



16. Induced Abortions in Women with Systemic Sclerosis.

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Objective: In North America, up to half of pregnancies are unplanned and almost half of unintended pregnancies are terminated. Because of several disease-related factors, such as teratogenic drug exposure and disease complications, women with systemic sclerosis (SSc) facing an unplanned pregnancy may be more likely to undergo an induced abortion (IA) than their general population counterparts. We assessed IA events in women with SSc onset during their reproductive years and compared this with general population rates.

Methods: Within the Canadian Scleroderma Research Group (CSRG) cohort, between 2004-2011, we identified women with SSc symptom who were <45 at cohort entry. We first determined the number of IA occurring during follow-up, and summed the years accrued during follow-up until age 45 (or the oldest age attained if <45 at the last visit). We applied age-specific and province-specific Canadian population rates for each relevant calendar-period, to determine the expected number of IA during follow-up. In further analysis, we adjusted for fertility, which may be decreased in SSc. We then calculated the standardized incidence ratio (SIR) of observed to expected IA during follow-up. We also assessed potential disease-related predictors of IA, including teratogenic drug exposure and specific disease complications.

Results: We identified 89 women <45 years at SSc symptom onset and at baseline, who had ≥ 1 follow-up visit. At baseline, limited and diffuse diseases were present respectively in 48% and 42% women, and mean time since symptom onset was 10.0 years (standard deviation, SD, 7.7).

During a mean follow-up of 5.2 years (SD 5.2), the number of IA (5) was greater than what would be expected (2.5), although, due to the small number of events, the confidence interval around the results included the null value (SIR 2.01; 95% CI 0.65, 4.68). However, when adjusting for fertility rates, women with SSc had a substantially increased number of IA (5) compared to what would be expected (1.2) (SIR 4.04; 95% CI 1.35, 9.42). All IA during follow-up occurred in women without prior diagnosis of pulmonary hypertension, interstitial lung disease, or prior exposure to methotrexate, mycophenolate mofetil, bosentan, or cyclophosphamide.

Conclusion: Although the small number of events precludes strong conclusions, we noted more IA in women with SSc, which suggests inadequate attention to pregnancy planning in affected women. Regardless, these events appeared not to be triggered by organ involvement/severity or drug exposures.