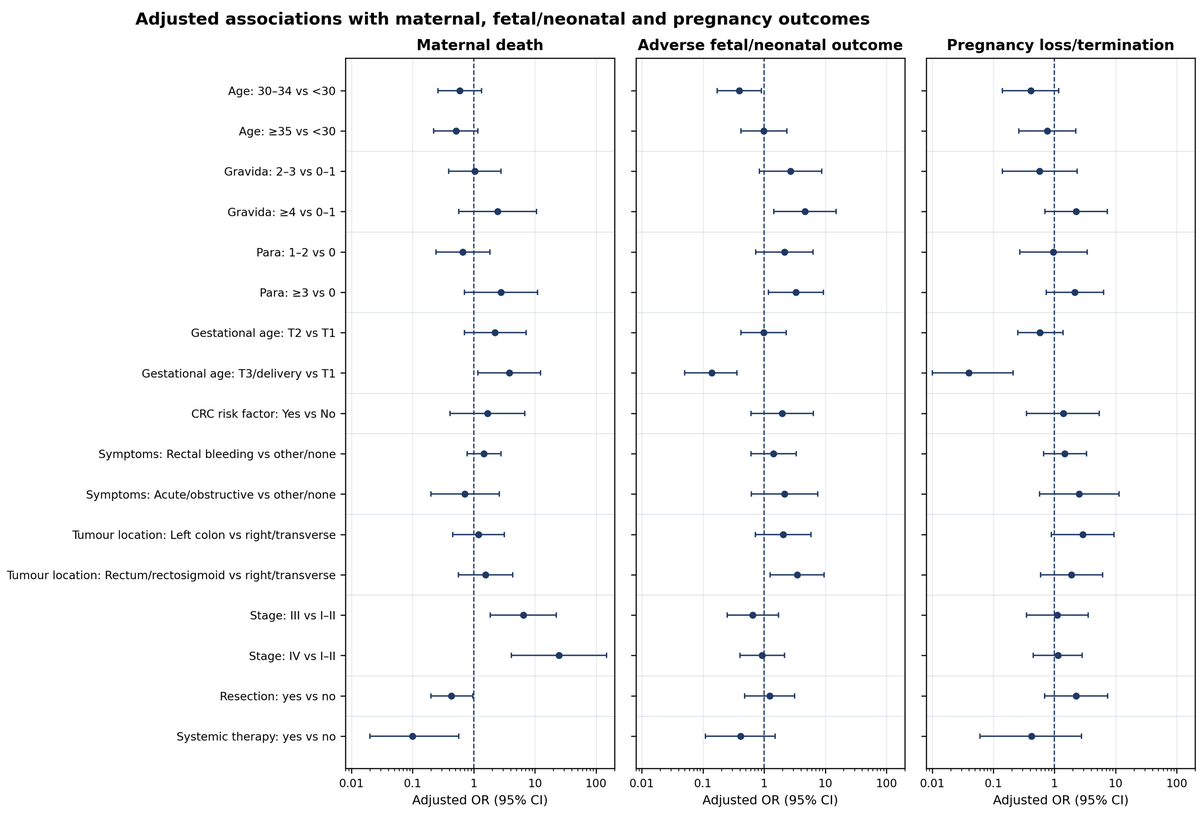
## Adjusted associations (exploratory, not causal)




## Conclusions

- Advanced stage and late-gestation diagnosis mark the highest maternal risk, yet foetal outcomes are mostly good
- Systemic therapy was not associated with adverse foetal outcomes, consistent with its accepted use from the 2nd trimester
- A high index of suspicion and early MDT input are essential
- Largest case-level synthesis to date; findings are hypothesis-generating

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